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I now truly understand the meaning of *no man is an island*

An exploration of adolescent stalking: from understanding perpetration to its harmful effects upon its victims.

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Thesis Abstract

This thesis broadly explores multiple aspects of adolescent stalking, including perpetration and victimisation. A range of explorative methods are used to achieve this, including an empirical research paper, a single case study, a critique of a forensic risk assessment (SAVRY) used in the case study, and a systematic review. Following an introduction in Chapter One, Chapter Two describes a mixed methods research study investigating male adolescents' perceptions of low-level stalking and the behaviours and possible motives of perpetrators engaging in obsessive relational intrusive behaviour. Comparisons are made between adolescents residing in a forensic medium secure unit and young people attending a community college. Results are discussed, limitations are highlighted, and future recommendations are made. Chapter Three discusses the forensic assessment process of a male adolescent who has a history of engaging in intrusive behaviours directed towards his ex-partner. This single case study examines the young person's risk of future violent recidivism, which is assessed through utilising a widely-used youth forensic risk assessment tool. A theory-driven formulation attempts to explain his intrusive behaviours from a psychological perspective before finally providing future treatment recommendations. Chapter Four critically appraises an adolescent forensic risk assessment tool, the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel & Forth, 2002), the assessment measure used in Chapter Three. Chapter Five reviews the stalking literature, specifically examining how stalking impacts upon victims' lives. Fourteen full references were systematically identified that met the review's inclusion criteria. Studies indicate that victims of both direct and indirect stalking suffer severe consequences in their lives as a result. Future longitudinal studies, controlling for confounding biases, are necessary for achieving a richer understanding of the

impact that stalking can have on victims. Finally, Chapter Six discusses the implications of this thesis and offers recommendations for future research.

Chapter One: Overview

1.1 Introduction

Stalking Legislation

Over the past 25 years, there has been an increase in scholarly attention investigating various aspects of stalking. This began in 1990, when the first anti-stalking law was passed in California following a number of high profile cases of celebrities experiencing stalking victimisation and the consequent media attention (Spitzberg & Cupach, 2007). Following the first anti-stalking law, there has been much debate on what stalking is and what behaviours constitute this criminal act, and a lack of general consensus regarding these areas still remains. Despite this, the fact that several countries have implemented stalking legislation suggests that it is recognised as a significant societal problem, although legal definitions of what constitutes stalking differ between countries and even vary from state to state within America and Australia (Abrams & Robinson, 2002; Scott, Lloyd & Gavin, 2010).

On the 25th November 2012, stalking, which previously had fallen within the umbrella term of 'harassment', was recognised as a specific behaviour by the British Legal System. The '*Protection of Freedom Act 2012*' created two new offences of stalking which acknowledged the type of conduct which constitutes stalking and the fear and/or distress that victims experience. The Act allows stalking to be an either way offence – triable in a magistrates' court or a Crown Court - regardless of whether the evidence is deemed insufficient to prove "fear of violence", which previously would have led to a summary charge. More recently, legislative changes have allowed courts to impose stricter penalties for convicted perpetrators of stalking: the '*Policing and Crime Act 2017*' increased the maximum custodial sentence available to the courts from five

to ten years. These changes may give victims more confidence that they will be protected by the UK legal system.

This progression from the England and Wales '*Protection from Harassment Act 1997*' is important because it authorises prosecutors to have further options when deliberating suitable charges. More importantly, it acknowledges the differences between the two harmful behaviours of stalking and harassment. The Home Office guidelines differentiate the two acts: stalking as obsessive fixation or pursuit of another individual which causes serious distress or fear; and harassment as a behaviour which upsets or offends another (Home Office, 2012). These are steps within the British legal system, albeit small, towards reducing the trivialisation of this criminal act. However, the trivialisation of stalking is likely to continue at other levels that precede the effects of the legal system. Society's attitudes towards stalking tend to minimise and trivialise the harmful behaviours and their impact by excusing the actions of perpetrators whilst apportioning blame to the victims. Such attitudes are likely to deter individuals from reporting their experiences of stalking. Furthermore, stalking victims can downplay their own experiences due to their relationship with the perpetrator - for example, victims may label the pervasive and problematic behaviours of their ex-partner as the process of a break-up or indeed, for a variety of reasons, fail to recognise them at all. It is reasonable to assume that such trivialisation can prevent many cases of stalking from coming into contact with the Criminal Justice System. That being said, the progression in the British Law is certainly a positive step in helping victims to understand what constitutes stalking. The explicit criminalisation of stalking will also increase victims' faith in the justice system, and give

them greater confidence that their disclosures of victimisation will be taken seriously. This is important, as the criminal justice system addressing stalking and recognising victims' distress, and victims' confidence in the legal system, are mutually dependent. Cooperation between these two parties is essential during the prosecution process – victims need to feel believed in order to make disclosures that will help professionals in the legal system to understand the full extent of stalking. This will enable the correct decisions to be made regarding both sentencing and the appropriate support that the victims receive (Logan, 2009).

The criminalisation of stalking may lead to an increase in reporting levels because victims perceive that officials will take their accounts more seriously. This understanding of the seriousness of the crime is reflected in the new maximum sentence of ten years for perpetrators.

It is important that professionals involved in administering justice increase their knowledge and develop their understanding regarding stalking, and this can only be achieved by talking and listening to victims who have experienced such intrusive events. In addition, qualitative research with victims can provide more robust and valid conclusions regarding this crime. Thus, in theory, collaborative working between victims of stalking and those with the power to charge and prosecute perpetrators seems logical. However, the reality is that each harassment and stalking case is complex and ambiguous in nature, which can make it difficult for professionals working within the legal system to manage, limiting the effectiveness of the current law when dealing with real life cases. Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Crown Prosecution Service

Inspectorate (HMCPST) carried out the first joint inspection into the effectiveness of police forces and Crown Prosecution Services in dealing with stalking and harassment cases (HMIC & HMCPST, 2017). Conclusions highlighted that, at every level within the Criminal Justice System in which procedures were examined, many changes were necessary in order to improve the experiences of victims within the justice system. Those inspecting the services deemed current procedures to be 'inadequate' and that 'extensive improvements' were required. Specifically, a lack of understanding and recognition of harassment and stalking, and of the differences between the two criminal acts, was found to have led to the majority of cases being misidentified and not appropriately recognised. There was widespread incorrect or under-reporting by police officials and a lack of risk management plans prepared for the victims; and a wide variation of recorded offences between police forces across England and Wales was noted. The report additionally made reference to Probation Services having a lack of intervention programmes for convicted offenders that were aimed to reduce the likelihood of stalking recidivism and, in turn, protect the public. In spite of the shortfalls, inspectors noted significant advances over recent years, and particularly since changes in stalking legislation came into play, in the ability of the Crown Prosecution Service (CPS) to identify, understand and successfully prosecute an increasing number of harassment and stalking cases. It could be argued that commissioning a joint report in order to fully understand how individual cases are dealt with by the police and the CPS, with the objective of instigating positive change, is itself a sign of the progression within the legal system of recognising the seriousness of stalking as a crime. Hopefully, services dealing with stalking perpetrators and victims will make changes

based on the identification by the report of what is currently working well and the areas needing improvement, with the legal system as a whole being proactive in responding to its recommendations.

Defining Stalking

Stalking can be defined either perceptually or legally. The perceptual perspective of stalking permits individuals to define stalking the way in which they view it, rather than defining stalking activities according to current legislation. However, because a universally accepted definition is lacking (Johnson & Kercher, 2009), it is very difficult to know which behaviours are classified as stalking, and this may perpetuate debates regarding this harmful behaviour. Although stalking behaviours are generally considered to be related to harassment and intimidation – and may include following a person, appearing at their home, or vandalising their property (Bernal, Faruqi & Moore, 2013) – the actual range of behaviours that fall within the term 'stalking' is very broad. Therefore, many types of behaviour may be considered as stalking, such as assailants expressing their love, victims receiving mutilated animals, or victims receiving explicit and implicit death threats (Mullen, Pathé & Purcell, 2009). This definitional ambiguity may reflect the fact that stalking is not a homogeneous behaviour, which might be the reason for differing findings within stalking research. It may be that, because victims' particular stalking experiences are all different, and their subjective perceptions of and reactions to these experiences will vary, it may not be possible to arrive at an exact definition of stalking and it must, by necessity, remain broad and vague. What is understood is that any unwanted contact within the perpetrator-victim dyad that

directly or indirectly communicates a threat or places the victim in fear can be considered stalking. Nevertheless, in order for professionals to respond to cases of stalking in an appropriate and consistent manner, agreeing upon a universally accepted definition of stalking is essential. The HMIC and HMCPSTI recent inspection report considered the absence of a single, universally accepted consistent definition of stalking to be a “very significant contributory factor to the unacceptably low number of recorded crimes and prosecutions” in England and Wales (HMCI & HMCPSTI, 2017, p.7). Therefore, it is reasonable to advocate that an agreed definition would help to establish consistency in various areas, including the support offered to victims and the consequences for the perpetrator, and help to reduce the societal costs.

Prevalence of stalking within England and Wales

Stalking is a prevalent crime in England and Wales, with official statistics revealing that 4.9% of women and 2.4% of men aged between 16 and 59 experienced stalking during the year ending in March 2015 (Crime Survey in England & Wales (CSEW), 2016). These prevalence rates can be compared with other UK crimes: reports indicate that 33% of girls experience unwanted sexual touching in UK schools, and that 28% of pupils from 16 to 18 years old say that they have seen sexual pictures on mobile phones at school a few times a month or more (Evans, Duff & Hunt, 2016). This suggest that sexual bullying and harassment within schools are much more routine behaviours than stalking.

According to the CSEW, 1.1 million people reported having experienced stalking in the year covered by the survey. However, a freedom of information request by the Suzy Lamplugh trust revealed that 7,706 stalking cases were

recorded by police forces in England and Wales between 1 April 2013 and 4 February 2016, a much smaller number of incidents of stalking than the CSEW figures suggest actually occurred (Lyons, 2016). This discrepancy suggests that there is a reluctance to report such experiences to the authorities. This hesitancy to disclose experiences is likely to be a multifaceted issue, and may reflect concerns that individuals have regarding sharing their experiences, or a lack of understanding about stalking or about how the UK system can help victims. It may be that those who do report such experiences have been persuaded to do so. There may be real value in future research investigating this reluctance to report stalking. Findings might help authorities and professionals working in the stalking field to have a greater insight and understanding into what prevents individuals from disclosing their experiences and seeking support from the appropriate agencies. Procedures could then be put in place to make it easier for victims to report their experiences, resulting in them being offered the appropriate support and advice.

Alongside the tentativeness of victims to report their experiences, the wide discrepancy between the number of actual stalking cases and those which are reported is likely to be reflective of a wider, systemic problem within the UK. Stalking appears to be a crime which continues to be misunderstood by police forces and the CPS, leading to it being misreported or worse, not recorded at all (Bowcott, 2017). It might be beneficial if experts in stalking, whether academics or professionals who work with stalking victims, were to provide education for police forces and the CPS. A greater understanding of the true realities of stalking would surely have a positive impact on decisions made by individuals

working within the legal system when presented with actual cases of stalking.

Victims of stalking

Until the surge of research investigating stalking, little was known about the impact that this harmful behaviour can have on victims. An abundance of differing terms have been developed through listening to victims' accounts of their experiences. These terms include 'harassment', 'obsessive relational intrusion', and 'obsessional following' (Spitzberg & Cupach, 2003; Mullen, Pathé & Purcell, 2009). Although stalking terms vary and the multiple definitions remain broad, it is generally accepted that victims are exposed to a pattern of repeated and unwanted communications which cause the individual distress, alarm or fear (Korkodeilou, 2016). It appears from surveying the literature that victimisation is an area which has received less attention than adult perpetration, with adolescent victimisation and perpetration even less. However, a percentage of those targeted are unaware that what they are experiencing is stalking, which suggests that the British population would benefit from education regarding this crime (Sheridan, North & Scott, 2014). Furthermore, professionals providing help and support to victims, such as the police and the courts, are also unlikely to recognise stalking and its different forms (Weller, Hope & Sheridan, 2012). This lack of recognition can have detrimental effects on how different domains within the UK manage stalking situations, including on the development of early interventions for perpetrators to reduce their risk, and the provision of appropriate support for victims and advice on the action that they can take to protect themselves. More recently, psychologists specialising within this field have taken steps to

help increase recognition by developing stalking checklists that help victims to receive the necessary support, such as the '*Domestic Abuse, Stalking and Harassment and Honour Based Violence*' risk model and checklist (DASH; Richards, 2009). In 2011, six funded organisations were approved by the Home Office Consultation on Stalking with the aim of improving responses to stalking crimes, which indicates the advances being made within the UK. A National Stalking Clinic, based on the work of the Melbourne Stalking Clinic, was built in London in 2012 which helps provide specific assessment and an eighteen-month treatment period for perpetrators to deter them from repeating this violent crime. To the author's knowledge, Dr Farnham – Consultant Psychiatrist of the service - is yet to publish data outcomes demonstrating the effectiveness of the treatment that perpetrators are receiving. The release of these outcomes would be very useful in shedding light on what is currently working well – or not – in rehabilitation treatments for stalking perpetrators.

More generally, there is a dearth of outcome research in this area because the current evidence base for psychological treatment aimed at rehabilitating stalkers is in the early stages (MacKenzie & James, 2011). Stalking is an offence that is relatively new in many criminal justice systems, and to assess the efficacy of treatment through trials requires years to examine areas of change. Not only do behavioural and attitudinal changes pre- and post-treatment need to be measured, but follow-up studies examining conviction, reconviction and recidivism rates are required that will take years rather than months of data collection to ensure that a better quality of robust outcomes are obtained. Rosenfeld and colleagues (2007) have published preliminary outcomes from

their investigation of the effectiveness of a six month treatment programme adapted from Dialectical Behaviour Therapy (DBT). Conclusions were promising for this intervention, which targeted behavioural control. Please refer to Chapter Three's treatment recommendations section for a more in-depth understanding of the study's results. Stalkers have complex needs, which is outlined throughout this thesis and, as the nature of each stalking case varies from one to the other, are likely to benefit greatly from a bespoke treatment plan. Ensuring that each perpetrator receives care from a multidisciplinary approach is essential. Each of the risk factors identified during the assessment phase should be addressed through an integrative treatment approach that is individually tailored to the perpetrator's specific needs. The development of a narrative risk formulation explaining possible underlying mechanisms for individual stalking (including motivational drivers and triggers) will secure an understanding of that specific stalking perpetration. It is vital that such a document evolves from assessment to treatment to rehabilitation to ensure that risk management plans are bespoke to the individual. The recent developments within the UK public sector are the initial steps to having a better understanding of stalking, whilst emphasizing the need for more research within this area. Only when far more research has been conducted into stalking perpetration, including the examination of outcome data for existing treatments, and when the research conclusions have been shared within the appropriate organisations, can effective early interventions that target the risk posed by stalking perpetrators be successfully developed and suitably delivered.

Rationale for thesis

Shortfalls within the research area of stalking were identified prior to beginning this thesis. The exclusive focus on adult stalking perpetration and victimisation highlighted the need to bridge the gap with the adolescent stalking population (Mullen, Pathé & Purcell, 2009). Although prevalence rates are currently unknown, the neglect of stalking within this population seems unwise considering that adolescence is a crucial development stage for both perpetrators and victims (Evans & Meloy, 2011, McCann, 2000). This should be of particular concern when noting that violence within adolescent stalking situations has been found to be similar to that between adult stalkers and victims (McCann, 2000). The suggestion is that the psychological assessment and treatments currently offered to young people are based on adult stalking findings, and may prove to be ineffective in reducing the risk of stalking behaviour amongst this younger population. Gaining a greater insight into the psychological functioning and potential risk predictors of young stalkers may promote a functional recovery for this population, which might eventually move on to a more preventive approach in managing this harmful behaviour. Given the importance of evidence-based practice in forensic mental health establishments, conducting research which aims to understand the psyche of young stalkers is vital in the development and delivery of effective early intervention plans. Such early intervention plans could mean that young people receive the appropriate support from community services, benefit from the most suitable and relevant risk management plans designed by the MDT, and have access to psychological

treatment interventions that target the risk factors of young stalking perpetrators.

With this in mind, there are two main reasons for dedicating this thesis to adolescent stalking perpetration: because adolescent stalking is a neglected group within the research world, and to help gain an understanding of developmental factors in childhood which may emerge into adulthood stalking. It is hoped that the findings will help the reader gain an insight into how young people perceive stalking – including the lower levels of stalking behaviours – as to date, young people’s voices on this matter are almost non-existent in the empirical world. By providing young people with the space to share their beliefs and thoughts on stalking, it is hoped to establish how normative – or not - intrusive behaviours are considered by a population which is at risk of perpetrating and being subjected to such harmful behaviours. By becoming familiar with young people’s views on how members of their peer group respond to a break-up, alongside collating the available literature in this research area, it is hoped to identify the developmental factors of stalking perpetration by young people.

Additionally, it is important to identify gaps within this research area, as conducting future research based on the recommendations made by this thesis is likely to be beneficial for mental health practitioners working with a stalking population. The HMIC and HMCPPI (2017) report identified the lack of offender programmes for rehabilitating stalking perpetrators – gaining a greater understanding and recognising the internal and external processes of adolescents is the first step in developing an effective treatment programme tailored to that specific offending group.

Ultimately, this richer understanding could eventually contribute to young stalking perpetrators receiving the appropriate support and treatment within early intervention plans. In summary, the author aims to explore different aspects of stalking to achieve a deeper and richer understanding of adolescent stalking perpetration whilst paying attention to the harmful effects that stalking has upon its victims.

1.2 Structure of Thesis

This thesis comprises six chapters which broadly examine topics related to stalking. The researcher was motivated to build on the currently limited adolescent stalking literature. Understanding young perpetration from a psychological perspective is thought to assist in encouraging the development of early preventive and intervention measures for perpetration and victimisation (Ravensberg & Miller, 2003). These chapters demonstrate what psychological knowledge can add to our limited knowledge of adolescent perpetration, how clinicians may assess young male perpetrators within the context of a secure unit, and how victims may be affected.

This thesis includes an introduction (Chapter One) and a final overall discussion (Chapter Six) that pulls together the findings. The four main chapters consist of: Chapter Two is an empirical research project investigating the young male generation's perceptions of low-level stalking when attempting to rekindle a past relationship, and the behaviours and possible motives of perpetrators, employing a mixed methods design; Chapter Three is a case study of a male adolescent who has a history of stalking his ex-partner, and describes his assessment phase at a medium secure unit (MSU) which aimed to help professionals understand his presenting

behaviours of stalking and violence; Chapter Four is a critical appraisal of the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel & Forth, 2002) – a tool used within the assessment phase discussed in Chapter Three; and Chapter Five is a systematic review investigating how stalking impacts victims by systematically analysing fourteen studies that met the review’s inclusion criteria.

Each of the four main chapters has a unique focus and can be read independently, but elements of each chapter are picked up on in the next so that chapters flow coherently from one to the other. It is intended firstly to inform the reader of the processes that underlie male adolescents’ low levels of stalking behaviours, obsessional relational intrusion, that, if not addressed, may lead to more severe forms of stalking. The next chapter describes a case study that confirms particular findings from this empirical research project – that feelings of rejection following the breakdown of a relationship can kindle anger and a desire for revenge, leading to serious stalking activities against the ex-partner. The SAVRY, a risk assessment tool which aims to identify predictive factors and develop intervention goals for young people who engage in harmful behaviours, is utilised in the case study and is reviewed in the following chapter. Finally, the systematic review broadens the perspective of the thesis by examining the effects that stalking behaviours can have on victims and the consequences for their lives. The life-changing implications that stalking victimisation can have for individuals confirms the importance of focusing on this current subject and seeking to understand the processes that lead to ORI and stalking.

Chapter Two

Chapter Two describes a mixed methods approach research project exploring adolescents' perceptions of obsessive relational intrusion, their perceptions of behaviours that comprise this harmful behaviour, and the possible motives that young perpetrators may have for targeting their ex-partners. This research progresses from the common quantitative design that stalking literature has previously employed when investigating adult perpetration (Fox *et al.*, 2011). It aims to provide a much-needed insight into a neglected population and provides recommendations that future research can build on. Three hypotheses are tested:

- 1) Adolescents with mental health difficulties and a forensic background will be less likely to perceive stalking behaviours in the initial stages as harmful and intrusive in comparison to adolescents without mental health difficulties and an offending history.
- 2) Adolescents' responses will reflect similar perceptions of intrusive behaviours and motivators of ORI as an adult population.
- 3) All adolescents will suggest that ORI behaviours are motivated by intimacy-seeking, revenge or rejection.

Research questions explored are:

- 1) What are adolescents' perceptions of ORI?
- 2) What behaviours do adolescents consider to be ORI?
- 3) What motives do adolescents believe that obsessional followers have?

- 4) Do perceptions differ between adolescents who experience mental health difficulties and have a prior criminal history and adolescents who do not experience difficulties with their mental health and do not have an offending history?

Chapter Three

Chapter Three contains a single case study which links to the previous chapter as it focuses on the assessment phase of a male adolescent who perpetrates low-level stalking behaviours towards his ex-partner. At present, there are no robust clinical assessment and management guidelines for clinicians working with young people – or adult stalking perpetrators – who engage in stalking behaviours due to the limited stalking evidence-base literature that ideally should inform practice (Mullen, Pathé & Purcell, 2009). Therefore, understanding this young person’s vulnerabilities, both social and psychological, and gaining a greater insight into the nature of his offending behaviour and the risk he posed towards his victim was the aim of the assessment process. This was achieved through completing an adolescent risk assessment measure (SAVRY) and administering psychometric tools to gain a deeper understanding of the young man’s strengths and vulnerabilities to inform the theory-driven formulation. A particular finding corresponds with an outcome of the research project detailed in the previous chapter – that feelings of rejection are likely to be an internal process which instigates stalking activities amongst young males. Treatment recommendations are made based upon the outcome of the assessment process and the limited evidence-base for effectively treating stalking perpetration.

Chapter Three is guided by one research question:

What psychological measures are effective for assessing a male adolescent residing in a secure unit with a history of ORI?

Chapter Four

Chapter Four critically appraises an adolescent forensic risk assessment tool, the SAVRY (Borum, Bartel & Forth, 2002), a structured professional judgement tool used in Chapter Three during a male adolescent's assessment phase at a secure unit. Interpersonal difficulties are thought to increase an individual's risk of engaging in harmful behaviour, and so social factors are included on such forensic risk assessment tools. Since the most common stalking group comprises ex-partners, a relationship gone awry may be a precipitating factor for such victimisation; the interpersonal difficulties that arise from this may increase the risk of violence within stalking incidents amongst an adolescent population. When considering this, critiquing the SAVRY risk assessment was deemed relevant to this thesis.

Chapter Four is guided by the question:

Is the SAVRY risk assessment an effective tool to assess a young person's risk of violence?

Chapter Five

This chapter is a systematic review examining how stalking affects its victims. To the author's knowledge, this is the first study to systematically review the literature of the impact that pervasive stalking can have on its targets, from psychological effects to the social readjustments made by victims as a result of their stalking experiences. This review will help individuals, including professionals working with victims, to understand the extent to which the lives of victims change as a result of

their victimisation. This may lead to professionals, victim support agencies, and the criminal justice system offering the support to victims that is most appropriate and relevant to their presenting needs. The review could not examine adolescent victimisation in its own right – the primary focus of this thesis – as the initial scoping exercise highlighted that research papers were limited to adult samples. Thus, the review remained broad. There are, though, a small number of papers that recognise that young people can be secondary victims when their primary caregiver is the target of stalking perpetration. Additionally, chapters two and three concluded that adolescents can also be the primary victims of stalking. However, research has not caught up with the implications that young people face when they are directly victimised by stalking, and this provides further justification for the focus of this thesis.

Chapter Five was guided by three research questions:

What are the range of consequences that victims of stalking are likely to encounter as a result of their experiences?

What are the shortfalls and the main gaps within the subject area?

What are the differences and similarities in how stalking victimisation can affect different individuals' lives?

Chapter Six

The final chapter brings together the findings and implications from the main body of this thesis and explores any shortfalls. Recommendations for future research are provided, taking into account each of the chapter's conclusions and findings

within the wider stalking literature. Particular attention is paid to how the lack of a universal definition of stalking limits the extent to which stalking can be understood. It is also discussed how this thesis can influence the directions that clinicians might take during a young perpetrator's psychological assessment and treatment phases.

**Chapter Two: Investigating Male Adolescents' Obsessive
Relational Intrusive Behaviour, Motives and
Perceptions.**

Abstract

Introduction

Over the past two decades there has been progress within the stalking field, including developments in legislation, empirical research, and awareness. Stalking is now recognised as a crime in the UK, commonly perpetrated by adult males against their intimate female ex- partners; however, it remains ill-defined and misunderstood. A broad range of behaviours fall within the term 'stalking' which vary in severity, prompting the development of sub-categories capturing the differences between them, one such sub-category being a form of low-level stalking termed obsessional relational intrusion (ORI). To date, research has rarely investigated stalking behaviour inflicted upon and perpetrated by adolescents; this study drew on the limited existing knowledge to examine adolescents' perceptions of ORI, the behaviours involved and possible motives. The objective was to clarify whether mental health difficulties and a forensic history could be factors associated with ORI.

Method

A total of 27 male adolescents, aged between 16 and 18, consented to partake in this mixed methods (MM) study.

Samples were recruited from two sources to form the two groups being compared: twenty-three of the young males were recruited from a community college, whilst four were residing in a forensic MSU. Participants' perceptions of ORI, the behaviours involved and possible motives were investigated and explored through the distribution of a vignette describing a hypothetical ORI scenario, a questionnaire, and an interview. Qualitative and quantitative data were collected concurrently, and analysed by Thematic Analysis and a Mann-Whitney U-test before merging data to make comparisons.

Results

Results indicated that there were no statistically significant differences between the two groups' perceptions of the nine different aspects of stalking being quantitatively assessed. This was not dissimilar to the Thematic Analysis results, in which four main subordinate themes were developed from frequent coding. The themes identified from both groups were 'Harassment tactics', 'Mental health', 'Dynamic factors' and 'Drivers'.

Conclusions

This study is not without its limitations, which are highlighted in the report prior to discussing future research recommendations. Nevertheless, the study has added to the sparse adolescent stalking literature as one of the first MM designs investigating and comparing forensic and community samples of male adolescents' perceptions of ORI. The young males' perceptions did not seem to differ based on mental health difficulties and an offending background.

2.1 Introduction

The importance of the relationship between the stalker and victim

Emerging research highlights that public perceptions tend to contradict the reality of stalking experiences. A common misperception is that the prevalence is much greater, and is more dangerous and worrying, when the victim and perpetrator are strangers (Duff & Scott, 2013; Scott & Sheridan, 2011; Scott, Lloyd & Gavin, 2010; Hills & Taplin, 1998); this does not reflect reality, as in the majority of stalking cases there is a relationship of some kind between the victim and their perpetrator (Scott, Lloyd & Gavin, 2010; Spitzberg, 2002). Spitzberg and Cupach (2007) reported that close to 80% of stalking victims know their stalker. The media's portrayal of stalking situations, in which stranger stalkers are depicted as dangerous and unpredictable, may greatly affect society's perceptions of this social phenomenon; the media's influence in shaping stalking stereotypes has led to a pervasive belief that stranger stalking situations are a greater threat to the victim (Duff & Scott, 2013).

Experiences of victims and empirical research conflict with the media's portrayal and public perceptions of stalking. Typically, victims who are stalked by an ex-partner are exposed to the widest range of stalking activities when compared to other stalking groups (such as victims who have no prior relationship with their stalker) (Mullen, Pathé & Purcell, 2009); the activities they are subjected to include repeated phone calls, persistent following, threats and violence. The typical stalking victim is female and has been in a past intimate relationship with her perpetrator, usually male. Cases of stalking in which the victim and perpetrator are ex-partners are much more common, and

the stalking behaviours in these cases are more persistent than other relationship types in which stalking occurs, and are considered to be more dangerous (Spitzberg & Cupach, 2007; Farnham, James & Cantrell, 2000). Tjaden and Thoennes (1998) found that 81% of American women who completed a survey reported that they had been stalked and physically assaulted by a current or former intimate partner (although this figure should be treated with caution due to the likelihood of nonresponse bias). This is not an uncommon finding – studies investigating the risk of violence in stalking cases have shown that ex-partner perpetrators are more likely to be physically violent and twice as likely to threaten the victim in comparison to non-intimate stalkers (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002; Palarea, Zona, Lane & Langhinrichsen-Rohling, 1999; Rosenfeld, 2004). Thus, current research strongly indicates that, in stalking cases, a prior intimate relationship between the victim and stalker is associated with an increased risk of violence.

Research into the use of the UK 'Protection from Harassment Act' (1997) in actual cases (Harris, 2000) found that stranger stalkers were more likely to have been convicted for their stalking activities than ex-partner perpetrators; this is especially worrying when considering that the evidence suggests that a higher percentage of stalking cases are perpetrated by persistent ex-partners, who also exhibit the greatest aggression towards their victims, and yet cases brought against them were more likely to be dropped by the Crown Prosecution Service. This may suggest two things. Firstly, that victims may be more reluctant to help professionals working in the Criminal Justice System to convict ex-partner perpetrators in comparison to victims who are targeted by stranger stalkers. Thus, the relationship and their attachment with their stalker may reduce the likelihood of an individual engaging with the legal process. Secondly, legal

representatives and individuals working within the Criminal Justice System require further education or training concerning stalking misperceptions in order to make more informed legal decisions. This would also assist in considerations regarding the appropriate risk management strategies for stalking situations, which would be extremely beneficial for victims in regards to the entitled help and support that they receive.

Offending history and mental health as potential risk factors

While a prior relationship should be considered as a potential risk factor, it is unlikely that this alone predicts the likelihood of violence occurring within stalking incidents due to the complex nature of the crime. Although research has evidenced various areas that increase the victim's risk of assault, this section will focus on the possibility of mental health difficulties and an offending history being predictive factors for the perpetration of stalking violence. Research indicates that if obsessional followers have had a diagnosis of a mental illness and a criminal history, then the risk of assault increases (Meloy, 1996; Mullen, Pathé, Purcell & Stuart, 1999). When considering forensic clinical risk assessments, the criminal history of an obsessional follower may be predictive of future violence (Otto & Douglas, 2010). There is a lack of consensus regarding the association between a prior criminal history and the likelihood of stalking violence occurring: some studies have found a significant correlation between a prior offending history and stalking violence (Mullen *et al.*, 2009; Harmon, Rosner & Owens, 1998; Brewster, 2000), yet others have found no significant association (Meloy, Davis & Lovette, 2001; Palarea *et al.*, 1999; Rosenfeld & Harmon, 2002).

Given the inconsistency between studies, it remains unclear as to whether a prior offending history is a potential risk factor to

whether a perpetrator of stalking will engage in stalking violence against their victims. Regardless of this discrepancy, the variables should not be dismissed until the association between stalking violence and the perpetrator's criminal history is further clarified. Future research with more robust methodologies, including larger representative samples, may assist in providing clarity to this area. Moreover, the inclusion of a clear definition as to what constitutes a criminal history may help to provide more consistent results (McEwan, Mullen & Purcell, 2007). For the purpose of this study, a prior criminal history is defined as individuals who have been reprimanded, cautioned or convicted for engaging in harmful behaviour towards others which are violent in nature e.g. assault.

While many stalkers do not suffer from mental health difficulties, evidence suggests that stalking is not an uncommon behaviour amongst individuals who experience difficulties with their mental health. The most common investigations in this regard are into the relationship between psychosis and violence in stalking, which generally conclude that non-psychotic individuals are more likely to act aggressively (Farnham *et al.*, 2000; Mullen *et al.*, 1999); however, it is unclear whether this is the case for broader mental health difficulties, such as personality disorder, due to conflicting evidence. In a retrospective study, Mullen and colleagues (1999) found that 55% of stalkers with a personality disorder engaged in violence against their victim. McEwan, Mullen and Purcell (2007) proposed that ex-partner stalkers would be more likely to experience pervasive and persistent difficulties with their mental health (non-psychotic disorders) and therefore would be more likely to harm their victims; they suggested that this hypothesis would require empirical validation. Conflicting evidence, however, suggests that there is

no significant relationship between the two variables (Rosenfeld & Harmon, 2002; Meloy *et al.*, 2001).

Motives

Understanding perpetrators' motives to engage in such harmful behaviour towards their ex-partner is a complex issue. Each case is unique and will vary with each stalking experience. Suggested motives for this harmful behaviour can never be said with absolute certainty. However, researchers within this field hypothesise that one major perpetuating factor of stalking activities is a strong emotional attachment towards the victim (Farnham, James & Cantrell, 2000; Rosenfeld, 2004). A UK study using a random representative sample of 9988 adults, all victims of stalking aged 16–59, reported that 40% of participants perceived their perpetrators to be motivated by a desire to initiate a relationship or to maintain a relationship (Budd & Mattinson, 2000). The attachment that individuals form with intimate partners is designed to keep them together, and when this is broken it may become too overwhelming; thus, when an individual struggles to accept this broken attachment, they may resort to maladaptive ways to rekindle a relationship that is unwanted by the other party. McEwan, Mullen, MacKenzie and Ogloff (2009) suggested that understanding the function of the perpetrators' motives and their relationship with the victim is key to understanding the associated risks; they found that the risk factors for stalking violence varied according to both of these aspects. Mullen and colleagues have developed a typology which identifies five distinct types of stalker, based on context and motivation: the rejected stalker; the intimacy-seeking stalker; the incompetent suitor stalker; the resentful stalker; and the predatory stalker (see Mullen, Pathé & Purcell, 2009, p.17, for a review). This typology may offer guidance to professionals who

are attempting to understand the associated risk factors of stalking cases and assist in the development of robust management strategies.

Obsessive relational intrusion

Stalking can be used as an overarching term, as it encompasses different patterns of stalking-like behaviour with each sub-category of stalking being problematic in unique ways. It is well established that the largest group of stalkers are ex-partners rather than delusional strangers; this is contrary to the layman's perception, although it is thought that the term 'ex-partner' may moderate an individual's inclination to classify obsessive relational intrusion (ORI) as stalking (Dennison & Thomson, 2005; Sheridan, Davis & Boon, 2001). Behaviours that are deemed intrusive in a stalking case – leaving gifts, writing letters, frequent contact, surprising the object of pursuit by turning up at a place unexpectedly – are all behaviours that in a different context would be considered typical romantic courtship gestures (Spitzberg & Cupach, 2002). The crucial element to ORI is when such behaviours are unwanted by the recipient. The persistency and frequency of such behaviours are likely to cause the victim distress. Individuals living in the Western world may minimise the impact that their intrusive behaviours have on their victims due to the social norms which govern the behaviour of society following a break up, thus some perpetrators may view these behaviours to be appropriate when attempting to rekindle the relationship. Spitzberg and Cupach (2003) describe how they created the term ORI: 'relational' refers to the stalkers desire to be in a relationship with the victim, and 'obsessive' reflects the intrusive behaviours that obsessional followers engage in to 'win' the victim over.

The term ORI is defined, and for consistency purposes will be defined within this research, as:

“repeated and unwanted pursuit and invasion of one’s sense of physical or symbolic privacy by another person who desires and/or presumes an intimate relationship.”

(Cupach & Spitzberg, 1998, pp.234-235).

Individuals who engage in ORI behaviour have a strong sense of hope leading them to become overenthusiastic about the relationship they are pursuing, to the extent that the social norms of courtship are disregarded and resulting in the victim experiencing intrusive, unwanted contact (Spitzberg & Cupach, 2003). Spitzberg and Cupach (2003) noted two subtle ways as to how ORI differs from stalking: the first is that ORI perpetrators are solely motivated by the establishment of a relationship; secondly, ORI behaviour may be perceived as only being annoying, frustrating or pestering, rather than invoking fear and involving threats towards the victim. However, research indicates that even relatively mild forms of ORI tend to be viewed as at least moderately threatening (Cupach & Spitzberg, 2000). ORI may be considered as the initial stage of stalking, as behaviours may escalate in severity in a bid to re-establish the relationship that is unwanted by the victim. From this point on, the research will focus on the low-levels of intent and persistence known as ORI.

ORI amongst young people

To date there appears to be an almost exclusive focus on investigating stalking – and those behaviours that fall under the stalking umbrella, such as harassment and obsessional following – in an adult population. This concentration on adults may be influenced by the perception that it is an ‘uncommon’ and ‘rare’ behaviour amongst children and adolescents (Scott

et al., 2007). However, given the importance of interpersonal relationships and interactions; the lack of experience of intimate relationships; the potential impact of poor templates; and the influence that the media and peers have during adolescence, and the impact – both positive and negative – these factors have on development, it may be unwise to downplay the frequency with which this crime occurs amongst this age group. It may, therefore, be helpful to investigate the prevalence rates of intrusive behaviours within this population, as estimates of incidents are lacking (Evans & Meloy, 2011; Mullen, Pathé & Purcell, 2009). This seems to be particularly important when considering that the patterns of violence match those of adult stalkers, in which weapons are used, there is physical assault, and property damage occurs (McCann, 2000). Such research could provide some much-needed clarity regarding to the extent to which young people are perpetrators and victims of ORI.

Adolescents place a great deal of importance on peer relationships and social acceptance. Positive experiences in both domains are achieved in numerous ways, including by developing and maintaining intimate relationships; romantic relationships are thought to play a role in identity formation – they connect young people with the social group by giving them a sense of belonging and status within friendship groups (Zarrett & Eccles, 2006). Whilst dating is common in adolescence, and the experience of first love, it is also likely that at this stage in their life adolescents will have their first experiences of rejection and heartbreak. Furthermore, the corollary of the importance and positive effects that intimate relationships have in a young person's life is that the absence of such relationships may have detrimental effects, resulting in them being targeted as 'different'. This may limit social

interactions, and worse still make them susceptible to abuse by their peers. These experiences may lead young people to feeling rejected, isolated, unwanted and angry, and these new feelings may be overwhelming for those who don't have the resilience to cope with such situations in an adaptive way. Social influences – such as peer and family relationships – are considered potential risk factors for youth violence. This suggests that interpersonal difficulties increase an individual's risk of engaging in harmful behaviour, so much so that they are included within adolescent risk assessments, such as the SAVRY (Borum, Bartel & Forth, 2002). Thus, a relationship going awry could not only precipitate ORI, or worse, stalking, but could also increase the risk of violence from one or other of the parties involved. This underlines the importance of interpersonal relationships as a risk factor for adolescent violence within stalking situations, particularly in the light of studies indicating that ex-partners are the most prevalent group of stalkers.

Additionally, it is believed that adolescents are particularly susceptible to the power of the media, so that their perception will be skewed by the media's often misperceived presentation of stalking (Dahl & Hariri, 2005; Gunther *et al.*, 2006). Creating opportunities for different media outlets to educate young people of the true realities of stalking is a step in mitigating the risk of young people failing to label, or notice, their victimisation and the differing severity levels of this crime they can unknowingly endure. This education will equip young people with a greater awareness to recognise and label harmful patterns that they may be encountering whilst having an understanding that ex-partners are the most common stalker relation classification – unlike what is depicted in the media.

There has been very little published scholarly research of adolescent stalking, and even less for ORI. Nevertheless, there have been a few case studies (McCann, 1998; Evans & Meloy, 2011; McCann, 2000; Carabellese, Alfarano, Tamma & La Tegola, 2015) and one systematic study (Purcell, Moller, Flower & Mullen, 2009); all of these suggest that intrusive and stalking behaviours are perpetrated by young people. McCann (2000), in a retrospective study, examined the stalking activities and motives involved in thirteen cases of adolescent obsessional followers in the US. Twelve participants were males aged 12 to 18 years; one perpetrator was an erotomaniac female (erotomania is a type of delusional disorder in which an individual believes that another person, usually with a higher social status or a stranger, is madly in love with them (Mullen, Pathé & Purcell, 2009)). McCann's study gathered data from legal case reports, mental health evaluations and published media articles. McCann found that adolescents typically confined their stalking activities to seeking close proximity to their victims and making repeated telephone calls to them. Violence was threatened by eight of the obsessional followers (62%) and four engaged in physical assault (31%). These figures are similar to those found with adult stalkers (Meloy, 1999; McEwan, Mullen & Purcell, 2007). Meloy (1999) found similar percentages in his study of adult stalkers, in which 50–75% of the recruited participants were verbally and behaviourally threatening, and 25–35% were physically aggressive to their victims. McCann (2000) reported that for the majority (eight) of the adolescents included in the study, their objects of pursuit were known acquaintances, three participants were obsessively following strangers, and only one stalked an ex-partner; this contrasts with studies suggesting that the majority of adult stalkers stalk their ex-

partners (Scott, Lloyd & Gavin, 2010; Spitzberg, 2002). Yet, this findings may be because fewer adolescents have ex-partners to target. Primary motives for the adolescents were intimacy-seeking, revenge and resentment, all of which are found to be similar to those of adult stalkers (see Mullen, Pathé & Purcell, 2009, p.17, for a review). McCann's study was possibly the earliest examining adolescent stalking, and provided much-needed insight into the nature of stalking amongst this population; however, results must be taken with caution due to the small and selective sample, which may reflect the extreme end of stalking because the participants were involved with the criminal justice system and experienced mental health difficulties, preventing outcomes being generalisable.

Findings by Evans and Meloy (2011) clearly illustrate that stalking does occur during adolescence, yet conclusions are extremely tentative due to limitations of the study. Two adolescent (aged 16–17) stalking cases were reviewed and the stalking activities identified within the study were consistent with previous findings in both adult and adolescent studies (McCann, 2000; Spitzberg & Cupach, 2007; Farnham, James & Cantrell, 2000). Behaviours included persistent following both from work and school, repeated phone calls and persistently seeking close proximity. Motivations to engage in such behaviours were different for the two case studies: one would fit the '*rejected stalker*' type, and the other both the '*incompetent suitor*' and '*intimacy-seeking*' types (see Mullen, Pathé & Purcell, 2009, p.17, for a review). The risk of violence was higher in the 'revenge-seeking against an ex-partner' case, as physical violence was inflicted on the victim, providing further similarities with adult stalking (Scott, Lloyd & Gavin, 2010; Spitzberg, 2002). Evans and Meloy (2011) reported that

although both case studies came from very different socioeconomic backgrounds, both were emotionally neglected by their care-providers; this might indicate that attachment styles were significantly influential in predisposing both male adolescents to this harmful behaviour. Both stalkers experienced mental health difficulties in terms of emerging personality disorder.

Purcell and colleagues (2009) published the first systematic review of stalkers aged eighteen or younger from a large Australian sample. On review of cases involving applications for a restraining order retrieved from the Juvenile Court of Melbourne, 32% of these fulfilled the study's definition of stalking; of this sample (N=299), 69% of victims were females with a mean age of eighteen years, and 64% of the perpetrators were male with a mean age of fifteen years. In 98% of cases perpetrators had a prior relationship with the victims, 21% of which were an ex-partner. Juvenile stalkers typically engaged in similar behaviours to adults, including unwanted approaches, telephone calls and persistent following. 75% of victims declared that they had been subjected to threats, with 54% of these resulting in physical violence. The authors identified six categories of juvenile stalking through examining the motivation of the perpetrators and the context in which the stalking emerged: the organised bullying, retaliation, rejection, disorganised harassment, predatory and infatuated stalker (see Mullen, Pathé & Purcell, 2009, p.125-126, for a review).

This lack of empirical research examining the extent, nature and impact of intrusive behaviours conducted by adolescents seems unreasonable, as it is a social problem which is not age specific. Studies have begun to establish the base rate for

adolescent stalking, but until research catches up results must be read tentatively; although similarities between juvenile stalkers and their adult counterparts appear to be emerging, comparisons must remain preliminary at this stage. Conducting research within this area, building on the limited current knowledge, would be beneficial for numerous reasons: it would increase the understanding and knowledge of stalking amongst young people, as at present it remains unclear what is underlying this behaviour; more evidence is imperative in order to implement effective preventive measures for young people at risk of this crime; and it would provide professionals with the opportunity to engage young perpetrators in early intervention, with the aim of reducing future recidivism into such harmful behaviour, which in many cases subjects the victim to overt violence.

Current research

Research investigating adolescent obsessional following is sparse, and this forms the rationale for the current study, as the majority of research has focused on adults' perceptions, behaviours and motives for intrusive behaviour. The limited research that has been conducted in the US and Australia suggests that adolescent stalkers engage in similar intrusive behaviours to those of adult stalkers (McCann, 2000; Purcell *et al.*, 2009; Evans & Meloy, 2011). Misperceptions regarding the danger and distress that ex-partner stalking causes its victims is well documented within the literature examining adult stalking perceptions (Duff & Scott, 2013; Scott & Sheridan, 2011; Hills and Taplin, 1998). The tendency to underestimate potential harm prevents victims from seeking the appropriate resources for dealing with this behaviour, and may lead to further violence; thus, this study aims to gain a

greater insight into young people's perceptions of intrusive behaviours to help ensure that victims seek and are offered the appropriate help and support. The study will focus on mild forms of stalking – ORI – amongst adolescents to examine perceptions of the initial stages of stalking. It will be one of the first studies to examine adolescents' perceptions of ORI employing a qualitative and quantitative design; to date, the majority of studies have analysed data from retrospective adolescent stalking cases.

It is unclear whether offending behaviour and mental health difficulties are potential risk factors for intrusive behaviour (Meloy, 1996; Mullen, Pathé, Purcell & Stuart, 1999); this study compares the perceptions of young people with an offending history who also experience mental health difficulties with those who have no prior offending history and experience no difficulties with their mental health.

For this study, all participants received an ORI hypothetical vignette recounting the behaviour of a male adolescent pursuing an ex-partner – a female adolescent – over a six-week period; the aim was to replicate Scott, Lloyd and Gavin's (2010) study by utilising low levels of intent and persistent ORI behaviours employed to rekindle a relationship within the vignette to assess the participants' perceptions, except in this study adolescents' responses were examined and compared rather than those of an adult sample. Participants were asked to report on nine dimensions of intrusive behaviour between ex-partners:

- Police involvement
- Danger
- Victim worried about safety

- Likelihood of hospital intervention for mental health
- Victim blame
- Perpetrator blame
- Victim prevention of situation
- Injury
- Stalking

Perceptions of these intrusive behaviours were compared between the two groups to assess whether a prior offending history and experienced difficulties with mental health affected responses. Adolescents' perceptions of intrusive behaviour regarding what behaviours constitute stalking and potential motivators were explored through interviewing.

Aim:

The overall aim for this preliminary mixed methods study was to investigate adolescents' perceptions of ORI, what behaviours they believe that this comprises, and obsessional followers' motives.

The following research questions were explored:

- What are adolescents' perceptions of ORI?
- What behaviours do adolescents' consider to be ORI?
- What motives do adolescents' believe that obsessional followers have?
- Do perceptions differ between adolescents who experience mental health difficulties and have a prior criminal history and adolescents who do not experience difficulties with their mental health and do not have an offending history?

Given the limited existing knowledge of adolescent perceptions of stalking, the following hypotheses were tested:

- 1) Adolescents with mental health difficulties and a forensic background will be less likely to perceive stalking behaviours in the initial stages as harmful and intrusive in comparison to adolescents without mental health difficulties and an offending history.
- 2) Adolescents' responses will reflect similar perceptions of intrusive behaviours and motivators of ORI as an adult population.
- 3) All adolescents will suggest that ORI behaviours are motivated by intimacy-seeking, revenge or rejection.

2.2 Method

Ethical Considerations

Ethical Approval

The research proposal was reviewed by and received ethical approval from the Nottingham REC Committee. The college and the MSU further reviewed and approved documentation prior to the recruitment process.

Confidentiality and Data Protection

All experimental material and data remained anonymous, unless policies had to be followed due to concerns of harm to self or others. Confidentiality was maintained, with only the research team having access to the interview recordings, transcripts, and questionnaire responses. A coding system was utilised to ensure that anonymity was upheld. Participants were able to withdraw at any point during the experiment;

however, because of the data being anonymous, once participants had completed the questionnaire and interview, they were unable to withdraw their data.

The participant information sheet (PIS; Appendices 2.e & 2.f.) explained confidentiality and its limitations within the study. The young people were made aware that, due to their vulnerability and safeguarding policies, two individuals had to be present during the experiment: the researcher and a staff member. Sharing information with other professionals working with the young males would only occur if issues regarding risk to others or to self arose. Individuals were made aware that their interview would be recorded for transcribing purposes, but no identification information would be included.

Participants

Participants had to be adolescent males, aged 16 to 18, residing in either an adolescent secure unit or within the community. This study aimed to recruit 46 participants, split equally between two settings: an adolescent forensic medium secure unit (MSU) in the UK (Group 1) and a UK community college (Group 2). The requirements for the young people recruited from the MSU were that they experienced mental health difficulties and had a criminal record; conversely, in order to meet the eligibility criteria for the control group, the participants from the community college had to have no known mental health difficulties and no offending history. Because specific characteristics of participants were required, stratified sampling was employed to ensure that the sample was representative of this target population. All participation was

voluntary. Data collection began in January 2016 and ended in June 2016.

A total of 27 young people were recruited, all of whom fulfilled the study's eligibility criteria. The mean age of the recruited young people was 16.7 (SD=0.61). There was an unequal split between the two groups: Group 1 (MSU) was made up of 14.8% of the recruited adolescent males (n=4). The average age within this group was 17.5 years old (SD=0.58). 75% were of British origin and 25% were of Irish descent; Group 2 (college) comprised 85.2% of the participants (n=23). The mean age of this group was 16.6 years of age (SD=0.51). 91.3% were of British heritage and 8.7% were of mixed race ancestry.

Recruitment

A staff member from each establishment was assigned to oversee the process. This gave the researcher an understanding of whether an individual showing interest had the capacity to consent. Potential participants who were not in the right mental state, and therefore were deemed not to have capacity, were identified and not approached during the recruitment stage. It was anticipated that the target sample size of 23 per site could be achieved.

The young people were verbally informed about the study by the researcher at their weekly community meetings (Group 1) or during daily form times (Group 2). It was hoped to generate more interest in participation by approaching the young males in person during the recruitment stage, as research suggests that advertised studies do not attract many participants, particularly in forensic services (Banongo *et al.*, 2005). Young people showing an interest were given an invitation letter

(Appendices 2.c & 2.d) and a PIS. Individuals making up Group 2 were also provided with a demographic form (Appendix 2.g) which acted as a screening tool; this was not necessary for Group 1 because access to electronic files was permitted. Material was adapted for each site containing information relating to each establishment and population. Distribution of certain materials, such as PIS and invitation letters, enabled potential participants to familiarise themselves with the relevant information prior to the next meeting, at which informed consent would be required.

Consent

The PIS explained consent. The responsible clinicians' (RC) consent was acquired (Appendix 2.b), formally documenting that participants residing in the forensic unit had the capacity to partake. All young people signed copies of the consent form (Appendix 2.a) prior to participation.

Materials

Recruitment Measures

Materials distributed in the recruitment process were developed for the purpose of the study: PIS, invitation letters, and demographic forms. Two versions of the PIS and invitation letters were created to include information suitable and specific to each of the sites and to the characteristics of the young people based at each site.

Vignette and Questionnaire

Participants were asked to complete a questionnaire containing a brief vignette and nine scale items. The scenario was developed based on existing ORI literature and is reflective of low intent intrusive behaviours (Spitzberg &

Cupach, 2003; Spitzberg & Rhea, 1999). All participants were presented with the following vignette:

Lily is a 16 year old teenager from London, doing her GCSE's at school. She works part time in her corner shop near where she lives in order to get some pocket money. Lily has enjoyed her time at school, and plays on the school netball team. Jimmy goes to the same school and is the same year as Lily. Jimmy enjoys playing in the park with his friends. Lily and Jimmy met at school and have known each other for 5 years now. They dated for about a year, then Lily broke up with Jimmy after deciding the relationship wasn't working. Jimmy wants to get back with Lily. Since then Jimmy has been contacting Lily each day by text messages and has tried to call Lily at work and at her home on several occasions. Lily no longer replies or answers the calls. For the past six weeks, Jimmy has waited for Lily after work in order to try and strike up a conversation with her. Lily has told a friend that she is uncomfortable with Jimmy's behaviour and that she doesn't want to be in contact with Jimmy.

The nine scale items within the questionnaire, in which all responses were measured on 5-point Likert scales, were inspired and adapted from previous research (Sheridan *et al.*, 2003; Scott, Lloyd & Gavin, 2010):

- 1) *How likely do you think the police need to be involved?*
- 2) *How dangerous do you perceive this situation?*
- 3) *How likely do you think Lily should be worried about her safety?*
- 4) *How likely do you think Jimmy needs help from a hospital for his mental health?*
- 5) *How likely do you think Lily is to blame for this situation?*
- 6) *How likely do you think Jimmy is to blame for this situation?*
- 7) *How likely do you think Lily could stop this situation from happening again?*
- 8) *How likely will somebody be injured?*
- 9) *How likely would you suggest this is stalking?*

The questionnaire aimed to provide an insight into the participants' perceptions of nine areas of ORI behaviours that they felt the vignette reflected. Please refer to Appendices 2.h and 2.i for an overview of both experimental materials.

Face-to-Face Interview

Again, existing literature was used to develop the semi-structured interview (Spitzberg & Cupach, 2003). The aim of the interview was to elicit a discussion around perceptions of stalking, what behaviours individuals consider to be stalking, and possible motives of ORI perpetrators. A copy of the interview schedule can be viewed in Appendix 2.j. It was thought to be most effective to conduct a semi-structured interview because research suggests that this is the best method when meeting with participants on only one occasion (Bernard, 1988). Conducting interviews provided the researcher with an opportunity to gain a richer understanding of the complex reality of adolescent stalking rather than just evidencing patterns that emerged from the quantitative data. Plus it allowed for in-depth exploration of the smaller than desired sample size.

Procedure

Individuals who had initially shown an interest met with the researcher for a second, and final, time. A period of two weeks or more was allocated between meetings as a precautionary measure for impetuous participation. The PIS was revisited, and all information was discussed collaboratively. Individuals were encouraged to ask questions. Following this, copies of the consent form were distributed, reviewed, and signed.

Once consent was acquired, the participants were given the questionnaire to complete. They had a written copy of the

vignette in front of them, but were also required to listen to a tape recording of it in case they encountered difficulties reading. On completion of the self-report questionnaire, young people were allocated time to partake in the face-to-face, semi-structured interview.

Exploration during the interview was very much dependent on the young person's willingness to fully engage in the task. This resulted in the length of interviews varying between seven and sixteen minutes. All questions were answered during interviews and all participants fully completed their questionnaire.

There was a verbal debrief by the researcher at the end of the study. This was an opportunity to remind each participant of the purpose of the research, it permitted the researcher to check for any negative or unforeseen consequences of participation and on the wellbeing of the young person on completion of the study. Individuals were reminded that should they wish to contact the researcher or their supervisor regarding the study, contact details could be found at the end of their PIS.

No time limits to complete the study were imposed to prevent the participants feeling pressured; this ensured that individuals of all cognitive abilities had the time they required to complete the tasks accordingly. All participants were offered support and guidance throughout to ensure that they were comfortable within the process, as research suggests that participants value this when participating in research studies (MacInnes *et al.*, 2011).

Data Analysis

Utilising an MM approach in this study was deemed appropriate to the research questions being explored. It enabled the researcher to examine the area of adolescent ORI from multiple perspectives to enhance and enrich current understanding (Tashakkori, Teddlie & Sines, 2012). A convergent parallel MM design was employed, meaning that qualitative and quantitative data were collected concurrently, as opposed to sequentially, because it resulted in data being gathered more pragmatically and efficiently. Data were then analysed separately before being merged to make comparisons. The study investigated the research questions with two approaches: a problem-orientated approach, which addressed the way in which adolescents perceive different areas of intrusive behaviours and the extent to which mental health difficulties and a history of offending might affect such views; and a process-orientated approach, examining the process and context in which intrusive behaviours may develop within an adolescent stalking situation.

Determining the sample size for an MM design is challenging due to larger samples being associated with quantitative research and smaller samples with qualitative research. Sampling discrepancies within such a design are likely to exacerbate other issues – such as representation, integration, politics and legitimation – which are likely to impact the collected data (Onwuegbuzie & Collins, 2007). A priori power analysis was conducted to determine an appropriate sample size, and this detected a large effect size with .80 statistical power at 5% level of significance, which generated a figure of 21 participants for each group; this is thought to be the minimum sample size recommendation for an experimental

quantitative and thematic analysis MM design to attain data saturation and prevent variability, both factors which could negatively impact the quality of the research, whilst maintaining an adequate power analysis (Guest *et al.*, 2006; Onwuegbuzie & Collins, 2007). Therefore, the aim to recruit a total of 46 participants was deemed appropriate.

Quantitative data

In this study, a Mann-Whitney U test was used to compare outcomes between the two categorical groups' perceptions of ORI via the nine continuous variables being investigated. Non-parametric analyses were performed due to violations of assumptions:

- 1) Data were skewed and did not satisfy the 'same shape' assumption.
- 2) The Test of Normality found all nine dependent variables generated significant values (sig. value equal or less than .05), suggesting violation of the assumption of normality.

In this study, the data were not normally distributed and homogeneity of variance was violated due to unequal sample sizes between the two groups (Pallant, 2016); because of this, the alternative to the parametric T-test was run, the non-parametric Mann-Whitney.

Qualitative data

Thematic Analysis (TA) further explored the participants' perceptions of intrusive behaviours regarding behaviours and motives, and attitudes shared between the two groups, within the interview process. TA was chosen due to its explorative, flexible nature and design to analyse each of the participant's narratives; TA enables researchers to identify and interpret

patterns across the data, making it a suitable qualitative research design for the study. Comparisons between groups could also be achieved (Braun & Clarke, 2014). Although TA is one of the most common methods of data analysis in qualitative designs, it has been criticised for the limited guidelines and little discussion of it as a method (Attride-Stirling, 2001). Braun and Clarke (2006) addressed this issue by developing a set of TA guidelines in a 'systematic' and 'sophisticated' way (Howitt & Cramer, 2008, p.341). Thus, Braun and Clarke's six-step process was adopted for the current study:

- 1) Familiarising yourself with the data and identifying items of potential interest: this was achieved through repeat reading of all interview transcripts. A crucial stage in this process was the transcription of all verbal data by the researcher. Recurring patterns in the data were noted and predetermining coding begun which was based on theoretical literature and research questions (Braun & Clarke, 2006).
- 2) Generating initial codes: the production of initial codes was based on the frequency of repeated patterns across the data set, whether they answered the research question and were underpinned theoretically.
- 3) Searching for themes: initial 'maps', recommended as visual representations of data, were created, capturing initial codes which were clustered forming overarching themes of the grouped data. Preliminary main themes and subthemes were formed from information that was similar and frequently raised within the transcripts, whilst less frequent coding and patterns were disregarded.

- 4) Reviewing potential themes: further reviewing and refining of themes took place. Again, several themes collapsed into each other, whilst others simply did not fit and were then collated into another possible theme. Additionally, comparisons between the two groups of participants were made, creating common themes between participants and identifying possible themes that were unique to that specific group.
- 5) Defining and naming themes: themes were named at this stage, and the final refinements of the 'adolescent ORI perceptions mind map' were made. Each of the names represented the story being told by the data in relation to the research questions. Four subordinate themes were developed, all of which contained subthemes. The theme names were concise and captured the fundamental meaning of the data.
- 6) Producing the report: this report contains and discusses each of the four subordinate themes that were analysed and clustered from the grouped data in an analytic narrative that links to the research questions.

Please refer to Figure 2.1 for a diagrammatic overview of the mixed methods process.

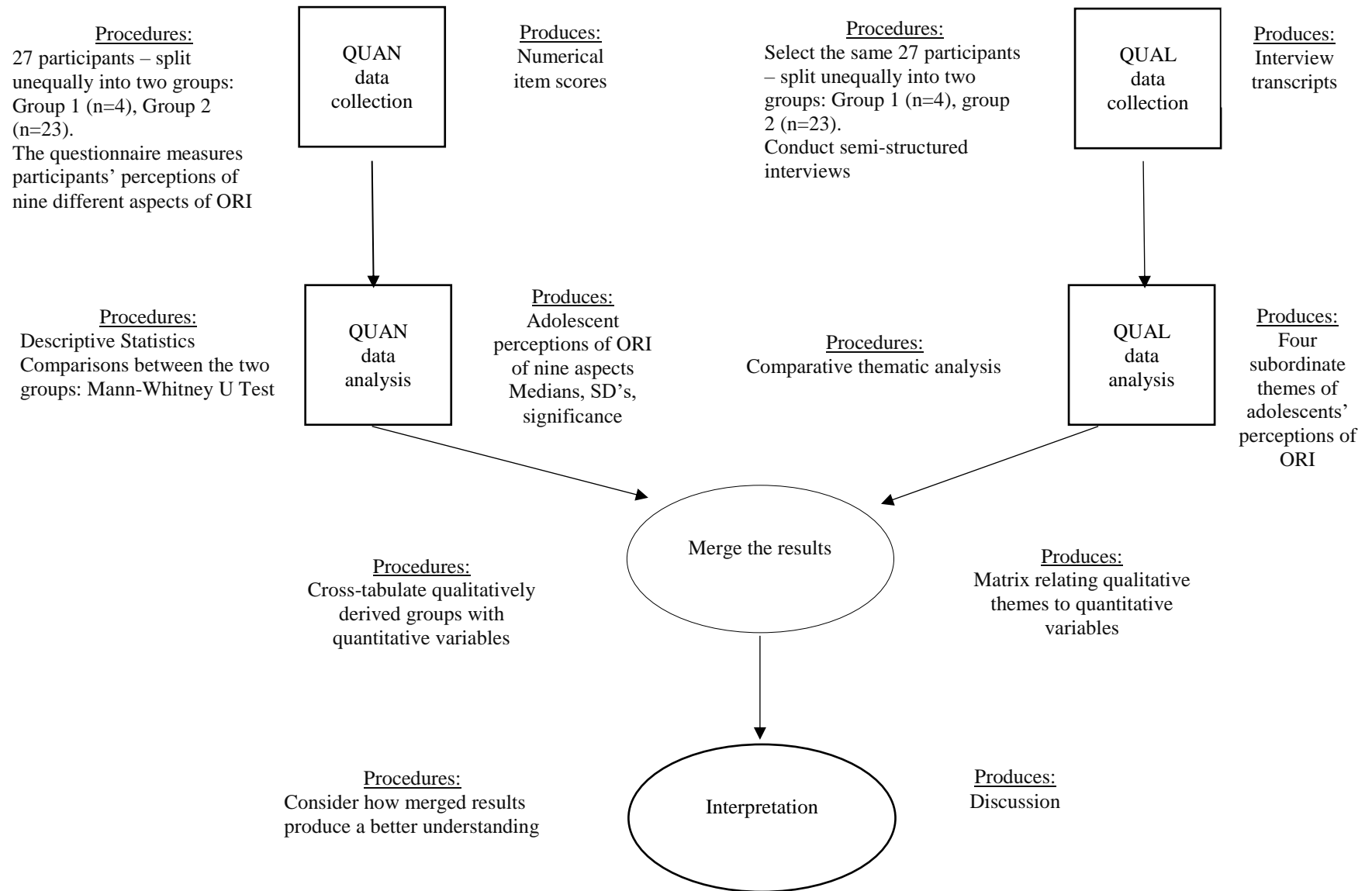


Figure 2.1. based on Wittink et al. (2006)

2.3 Results

Quantitative Results

All data were analysed using IBM's Statistical Package for Social Sciences (SPSS), version 20.

Mann-Whitney U-Test

A Mann Whitney U-Test was performed to determine differences between the forensic group ($Md = 17.5, n = 4$) and the community sample ($Md = 17, n = 23$) perceptions of ORI for each of the nine continuous measures. The test revealed no significant differences between the two groups and any of the nine dependent variables. Please refer to Appendix 3.k for an overview of the values. All effect sizes adhered to Cohen's (1988) (as cited in Pallant (2016)) effect size criteria, ranging from very small ($r = 0.06$) to small ($r = 0.3$).

Histograms were generated which provided a visual representation of the distribution of data for each of the nine dependent variables. Specifically, for 'stalking', the obtained mean score was 4.19, indicating that the participants deemed that the vignette represented a stalking situation (Figure 2.2).

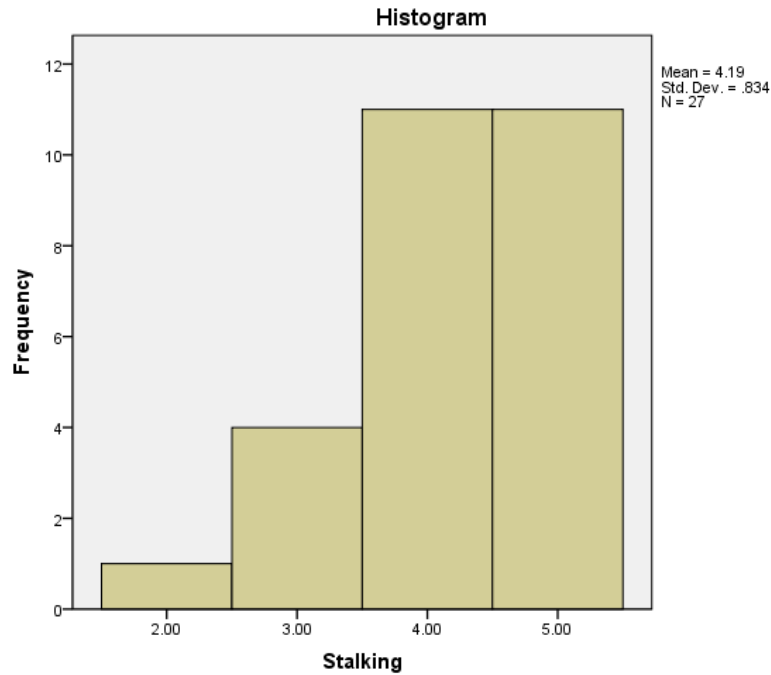


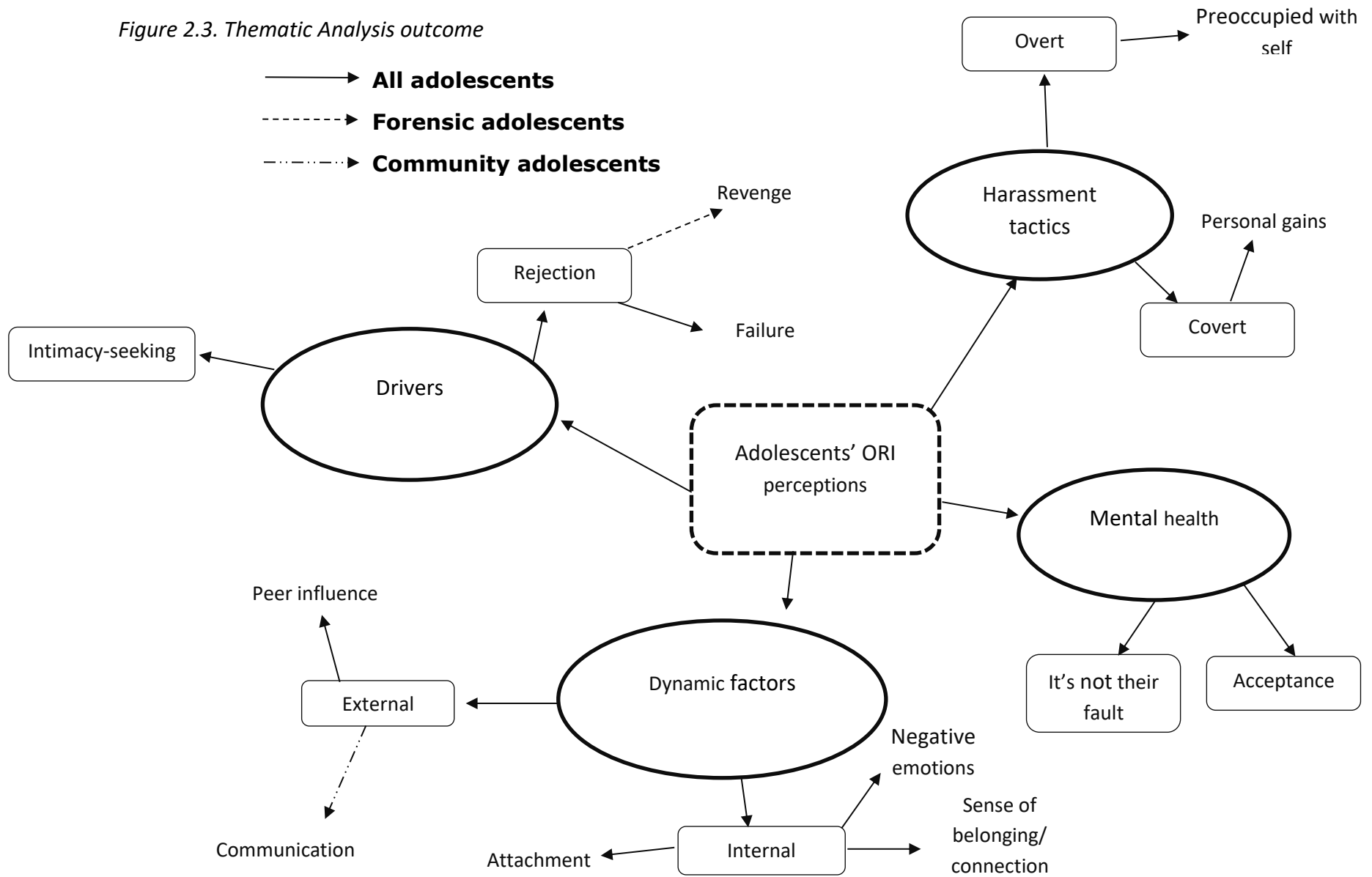
Figure 2.2. 'Stalking' visual representation of mean data distribution

Please refer to Appendix 2.1 for a visual representation for each of the dependent variable's mean scores and data distribution.

Qualitative Results

Please refer to Figure 2.3 to review the Thematic Analysis process of this study. Themes were developed during the coding of the transcripts through frequent statements made by the young people. Statements made by participants are included throughout this section and act as supporting evidence for the themes that emerged. The examples provided will indicate the participant that stated the example by using the anonymity code and the line number in their transcript that the example is taken from e.g. participant C3 (34): '...' .

Figure 2.3. Thematic Analysis outcome



Superordinate theme 1: Harassment Tactics

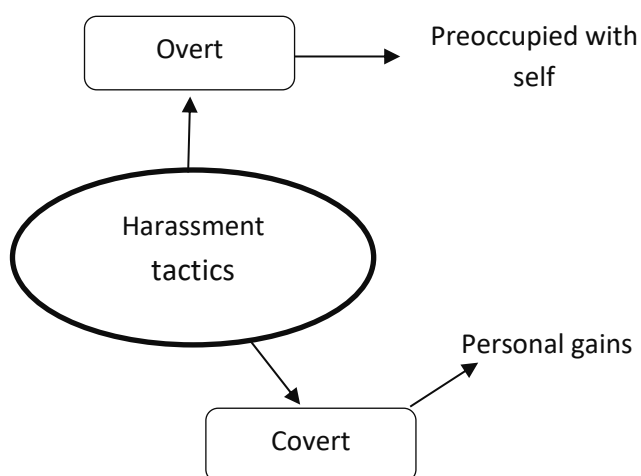


Figure 2.4. The 'Harassment tactics' superordinate theme and subthemes

Young peoples' perceptions of which low-level harassment behaviours constitute ORI are defined within two distinct categories: covert and overt. Covert behaviours were frequently mentioned within this population, with an emphasis being placed on the benefits that individuals gain from them. In comparison, the nature of overt ORI behaviours appears to be much more readily frowned upon, as perpetrators are thought to have a preoccupation with themselves. Contextual significance was emphasised within each domain. Table 2.1 highlights the percentage of young people who endorsed such perceptions in both groups.

Table 2.1. Participants who endorsed the 'Harassment tactics' subthemes

Subthemes	Participants who endorsed this theme	
	Hospital	Community
Covert	100%	61%
Overt	100%	65%

Covert

Individuals appeared to be much more accepting of covert ORI harassment behaviours displayed towards an ex-partner, such as befriending and asking friends to facilitate message passing to the victim. Indirect or underhand techniques to communicate with a victim were frequent, accepted behavioural reconciliation tactics that young people from both groups endorsed, and conversing with an ex-partner's peers was deemed acceptable. Young people often linked covert harassment tactics with personal gains sought through such behaviour, such as gaining an insight into the situation or rekindling the relationship. Seeking contact with an ex-partner's family in a bid to communicate with an ex shortly after a break-up was avoided: the majority of young people from both groups were under the impression that family members are invested in their child's needs, thus limiting the personal gains one could encounter from utilising this reconciliation tactic.

Interviewer: 'What's the difference?'

Participant H2 (28): '*[2 sec pause] Teenagers tend to be more open with friends than family, and depending on how well I know the family as well, erm, that even then as a family you always stick by your child, so, if I had a girlfriend and she broke up with me and let's say her family liked me, even if they liked me, I would still expect them to always respect their daughter's decision, sort of thing, so I wouldn't go to the family.'*

Participant C1 (26): '*Erm, get in with her friend group sort of, make friends with all her friends then so if you've got a similar friend group then you sort of would be together.'*

Participant C13 (22): '*The backup plan would probably be to ask a mate.'*

Interviewer: 'Her mate?'

Participant C13 (24): *'Yeah. [2 sec pause]'*

Interviewer: *'And what would that be about?'*

Participant C13 (26): *'Just to ask her to let her know that like I want to meet her.'*

Interviewer: *'What about approaching, maybe, friends or her family?'*

Participant C21 (17): *'Erm, yeah to see, yeah because then he could get an insight on what Lily thinks about him because they are the people that Lily is most likely to tell. So yeah without directly stalking her, that's a way to sort of, you know, making contact.'*

Covert tactics conducted within a school context were thought to be a conventional approach in seeking contact with an ex-partner who is not responding to calls or texts.

Interviewer: *'...how would you try and speak to her? What would you do then?'*

Participant H1 (28): *'erm, go to school, you can see her in school.'*

Interviewer: *'Yeah, that's an option'*

Participant H1 (30): *'You don't need to stalk her after school.'*

Overt

Overt ORI behaviours were recognised as inappropriate, distressing and alarming, such as waiting outside a place of work; this appeared to be a general consensus amongst the participants endorsing this subtheme. It emerged through discussions that individuals appeared to link such overt tactics with a preoccupation with self and a lack of consideration for others, especially the victim. Such behaviour was considered to

occur in contexts outside of school or social gatherings that their peers attend. Some young people when discussing overt harassment tactics even suggested that this was the beginning of a 'dangerous' situation.

Participant C11 (95): *'Really kind of scared potentially because it is quite a scary situation. He's on the verge of becoming [3 sec pause] dangerous or something...'*

Participant C6 (87): *'He might think it's normal to sort of wait around [at work]. He might think that you know that if he's got that controlling personality he might think you know, erm, that he is able to get what he wants and if Lily is what he wants then he might think he is able to get it, you know, no matter how obsessive or controlling other people view it to be.'*

Interviewer: 'Yeah, so she feels scared, do you think Jimmy feels, or knows that he's having that effect on her?'

Participant C1 (71): *'I don't, no I don't think he is, I think he's just got himself in mind really and he wants her back...'*

Interviewer: 'You have already moved on to the next question already when you said she feels uncomfortable. Is there anything else you might think that Lily is feeling because of Jim's behaviour?'

Participant C18 (125): *'She should be, well I'd assume, she would be quite concerned with it because he is stalking her and hasn't got a, erm, safe place away from him because its constant, it's work even at work, technology so it would be quite scary for her, I'd say.'*

Superordinate theme 2: Mental health

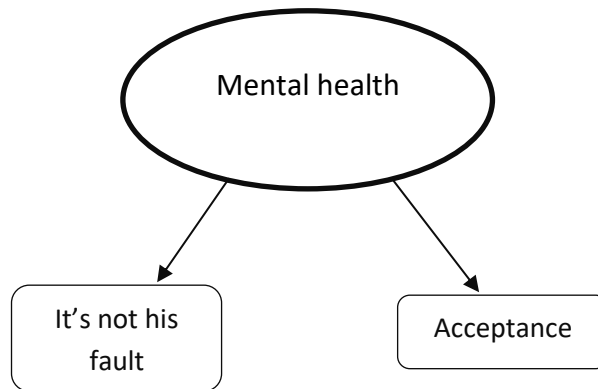


Figure 2.5. The 'Mental health' superordinate theme and subthemes

The theme 'Mental health' was developed as it was believed that adolescents who do not perpetrate ORI are mentally capable of making the choice to accept the termination of the relationship, whilst ORI perpetrators lack the capacity to make an adaptive choice post-break. Table 2.2 shows the percentage of participants who endorsed each of the subthemes.

Table 2.2. Participants who endorsed the mental health subthemes

Subthemes	Participants who endorsed this theme	
	Hospital	Community
Acceptance	75%	83%
It's not his fault	50%	39%

Acceptance

Young people who endorsed the subtheme 'Acceptance' were very vocal that they would only make a few attempts in trying to initiate contact with their ex and, dependent on the response, would accept the situation.

Interviewer: 'Okay, erm [3 sec pause], what would you do then, would there be anything else you would do to, kind of, let Lily know you still wanted to be in a relationship with her even though it's ended?'

Participant H3 (63): '*I think there is nothing else you can really do. Once they have made up their mind, they've made up their mind.*'

Young people appeared to endorse the belief that individuals should accept their ex-partner's choice to terminate the relationship.

Participant C10 (11): '*I would maybe try once or twice, maybe like flowers once or something.*'

Interviewer: 'Okie doke. If Lily still wasn't responding to the texts and the calls would there be any other way that you would initiate contact to speak to her?'

Participant C10 (16): '*Erm no, I think, it's clear that she is ignoring them and if she is getting upset then no...unless something is unusual like she normally replies then, and you are in the right mind to believe that, she is just ignoring it out of her choice.*'

It must be acknowledged that the majority of young males had not experienced a romantic partner initiating a break-up previously. A lack of experience in this situation may be reflected in the responses.

It's not his fault

In discussions, a proportion of young people recruited from the community sample and two individuals from the forensic setting had the perspective that ORI perpetrators lack the capacity, due to mental health difficulties, to take full responsibility for their

choice to engage in such frequent and overt ORI behaviours. Others suggested that they have limited awareness of the behaviours they are engaging in and the impact that these behaviours are likely to have on the victim.

Interviewer: 'And why might people do that? So if these people go to the extremes, what is it about this person that makes them different from people who aren't desperate? Who can rationalize some things?'

Participant C3 (142): *'I think it is to do with mental illness in a way I just don't think they see the world, or people's reactions to this sort of stuff the same way, say, I might see it. I just think it's [2 sec pause] yeah I just think it's like a distorted perception of, yeah.'*

Interviewer: 'Okay. How do you think Jim feels about the whole situation then?'

Participant C11 (88): *'Erm, he probably feels like he's not doing anything weird or wrong. He just probably thinks he's just trying his best to get back with Lily.'*

Interviewer: 'What do you think it is then that's not making him aware of this behaviour?'

Participant C11 (92): *'Erm, like, the mental illness bit, I think.'*

Superordinate theme 3: Dynamic factors

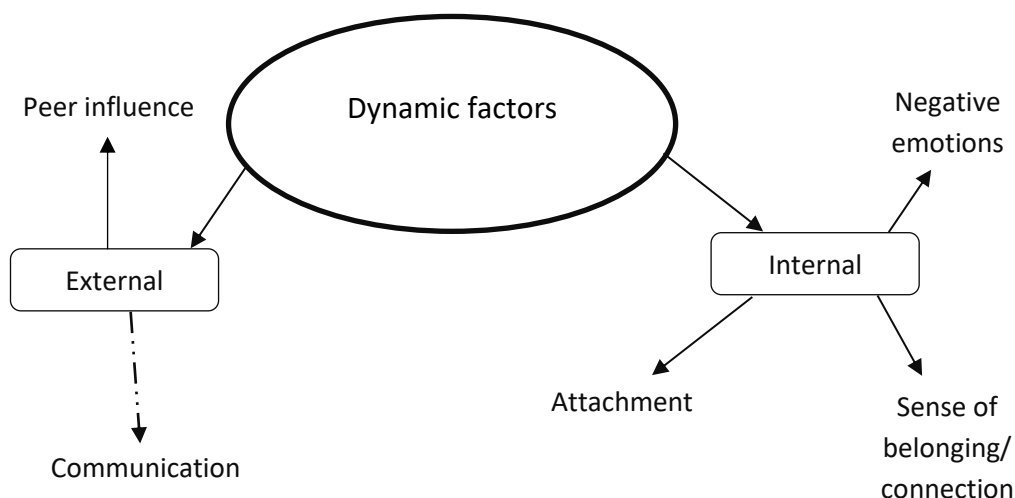


Figure 2.6. The ‘Dynamic factors’ superordinate theme and subthemes

This theme is defined by the majority of young people discussing dynamic factors that they believe are likely to increase or reduce an individual’s risk of engaging in ORI behaviours. Both internal factors, such as attachment styles, and external factors, such as peer associations, are considered to influence the risk posed within ORI situations. Please refer to Table 2.3 for an overview of the percentage of participants who endorsed these items.

Table 2.3. Participants who endorsed the dynamic factors subthemes

Subthemes	Participants who endorsed this theme	
	Hospital	Community
External	100%	70%
Communication	0%	70%
Internal	100%	100%

External

Participants endorsed the belief that peer influence acts as a dynamic factor that could be a barrier for individuals moving on

from a break-up in an adaptive way. Young people, from both groups, felt that maintaining a romantic relationship resulted in being perceived as gaining a positive 'status' from the relationship. Additionally, young people raised the issue of feeling pressured and vulnerable to being mocked by their peers after being dumped.

Interviewer: '...do you think there are any other reasons why he might kind of be like pursuing Lily?'

Participant C3 (77): *'or it might be to do with her social status and just somebody he wants to be seen with, perhaps'*

Participant C12 (47): *'erm, other people's perception of them, they want others to see them with a girl...'*

Interviewer: 'Going back to when you said "she broke up with him", do you think this plays a part in this?'

Participant C20 (65): *'erm, he could be a bit angry and a bit humiliated because his mates might be like "ahh she broke up with you" cause they are like GCSE and 16 that this could happen so maybe he's just like annoyed.'*

Participant C16 (111): *'A bit like the pressure from everybody else to have a relationship and [2 sec pause]'*

Interviewer: 'Tell me a bit more about that.'

Participant C16 (114): *'Because when you're young there is quite a lot more attention on what you do on social media and stuff so obviously if you have been with somebody for a year and all of a sudden you're not, you might have to explain that to other people as well which they might find difficult.'*

Social isolation from peer groups was thought to perpetuate ORI behaviours; the reasoning for this was that the lack of belonging

to a wider social network led to more importance being placed on the relationship.

Participant H1 (99): *'Maybe he's not, erm, like, she's probably the only person in his life, maybe.'*

Effective communication was a factor frequently raised, but only by the young people residing in the community. A lack of communication from the individual initiating the break-up is thought to be a potential trigger for perpetrators of frequent overt ORI, and thus acting as an external dynamic risk factor. Some of those in Group 2 who endorsed such beliefs were observed blaming the victim for not effectively communicating her reasoning behind the break-up. Some young people even suggested that it was a test of his commitment to her.

Participant C9 (81): *'Well I think she will be a bit like, kind of like, why isn't he stopping, why isn't he stopping but obviously she hasn't said, "well no" or "stop" or "leave me alone" as far as I'm aware so, erm, in the sense she has got to say something like that or else it will carry on. But you never know with these cases. It could all just be a part of a way of seeing how committed he is to her and something that, you don't know.'*

Participant C13 (81): *'Erm, well I think the fact that, like, going to her work is a bit creepy because it is like unexpected and it feels like that he is spying on her or whatever and the fact Lily doesn't return any of his calls is a bit unneeded. That's what I think.'*

Interviewer: *'Oh that's interesting. So you think she could at least answer?'*

Participant C13 (86): *'Yeah cause then that could actually help the situation and maybe he wouldn't have actually gone to her work.'*

Internal

All individuals acknowledged the role of negative emotions that might be commonly experienced by individuals post break-up. Such emotions included desperation, rejection, upset, jealousy and anger towards their ex-partner and current situation.

Interviewer: 'Why might they be angry?'

Participant C16 (129): *'Because they might feel betrayed, they might overthink things in their head like, I've done nothing wrong, why should I have to deal with this. Then it gets to upset and obviously if they keep getting rejected and having their phone number blocked that's just going to make them even more angry.'*

Interviewer: '...what feelings would you suggest drives young males to do this?'

Participant C6 (138): *'...jealousy maybe if they have friends that are with partners and they are single you know it might make them feel quite jealous...'*

Participant C3 (133): *'erm, the emotions I'd say are [3 sec pause] erm [2 sec pause] guilt, anxiety, desperation [laughs] I feel like I am sounding a bit mean now.'*

Interviewer: '...if you were to describe somebody as desperate, what might that be?'

Participant C3 (137): *'Erm, they might be, erm, willing to go to extreme measures, very extreme measures in order to get back what they originally had. If it works, they probably feel better too.'*

Young people from both groups perceived ORI perpetrators to have an attachment towards their ex-partner and the

relationship. Some individuals linked this premise with the perpetrators' attachment reflecting a dependency on the victim. Individuals believed that this relational bond between a perpetrator and victim is likely to maintain ORI perpetration amongst an adolescent population.

Interviewer: '...why do you think young people in general want to get back with their ex-partners?'

Participant C8 (100): *'erm, being attached to the person, maybe, like if you get to the point, like them, where you have known each other for five years then so they have gone from the first day of year seven maybe, to the last day of year 11 and obviously through that time you have got a lot of people around you and a lot of issues so they have obviously built a strong bond through that and that might not happen with other people so if they lose that they may feel a bit empty, I guess.'*

Participant H2 (100): *'Erm, he may feel, depending on how he feels about the whole year, through the actions he's taken, the controlling behaviour, the obsessive behaviour, it would seem like he has been dependent on Lily and you know, sort of, needs her at this point. So now that she's not there he has nothing, he has [4 sec pause] erm, he's not got that person who he needs at the moment so he needs, so he is trying to get that back, that dependency.'*

Participants recognised a sense of belonging as a potential internal dynamic factor for ORI perpetration – that the sense of belonging and connection within romantic relationships that individuals find is linked with a fear of being alone.

Interviewer: '...what are your thoughts about Jim being obsessed with Lily?'

Participant C9 (60): *'No there are all different kinds it could have been. It could just be a sense of they have known each*

other for such a long time and they feel like it almost [2 sec pause] he just wants to have her around because the sense of not being alone, I guess.'

Interviewer: '...why do you think people want to get back with an ex? Why do they want to rekindle that?'

Participant C2 (120): *'It kind of gives someone a sense of belonging [2 sec pause] and I dunno you just, just want these things. You just want to be with people and obviously he seems quite fond of her because they were with each other for a year and he seems pretty desperate to get it back on but, yeah.'*

Superordinate theme 4: Drivers

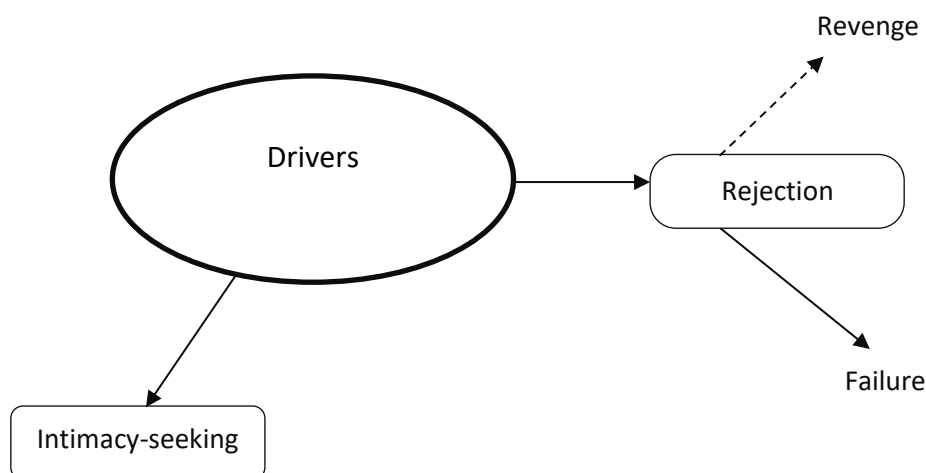


Figure 2.7. The 'Drivers' superordinate theme and subthemes

The majority of the young people identified two primary motives that they believed to perpetuate ORI behaviours within an adolescent population: intimacy-seeking, and feelings of or perceived rejection by an ex-partner. Both fall within two juvenile stalker types, the rejected stalker and the intimacy-seeker, as discussed by Mullen and colleagues (2009). In Table 2.4 the percentages of participants who endorsed the different subthemes are shown.

Table 2.4. Participants who endorsed the 'Drivers' subthemes

Subthemes	Participants who endorsed this theme	
	Hospital	Community
Intimacy-seeking	100%	70%
Rejection	100%	65%
Revenge	50%	0%

Intimacy-seeking

In this subgroup, all of the young people who endorsed this perception believed that this type of stalker is motivated by infatuation and the desire to rekindle the relationship with the victim. Positive emotions, mainly intense feelings of love for the first time, are suggested to be the main drivers of ORI behaviour for this adolescent stalker type which, at times, include fantasies about 'true love'. Additionally, individuals endorsing this theme highlighted that young people were likely to encounter feelings of loneliness post break-up.

Participant C18 (106): *'erm, attached to the relationship. Erm [3 sec pause] the severity of the relationship if he feels that that's, erm, Lily is his one true love then that could obviously do it...'*

Participant C9 (97): *'Erm, I think it's just if you like someone you just don't want to feel, they are the only person for you, you don't want to try and look for others. Instead of looking around to find someone else, if you feel like you have found the one, you just, try and stick around.'*

Interviewer: *'...if we think of other emotions then that could be driving young people to pursue their ex-partners, what might they be?'*

Participant C19 (124): *'...probably sadness or loneliness because sometimes if you spend all day at home messaging people sometimes it's still not the same as going out and talking to people. So if you spend all your time with your girlfriend and then you are left with just being at home messaging people you can lose that actual human interaction and so you end up clutching on to the one person that you remember.'*

Rejected

Young people from both groups thought that feelings of or perceived rejection are likely to increase ORI behaviours amongst adolescents; they suggested that rejection mixed with feelings of jealousy, especially when a third person is involved, would intensify the situation. Additionally, fear of failure can frequently overlap with rejection because individuals believe that the rejection is a result of them failing in the relationship, leading perpetrators to experience negative emotions which trigger cognitive self-deprecation.

Participant C18 (150): *'...obviously the rejection would be one. Erm, [3 sec pause] fear of like them failing I'd assume would be one. Like they have failed the relationship so [4 sec pause] kind of drives them to be, erm, yeah.'*

Interviewer: 'What do you think about jealousy?'

Participant C18 (156): *'erm [3 sec pause] yeah. Well if a person say, erm, Jim, right Lily has broken up with Jim, I'll use this example. So Lily has broken up with Jim and she might start talking to another boy, erm, the guy might get jealous, what was his name again? Jimmy might get jealous of Lily either flirting with the other guy or the other guy in general so there could like conflict there so he's going to try and prove himself that he's like, I dunno, more masculine or that he's better*

educated than the other guy or he might, I dunno, shout at Lily and take his aggression out on her.'

Interviewer: 'Do you think jealousy plays a part or you were saying something like "she has done this to Jimmy" do you think that could be about rejection or something?'

Participant C20 (165): '*Yeah, yeah he might not want her to get with anyone else cause he might feel he is less than them and he doesn't want to feel that feeling. He might be like, quite a, what's the word, competitive guy and doesn't want to lose, if that's a thing.'*

Interviewer: '...if you were to think of all the emotions people feel, what ones kind of stand out for you in why that might be driving this behaviour to get back with a person?'

Participant C22 (175): '*erm, [3 sec pause] might be like regret and feeling rejected by them. They might start thinking could I have acted in a different way so the break-up would never have happened or something.'*

Group 2 participants offered a slightly different take on the rejection subtheme and suggested that perpetrators are likely to seek revenge when encountering feelings of or perceived rejection. The young people suggested that rejected perpetrators may seek revenge by engaging in self-harming behaviours that are driven by the desire to re-establish a past relationship by eliciting guilt within the victim.

Interviewer: 'Would you be able to give me an example of the sort of revenge one might seek?'

Participant H2 (179): '*Erm. They could go out with one of their friends, do something that they, they don't care about because they just want to hurt that person. I know I did once take an overdose cause I was depressed but also wanted revenge and there are also other examples...'*

Summary

The Mann-Whitney U-Test showed no statistically significant differences between the two groups' perceptions of the nine different areas of ORI being analysed. This finding may have been due to the power issue within the study. Abiding by Braun and Clarke's (2006) Thematic Analysis six-step guidelines, four subordinate themes were elicited: harassment tactics; mental health; dynamic factors; and drivers. Subthemes were created based on further exploration of data which suggested that a large quantity of participants, from both groups, perceived covert ORI behaviours to be more acceptable than overt behaviours due to the distress that the latter are likely to inflict on the victim. Young people are likely to believe that perpetrators experience mental health difficulties, reasoning that those without such issues are likely to make the choice to accept the end of a relationship in an adaptive manner. Potential dynamic factors, both risk and protective, were discussed, drawing on relational attachment, a sense of belonging, and negative emotions. Finally, adolescent stalkers were thought to be driven by rejection and intimacy-seeking. Again, similarly to the statistical test, comparisons between groups were explored. The majority of subthemes, bar two – revenge and communication – appeared to be endorsed by both groups, suggesting that participants held similar perceptions of adolescent ORI regardless of whether they experienced mental health difficulties or had a history of engaging in harmful behaviours.

2.4 Discussion

Findings in relation to the study

The overall aim of this preliminary MM study was to examine adolescents' perceptions of different aspects of ORI alongside

assessing whether mental health difficulties and a history of offending behaviour are possible predictive characteristics for adolescent ORI perpetration.

When looking at the results as a whole, the decision to use a MM approach transpired to be pivotal, not only because of the obtained results, but the strengths and weaknesses of each of method emerged. This knowledge provides future researchers who are exploring adolescent ORI with insight into the most effective research method for acquiring a more complete and comprehensive interpretation of the datasets. Collecting qualitative data has proven to be the most useful in providing breadth and depth of understanding of young people's perceptions of ORI behaviours in this study. The qualitative component has elaborated and clarified the questions being explored which has permitted the author to understand how young people perceive ORI. This understanding may prove useful in later trying to explain adolescent ORI. Such information would have been lost were the study to have been solely quantitative, as data were limited to being captured in a dichotomous manner, e.g. were there differences between the community and forensic groups. That being said, the discrepancies that were found between data sets at the analysis stage, when both the qualitative and quantitative results were merged, were important findings. The outcomes determined that qualitative methodologies may be a more useful approach for adolescent stalking research, which would not have been found without the use of a MM research design.

More specifically, results indicated that perceptions did not differ according to mental health difficulties and a forensic background, although this finding is likely to be unsafe due to the study's limitations, which are discussed later, failing to support

hypothesis one. This finding was found both quantitatively and qualitatively. Certain perceptions were not dissimilar to those of an adult population, as hypothesis two proposed, partially supporting the premise. However, the thematic analysis was able to identify new information from adolescents regarding potential psychological drivers of ORI amongst this population which has not previously been found. Similarly to Mullen and colleagues (2009), two types of stalkers were identified by adolescents – the intimacy-seeker and the rejected stalkers – which partially supports hypothesis three.

Hypothesis One

"Adolescents with mental health difficulties and a forensic background will be less likely to perceive stalking behaviours in the initial stages as harmful and intrusive in comparison to adolescents without mental health difficulties and an offending history."

Hypothesis one was not supported either qualitatively or quantitatively. Findings supported previous research, which found no relationship between mental health difficulties or a forensic background with stalking perpetration (Rosenfeld & Harmon, 2002; Meloy, Davis & Lovette, 2001; Palarea *et al.*, 1999). Statistically, there were no differences between the groups in their perceptions regarding the danger posed in the vignette, the risk of injury, and whether it was recognised as stalking. In the analysis of the means of responses, participants perceived low intent stalking behaviours as moderately dangerous (mean=2.9), but perceived the risk of injury as lower (mean=2.4; please refer to Appendix 2.1 for a visual representation of the data distribution). This indicates that young people acknowledge that, although absent of physical injury, ORI

situations are harmful to victims, but fail to recognise the escalation of violence within similar situations. This is slightly perturbing given that patterns of violence within adolescent stalking situations are similar to adult stalkers (McCann, 2000). All young people recognised the hypothetical ORI vignette as a stalking situation, suggesting that they are able to identify intrusive behaviours from certain variables contained within the vignette, whether the frequency of or type of ORI behaviour (mean=4.2; Appendix 2.1).

A more in-depth understanding of such perceptions was explored through thematic analysis. Results showed that frequent overt ORI behaviours, such as waiting outside a place of work, were deemed to be dangerous and distressing for victims; such overt harassment tactics are not unknown within the adolescent and adult stalking literature and these conclusions reflect those of real-life stalking cases within adult and adolescent populations (Purcell *et al.*, 2009; Mullen *et al.*, 2009; Spitzberg & Cupach, 2007; Farnham, James & Cantrell, 2000). Adolescents suggested that perpetrators of overt harassment tactics are likely to be influenced, on some level, by narcissistic traits, such as lack of consideration or empathy for others and a preoccupation with the self; this link is not clear within the adult stalking literature, and most certainly is not well established within the adolescent evidence-based research (Douglas & Dutton, 2001).

It is slightly worrisome that young people made the distinction between certain ORI behaviours as being covert and overt, with covert behaviours being deemed more acceptable and to be expected as part of a normal break-up. Covert tactics, such as befriending, are viewed as effective reconciliation techniques due to the self-gratification purpose they serve; such behaviours are linked with personal gains, such as re-establishing the

relationship, and their acceptance by young people appears to encourage the attitude that these are common dating behaviours that young people in the Western world employ. When considering that such low-level behaviours of harassment are likely to disrupt victims' daily lives and possibly have a detrimental impact on their mental wellbeing (Spitzburg & Cupach, 2002), it is particularly concerning and possibly reflective of a limited awareness, or minimal thought, of the impact and the risk of escalation from consistent covert contact amongst young people. Thus, it may be helpful to increase adolescents' awareness of stalking, especially the early stages, as this might help to reduce adolescent victimisation rates and the impact of adolescent ORI victimisation. A possible consequence of early recognition might be that young victims and perpetrators receive the appropriate early interventions and supervision.

Hypothesis Two

"Adolescents' responses will reflect similar perceptions of intrusive behaviours and motivators of ORI as an adult population."

Findings partially supported this notion; they revealed that young people held similar perceptions to adults regarding certain areas that ORI research has investigated. This research found that young people tended to mitigate the perpetrators' responsibility in making the choice to victimise their ex-partner. This finding is similar to research that found that adult samples perceived ex-partner stalkers as being least responsible for their actions in comparison to other relational subtypes (Scott, Rajakaruna, Sheridan & Sleath, 2014; Scott, Lloyd & Gavin, 2010). Unlike previous research, which suggests that one reason for this mitigation may be the shared histories of perpetrator and

victim, the young people in this study alleviated the perpetrators' responsibility because they viewed offenders as lacking the mental capacity, due to mental health difficulties, or awareness of their actions to take full responsibility for their choices. Such perceptions minimise perpetrators' responsibility for their harmful behaviour towards their ex-partner. Thus, the subordinate theme, 'Mental health', was endorsed. Conversely, the mean scoring for how likely young people perceived it was that the perpetrator would require hospital intervention in the hypothetical vignette was only just over half, highlighting a slight discrepancy in responses (Mean=2.7). Generally, research indicates that mentally disordered individuals are viewed more negatively due to being perceived as unpredictable and dangerous compared to those who are without disorders (Corrigan *et al.*, 2002; Minster & Knowles, 2006); thus, the finding that offenders lack the mental capacity to be held fully responsible for their actions may reflect the mental health stigmatisation and stereotypes that are present within western society. It may be too difficult for young people to accept that persistent ORI behaviour can be conducted by their best friend or classmate, absent of a mental health diagnosis, towards an ex-partner. Interestingly, responses on the questionnaire indicated that young people generally agreed that, based on the vignette, the perpetrator was to blame (Mean=4.1) and the situation represented a stalking situation (Mean=4.2; Appendix 2.1); yet justifications for such perpetration were found, qualitatively indicating that a richer understanding of perceptions can be gained by employing a mixed methods design.

An overwhelming quantity of young people discussed in the interview that individuals without mental health difficulties were able to make the choice to accept their ex-partner's decision to

end the relationship. The participants displayed black-and-white thought processes, in that individuals free from mental health difficulties would most probably employ minimal effort to rekindle the relationship after a break-up; they spoke of showing consideration for the other individual's choice to end the relationship, and being able to cut all contact with them very soon after. This raised some questions – even though there is a lack of understanding of the prevalence rates of ORI adolescent perpetration (Evans & Meloy, 2011), it is a crime that research indicates is perpetrated by young people (McCann, 2000; Carabellese, Alfarano, Tamma & La Tegola, 2015; Purcell, Moller, Flower & Mullen, 2009). The finding regarding radically accepting a relationship's ending may therefore be reflective of numerous things: the participants may have been attempting to impression manage during the interview, possibly as an unconscious process to avoid being considered a 'stalker'; it may reflect the avoidant attachment styles of the participants, as they may pull away from individuals they deem to be rejecting them; it may also represent that the young people in the study believe that they are much more resilient, have more effective perspective-taking skills, and have the ability to empathise with others in such situations compared to their peers; and it may highlight that what young people say and do are two different things. The majority of participants had disclosed that they had limited experience of a romantic break-up, and thus their responses may have been reflective of a currently abstract situation for them; however, they would have been exposed to such situations through the media, such as films and books, and may have observed their peers going through a break-up. Ultimately, prevalence rates of adolescent ORI perpetration would provide much needed clarity as to the extent of this harmful behaviour and whether young people are as accepting as they profess.

The subordinate theme, 'Dynamic factors', was endorsed: the young people in the study frequently discussed potential external and internal dynamic factors, either as risk or protective factors, that may influence or protect an adolescent from engaging in ORI behaviours.

Internal dynamic factors affecting adolescent ORI perpetration were frequent themes discussed by the young people from both groups, particularly negative emotions, attachment, and a sense of belonging or connection. It shouldn't come as a surprise that individuals associate negative emotions with the break-up of a relationship; however, this finding may suggest that the overwhelming nature of a young person's response to a break-up is likely to make them vulnerable to engaging in harmful behaviours in an attempt to reduce such negative emotions. Adolescents who experience deficits with their emotion management may be particularly vulnerable to ORI perpetration; this premise is not dissimilar to the existing research findings that stalkers engage in stalking activities as an emotional management strategy (Patton, Nobles & Fox, 2010; Wylie, 2013).

The young people frequently discussed perpetrators having an 'attachment' towards their victims. Attachment theory is thought to offer a possible, and plausible, explanation for stalking activities (Fox, Nobles & Akers, 2011), although this remains tentative until further research is conducted. However, young people's attachment styles are likely to have a substantial influence on how they cope with the loss of a romantic partnership, which suggests that attachment style is a potential internal risk factor, or indeed a protective factor, for adolescent ORI perpetration, making it a credible discussion point. The young people in this study characterised those who did not

engage in ORI behaviours as having a secure attachment style, and thus able to accept relationship endings adaptively. ORI perpetrators, on the other hand, were considered as overly dependent individuals and more likely to have an anxious-preoccupied attachment style. Research should further investigate this, as studies have found there to be associations between insecure attachment styles and stalking perpetration within adult populations (Wylie, 2013; Mullen *et al.*, 1999; Nobles, Fox, Piquero & Piquero, 2009).

Young people appeared to perceive the sense of belonging and connection that individuals attain through a romantic relationship as either a dynamic risk or protective factor; although not known for an adult population, findings for this study suggest that the lack of a sense of belonging or connection to a wider social network could be a potential internal risk factor for adolescent ORI perpetration. Participants suggested that adolescents fear feelings of loneliness, and may engage in maladaptive behaviours to ensure that they fulfil their desires for a sense of belonging and connection with another individual, and in the process avoid feelings of loneliness. These findings should be taken tentatively until further research has robustly explored each domain with an adolescent population.

Positive peer associations transpired to be an external dynamic risk factor perceived to increase or lower an individual's risk of ORI perpetration. Young people deemed social inclusion, belonging and acceptance within a wider peer group, as a protective factor when experiencing a break-up from a partner, as discussed by Zarrett and Eccles (2006). Status and hierarchical position (and not being the 'butt' of their peers' jokes) seem to play significant roles in a young person's external world and are held in high regard. Were individuals' status to

decrease and their vulnerability to frequent 'banter' increase as the result of a break-up, they would be more likely to perpetrate ORI behaviours as a technique to regain their position within a wider social group.

Effective communication was a subtheme endorsed solely by the young people residing in the community; they suggested this to be a potential external resource for individuals to accept the termination of a relationship because having an understanding helps provide some sense of closure. It was deemed that some young people felt that they were 'at least owed' an explanation, and failed to respect their ex-partner's choice to withdraw without explanation. Thus, ineffective communication appeared to be a potential external barrier to moving on from the relationship in an adaptive way. Such views led to the participants displaying attitudes that were blaming of the victim, suggesting that the victim's choices maintain ORI adolescent perpetration. On the questionnaire, which investigated the two quantitative variables of victim blaming and victim prevention, the mean distribution of responses blaming the victim was low (Mean=1.6), which did not reflect the verbal narratives given by the young people in the interviews which suggested that they did hold victim-blaming attitudes; in contrast, on the victim prevention scale the young people felt that the victim in the vignette was moderately capable of preventing an ORI situation (Mean=3.0; Appendix 2.1). This suggests that a proportion of adults and adolescents believe that a victimised ex-partner has the opportunity to prevent the situation (Scott, Rajakaruna, Sheridan & Sleath, 2014; Scott, Lloyd & Gavin, 2010; Scott & Sheridan, 2011). The thematic analysis findings suggest that this may be linked, in adolescent cases, to beliefs that the victim did not communicate effectively with the perpetrator, a victim-

blaming attitude. These attitudes may have severe negative repercussions for victims, who may internalise such blame; this could result in them failing to report their experiences, and lead to prolonged stalking victimisation. Additionally, such views can negatively impact the legal system: when jurors, legal representatives or the police are faced with stalking cases, these attitudes could result in a lack of consequences for stalking perpetration, resulting in victims losing hope in the justice system.

Hypothesis Three

"All adolescents will suggest that ORI behaviours are motivated by intimacy-seeking, revenge or rejection."

This hypothesis was partially supported by qualitative findings which in turn supported two out of the five stalking motivators proposed by Mullen and colleagues (2009). Although two main motivators – intimacy-seeking and rejection – were identified by both groups, only the forensic sample endorsed revenge-seeking tactics which fell within the rejection category.

The young people in the study endorsed the view that ex-partners may be targeted by intimacy-seeking stalkers, although research reports that such perpetration is more common in situations where the victim is a stranger or acquaintance (Mullen *et al.*, 2009). However, the nature of the ORI vignette may have influenced this outcome and restricted adolescents from exploring different stalker-and-victim relationship types. The young people who endorsed intimacy seeking as a motive believed that re-kindling a relationship with their first love, some even romanticising about the ex-partner being their 'true love', described an infatuation with an ex-partner. The young people characterised the perpetrators' strong desires to rekindle the

relationship as positive feelings, mainly intense feelings of love, and driven by the emotional connection the perpetrators felt with their ex-partner; the loss of this connection could trigger intense feelings of loneliness, which are difficult for young people to tolerate and manage.

Young people who endorsed the 'rejected stalker' type (Mullen *et al.*, 2009) suggested that adolescent perpetrators are motivated by their perceived rejection as a result of a relationship breakdown, and are attempting to re-establish it. Negative emotional arousal was consistently raised by the young people, especially jealousy and anger, suggesting the rejected stalkers may be attempting to regulate their emotions by engaging in ORI tactics. Were adolescents to have difficulties with their emotion management, they might be more at risk of ORI perpetration. This finding was similar to the outcome of the case study which discusses the assessment process of a young male who was detained in an MSU. The following chapter will present the assessment process and conclusions of the case study in full. However, he is an individual who struggled to process the end of a romantic relationship which ultimately led to him being placed on remand due to repeatedly breaching his restraining order that his partner had imposed against him. The restraining order was a consequence of his stalking behaviours, including physical aggression, the severity and frequency of which had increased over time. It was hypothesised that the young male case study is oversensitive to rejection, and that this is likely to have increased the anger he feels towards his ex-partner and the vengeful thoughts he encounters.

Consistent with research, ORI situations perpetrated by a rejected stalker are likely to intensify when a third person enters the equation, possibly suggesting that they are at risk of being

targeted too. Rejection tended to frequently overlap with a fear of failure. Findings suggested that young people may be hypersensitive to fears of failure which, if triggered, is likely to have a detrimental impact to their self-worth due to the cognitive self-deprecation which occurs as a consequence. Thus, perceiving the end of a relationship as a failure is likely to lead to more intense feelings of rejection, and increase the risk of ORI perpetration in a bid to reduce such emotions; this is an overlap which, to date, research has not identified, and thus is a preliminary finding until further knowledge is acquired.

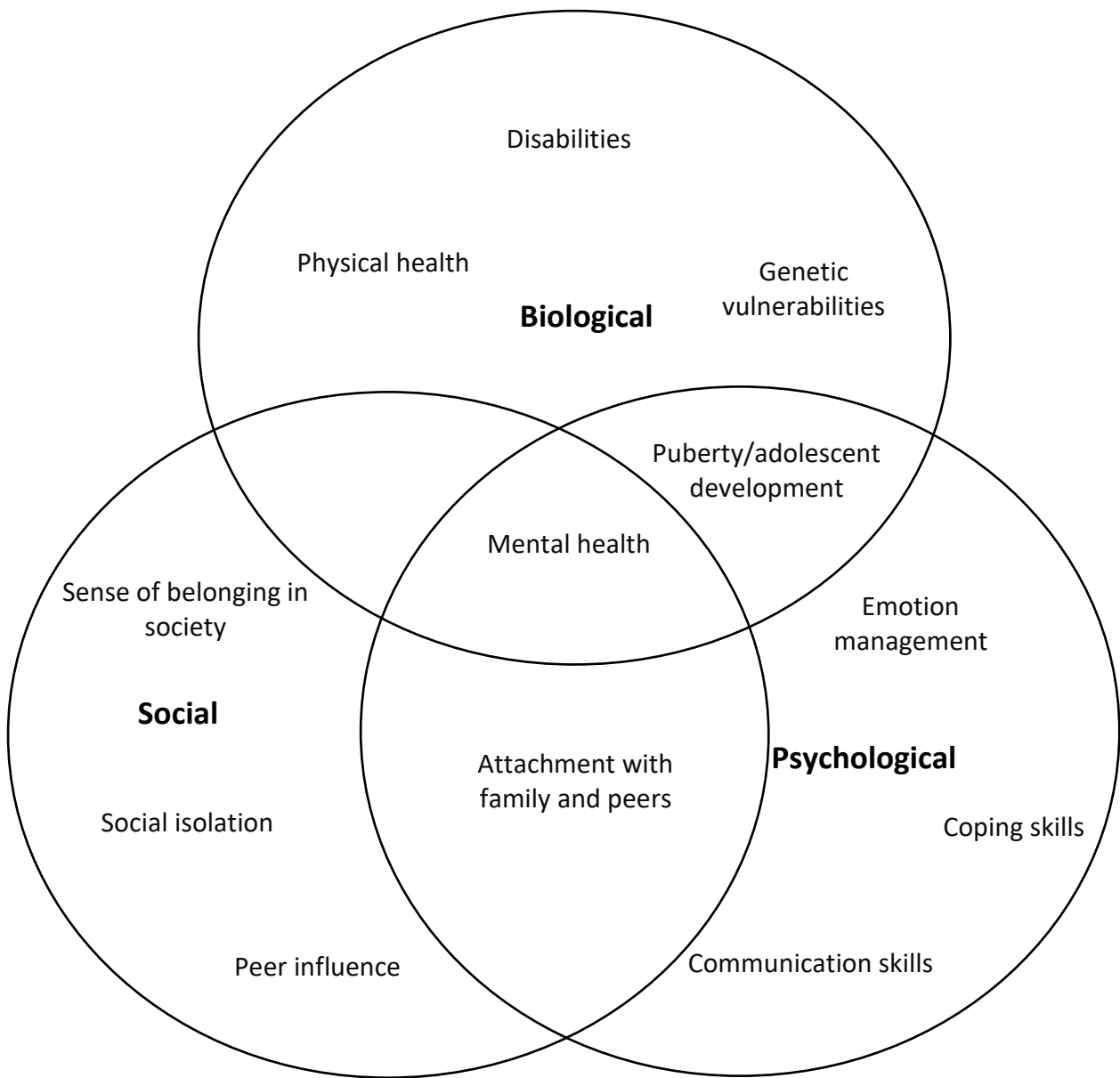
Interestingly, one of the only differences between the two groups was the perception that rejected stalkers are likely to use revenge tactics to seek payback. The young people from the forensic group described how individuals are likely to internalise their negative emotional arousal, resulting in them engaging in harmful behaviour directed towards themselves. This perception from the forensic group corresponded with the self-harming history of the young male who is described in the forensic case study contained within chapter three of this thesis. The young male had made numerous threats to harm himself when his ex-partner threatened to end the relationship and again when it had ended. Internalising his anger was thought to be an attempt for him to communicate his thoughts and feelings whilst regaining control over situations he felt he had limited control over. In contrast, Group 2 perceived the rejected stalkers to externalise their aggression towards others, most probably in an attempt to regain control over their situation or to regulate their negative emotional arousal. The suggested psychological driver for the self-harming behaviour was to elicit feelings of guilt and hurt within the victim in a bid to re-kindle the relationship. Caution must be taken, though, due to the small sample size of the

forensic group, rendering this finding neither reliable nor generalisable. It may be worthwhile for further research to robustly explore this area with a similar population.

Differences in adolescent perceptions – community vs. forensic

By combining the perceptions of all adolescents that partook in the research, a tentative BioPsychoSocial model has been developed, please refer to figure 2.8. The variety of superordinate themes and subthemes that have been discussed highlight numerous psychological and social factors which could either increase or mitigate the risk of a young person engaging in stalking activities. Although biological factors were not discussed by the young people, they have been included in the model as genetic predispositions that are likely to make some individuals more vulnerable to engaging in ORI (Mullen *et al.*, 2009). The interview content suggested that young people who encounter difficulties in the majority of factors presented in figure 2.8 may have more of a difficult time processing and accepting a break up. The lack of resilient factors present in a young person's life may increase the likelihood of them perpetrating ORI against their ex-partner. In contrast, the more stable each of these domains are for a young person, the less likely they are to perpetrate ORI after experiencing a break up, as these factors are thought to enhance the coping abilities of a young person who is experiencing a break up. Thus, the more fulfilled a young person perceives each of the factors to be in their lives, the more resilient they are to managing the situation adaptively.

Figure 2.8. BioPsychoSocial model of risk and protective factors of adolescent stalking



Findings indicated few differences between the perceptions of adolescent's who were residing in the community and those who were residing in a forensic setting. However, the subtle – but important - differences that arose should not be trivialised and deserve a degree of focus in the analysis. Interestingly, communication was a subtheme which was endorsed solely by the young people residing in the community. The fact that effective communication during, and indeed after, a break up was overlooked by the forensic group suggests that they fail to recognise the importance of this resource during interpersonal difficulties. This could be a reflection of their early childhood experiences with communication skills. Communication from the parent to the child is the foundation of attachment which encourages the development of a secure attachment to the parent. It is this attachment that underpins learning and development (Capendale & Lewis, 2004). If parents fail to actively nurture, encourage and support the development of speech, language and communication through conversing and listening to children, the consequences of this unmet need may have a detrimental impact on the individual's ability to interact with others in an effective way. Language is how individuals get to know each other, build relationships and effectively problem-solve interpersonal conflicts. Difficulties are likely to arise when these skills are impaired as young people will express their emotional responses through alternative, more extreme, ways including self-harm and aggression, as they simply do not have the language to adaptively share their internal processes with others (Adshead, 2010). Effective communication and interpersonal problem-solving were identified key treatment targets of the young male discussed within the case study as these were deemed areas that were hypothesised to perpetuate his risk of stalking. Therefore, the lack of attention young people

residing in the forensic setting gave to communication may be representative of this being an invisible, and indeed neglected, need throughout their lives.

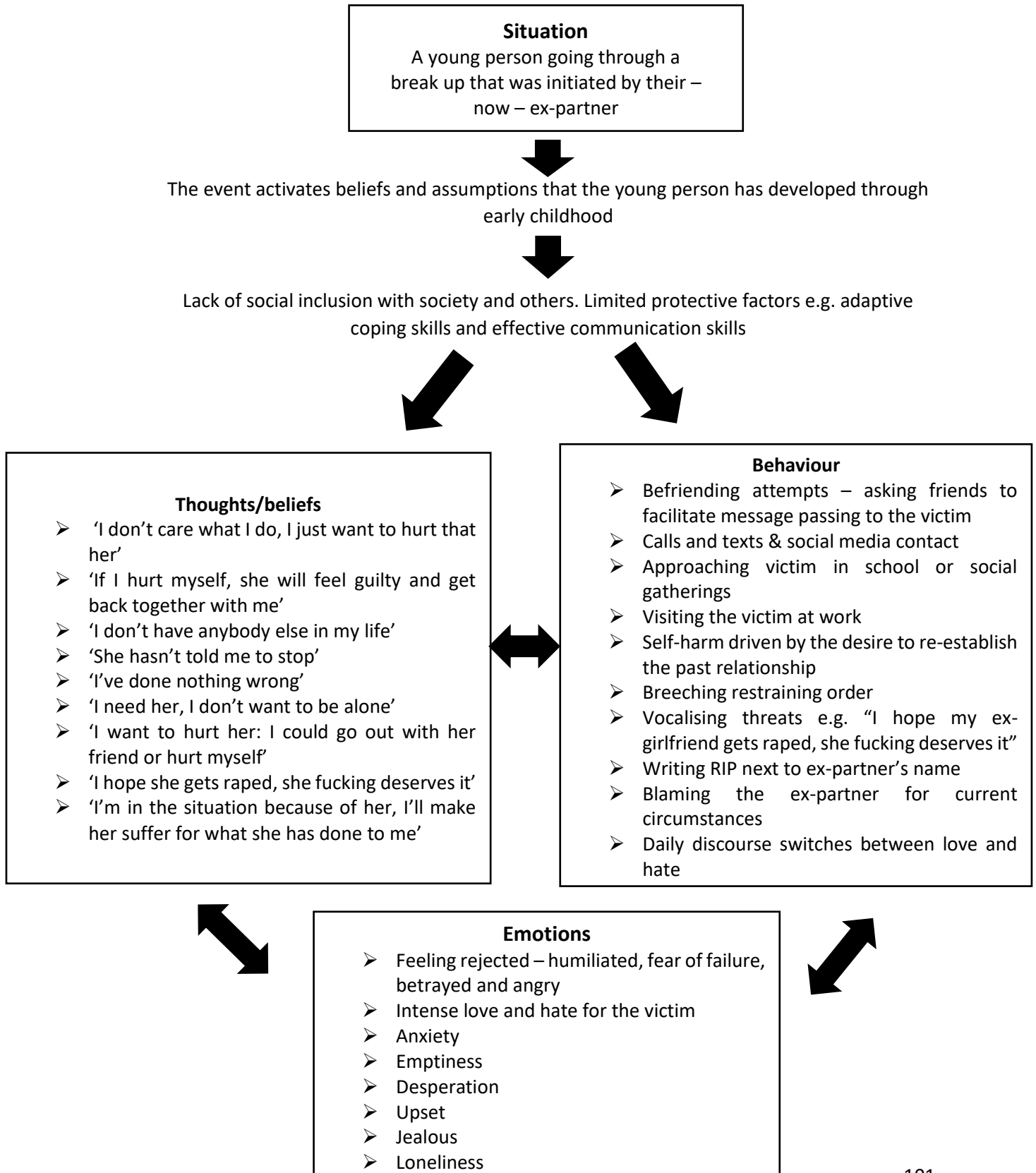
The final difference between the community and forensic samples was the perception that rejected stalkers are likely to use revenge tactics to seek payback, more specifically self-harm. Although many humans fantasise about wreaking revenge on an individual who has wronged, hurt, or betrayed them; for most people it remains at the fantasy stage and never gets acted out. Moral compasses or fear of the consequences reduce the likelihood of an individual acting on their fleeting vengeful thoughts. It appears such individuals acknowledge their anger over the situation, tolerate it and make the choice to move on, which seems to fit with the community sample's narratives as revenge seeking was a factor that was not endorsed by any of the 23 young males. This suggests that the young people residing in the community perceive self-harm revenge tactics as a maladaptive, and indeed a disproportionate, coping response to the pain a break up can cause. This was a stark difference to the four forensic participants; responses indicate that not all individuals may stop at the fantasy stage. The inclusion of self-harm as a revenge seeking tactic within their narratives may have been a reflection of their beliefs about how effective revenge is when they have felt rejected by an ex-partner. Yet, it is likely this one rejection by their ex-partner is more of a representation of the broader and more persistent rejection they have felt by society. The forensic participants, both from chapter two and three, have greater difficulties with each of the domains that are presented in figure 2.8 in comparison to the young people residing in the community. It is such difficulties which will have contributed to their detention within a secure unit. It

appears the need to belong, whether that be on a systemic level - with peers or society - or on a one-to-one level with a partner can elicit powerful responses both internally and externally for humans. The young people from the forensic group and the young person presented in chapter three described how revenge tactics are triggered by the need to self-regulate after perceived social rejection. This hypothesis links to the recent study conducted by Chester and DeWall (2017) who found that retaliation did lower negative affect of their participants after simulated rejection. Therefore, the social inclusion that individuals from the community sample experience seems to fulfil their need for belonging whilst mitigating their desire to seek revenge on an individual they perceive has hurt them. Additionally, when we consider the absence of communication in the narratives of the participants from the forensic group and the communication difficulties experienced by the young person from chapter three, self-harm as a revenge tactic is likely to serve the function of communicating the young person's rage and anger about the rejection they are experiencing on a one-to-one level and systemic isolation.

Figure 2.9 illustrates a cognitive behavioural model which contains the processes that could underlie an adolescent 'rejected stalker' type. The reader must remain mindful that this was developed based on the findings from chapter two and three of this thesis and so must be read tentatively until further research is conducted. Please review below. Although it is normal for young people, and indeed adults, to encounter fleeting thoughts and experience intense emotions after a break up, the degree in which a young person becomes preoccupied with these and how such processes become all-consuming within their daily

functioning, including their discourse, is likely to reflect they may be more vulnerable to perpetrating ORI behaviours.

Figure 2.9. Cognitive Behavioural Model containing internal and external processes underlying an adolescent 'rejected stalker' type



Limitations and future direction

This study is not without its limitations, and findings should be read tentatively when generalising to the wider population. There are advantages to employing a mixed methods approach, and the smaller sample sizes were recruited with the aim that the results might provide a richer and more in-depth understanding of the research question; however, the small sample size within this study ($n=27$) has impacted the analysability of results and their application to the wider population. This can be viewed as a disadvantage of a mixed methods approach, especially when comparing research solely utilising a quantitative design in which findings may hold more of a demographic quality.

Furthermore, the study endeavoured to recruit an equal match of young people in both groups to make meaningful comparisons, but this aim was restricted by the motivation and reluctance of individuals residing in the MSU. The number of young males approached and informed about the study was much greater than the quota of 23 needed for that particular group; despite that, only four individuals that met Group 1's criteria consented to participate. A large number of the young males residing in the MSU appeared unwilling to take part from the outset, and a small proportion refused to provide consent on the second meeting with the researcher when reminded of the research focus. Interestingly, in comparison, all of the young people in the college establishment that were initially informed about the study provided their consent to partake, leading the researcher to stop recruiting once the quota was met. This raised certain questions as to why individuals detained in an MSU establishment were less motivated or reluctant to take part compared to those residing in the community setting. They might have been fearful of being labelled, something that may be all

too familiar for them. From experience, individuals might have made disclosures regarding frequent thoughts and behaviours they encounter which they consider 'normal' which others may have deemed 'abnormal'; this can result in the young person feeling that something is wrong with them, possibly due to them not fully understanding why. The young person's reluctance or unwillingness to partake may have been due to such pathologizing experiences, which in turn have made them increasingly mistrusting of conversing with individuals based within the establishment. It may also be linked to the young people having an opportunity to make a choice regarding their participation: freedom, independence and making choices regarding one's self are greatly limited and restricted for young people residing in secure establishments, unlike individuals residing in the community who are able to make choices on a daily basis because they have the freedom and independence to do so. Thus, this may be a reflection of individuals having the opportunity to make a choice, an opportunity which is infrequent within an MSU because the expectation of them is that they must comply with the treatment pathways, restrictions and security measures of secure establishments. It may be the case that, prior to conducting research similar to that of the current study, qualitative research is needed to explore the ambivalence and unwillingness of male adolescents who experience mental health difficulties and engage in harmful behaviour to participate in such research. Depending on the findings, future researchers interested in the ORI behaviours of adolescents could tailor their methodologies and research questions to suit the needs of the potential young participants – this may optimise the researchers' success during the recruitment stage, and lead to richer data being gathered and a clearer understanding of ORI behaviour perpetrated by young male adolescents.

All the same, due to the unequal sample sizes between the groups, caution must be taken as findings are overrepresented for young males who do not experience mental health difficulties or have a criminal record, and are underrepresented for individuals recruited from the MSU. By recruiting participants with distinct characteristics, it was hoped that the results would provide some clarity as to whether mental health difficulties and an offending history are possible predictive factors for adolescent stalking, a research recommendation by Fox and colleagues (2011). The results tentatively indicate that individuals experiencing mental health difficulties and with a history of offending behaviour do not present at a higher risk compared to those who do not. Nevertheless, it is recommended that future research provides clarification as to whether mental health difficulties and an offending history are potential risk factors for ORI behaviour amongst an adolescent population or if indeed they are correlated.

The final limitation to be mentioned is that findings may reflect an establishment effect that participants of each group were assigned to a particular group due to common characteristics, albeit only four individuals were recruited from the MSU. Therefore, there is uncertainty as to whether results are reflective of internal characteristics or situational factors leading young people being detained within secure units, such as lifestyle issues, an absence of stable relationships, lack of freedom or clinical pathology. It may be the case that other factors or demographic information, aside from mental health difficulties and offending behaviour, may be predictive factors of adolescents' ORI behaviour. Future research could possibly consider factoring in such differences and similarities when

recruiting from different establishments to investigate any potential correlations between responses.

Regardless of these shortcomings, the findings provide a much needed insight for further research to build on through further examination of intrusive behaviour perpetrated by adolescents. By solely investigating the perceptions of an adolescent population of the behaviours and possible motives of stalking, the study has moved the research on from the common college victim sample. Furthermore, qualitative designs investigating stalking are extremely popular, and so employing a mixed methods approach permitted the researcher to gain a deeper and richer preliminary understanding of ORI behaviours perpetrated by young males through conducting interviews (Fox *et al.*, 2011). Caution must be given to the findings as this is a preliminary and tentative exploration of an underresearched population with an unequal sample size between the two groups.

Investigating different areas and aspects of stalking has certainly received much more focus over the past two decades, resulting in advances in research, changes to public policies, and increased media attention. Yet it is safe to say that there are still many unknowns regarding this harmful behaviour, especially amongst an adolescent population who perpetrate and are subjected to victimisation from such behaviour. Future research is paramount in gaining a greater insight into how and why young people inflict this harmful and distressing behaviour upon others. Additionally, it may be helpful to continue to provide further clarification of potential factors that may increase an individual's risk of engaging in such behaviour towards somebody that they are romantically involved with. A clearer understanding is essential to the development of effective early intervention, the creation

of appropriately tailor legislation and policies, and ensuring victim safety.

Conclusions

Very few researchers have empirically investigated adolescent stalking, or associated behaviours such as ORI that fall under the stalking 'umbrella'. The current study employed one of the first MM designs that explored male adolescents' perceptions of ORI, behaviours and possible motives, utilising a Mann Whitney U-test and thematic analysis. Data were merged and comparisons made between participants based within a forensic MSU and from a community college. On the whole, perceptions of ORI, behaviours and possible motives were similar between the groups, suggesting that mental health difficulties and an offending background may not be potential risk or protective factors for adolescent ORI. Results must be read tentatively due to a large variation of participant sizes between the two groups, and further research examining and testing these and other hypotheses is needed to provide greater clarity and insight into stalking behaviour in the adolescent population.

**Chapter Three: An MSU assessment phase of a male
adolescent who engages in stalking
behaviours**

Abstract

Stalking is recognised as a problem within society, and is much more prevalent amongst the adolescent population than is currently perceived (McCann, 2001) although, because research into this area is limited, the extent to which stalking by adolescents occurs is difficult to determine. This case study will focus on the assessment period at an MSU of a male adolescent, Mr A, who has a history of harassment against his female, adolescent ex-partner. Mr A's childhood experiences appear to have been characterised by perceived rejection, loss of control, and abandonment, which is fundamental to the risk he presently poses. Two problem behaviours are being assessed: his stalking behaviours, which include violence directed towards his primary victim (ex-partner), and his aggression that he inflicts upon others. When working with individuals who engage in stalking and violent behaviours, it is essential to gain a greater understanding into the nature of their stalking and the risk they pose to others in order to develop risk management plans and effective treatment plans targeting their criminogenic needs. Thus, a SAVRY risk assessment was completed for Mr A, alongside a battery of psychometric assessments and a risk formulation. A functional analysis assessing Mr A's harassment behaviours directed towards his ex-partner could not be completed because Mr A was unwilling to meaningfully engage in the process. Treatment recommendations were made based on the information gathered during the client's assessment phase. All of this will be discussed within this report.

The psychological assessment phase was undertaken by a trainee forensic psychologist (the author) whilst under the supervision of a clinical psychologist.

Ethical Considerations

The following case study is based upon a factual account of the psychological assessment phase of a young male detained within a medium secure unit (MSU) under section 37 of the Mental Health Act (MHA) 1983. In order to maintain anonymity, the identity of the young person has been concealed and his name changed; hereafter, he will be referred to as Mr A. Mr A's Responsible Clinician (RC) deemed him as having the capacity to make an informed decision about being the subject of this case study, and provided signed consent (Appendix 3.c). Signed consent was then obtained from Mr A before the case study commenced (Appendix 3.d).

3.1 Introduction

Client introduction & referral details

Mr A is an 18-year-old male who is currently located at an MSU for forensic male adolescents with a diagnosis of Learning Disabilities (LD). He has been hospitalised for assessment to enable professionals to gain a better understanding of the aetiology of his offending behaviour and the current risk he poses. Behaviours being assessed include stalking his ex-partner (his primary victim), which is linked to an escalation of violence, and his aggression inflicted upon others with no connection to his ex-partner. Stalking behaviours are conceptualised along a continuum, from behaviours deemed as benign relationship 'norms' when courting to those more threatening and violent (Cupach & Spitzberg, 1998); the violent behaviours related to Mr A's stalking are thought to differ, in both context and function, to the other aggressive behaviours he inflicts upon others with no connection to his ex-partner – these are therefore classed as two distinct behaviours within this assessment.

A hospital order (section 37 of the MHA) had been deemed the most appropriate measure for Mr A, so that the court could consider a medical report prior to sentencing – information gathered during the assessment period would act as medical evidence as to whether there was any justification to detain Mr A on the grounds of mental disorder. Additionally, the assessment phase and all information gathered would greatly inform his future treatment pathway, if the courts were to decide that a hospital order would be the most suitable disposal for the client.

Mr A was admitted to the MSU because he was presenting with suicidal and aggressive behaviour. Prior to admission, he had been placed on remand at a secure training centre due to repeatedly breaching the restraining order that his ex-partner had imposed against him as a consequence of his stalking behaviours, including physical aggression, the severity and frequency of which had increased over time. Documentation from the secure training centre suggested that he had continued to make attempts to directly and indirectly contact his ex-partner by attempting to send letters to her and by asking family members for information and to pass messages to her. He was placed on enhanced observation (five minute checks) due to his immediate risk to himself and others; however, the secure training centre was unable to provide him with the appropriate security, supervision and monitoring that was deemed necessary for him at that time, hence his move to a higher security placement.

Childhood and family background of the client

Mr A is his biological mother's second eldest son of four children; he is the only son of his biological father, with whom he has not had contact since the age of fourteen. His mother reported that

her pregnancy and delivery were normal; however, there was one incident during the pregnancy when his biological father attempted to punch her in the stomach and neighbours intervened before the incident escalated. Reports state that Mr A's biological father has a history of pathological jealousy, domestic violence and deliberate self-harm, and has been placed under section of the MHA. His mother left Mr A's biological father when he was three months old, due to continuing threats. Initially, she and her two children resided in a women's refuge. She describes an incident when Mr A's father managed to track her to the refuge, where he cut his wrists and smeared blood all over the kitchen window; the police were called, and they detained him under the Mental Health Act. Mr A's next contact with his father was when, at the age of fourteen, he found him on Facebook and they arranged to meet under the supervision of Social Services; although there is limited information regarding this meeting, Mr A reported that he did not like his father and did not wish to see him again.

Mr A's mother went on to marry his current stepfather, and this appears to be a supportive relationship. She acknowledges that when they are together as a family, she finds it much easier to manage the children with the stepfather's help. Prior to Mr A's move to a secure training centre he resided with both parents and his three half-siblings; however, reports indicate that when the children were younger they witnessed domestic violence between their parents. According to Mr A, his stepfather justified his actions by stating that he was retaliating to his wife's actions and would never initiate the violence between them – this may have contributed to Mr A's strong belief that you should never hit a woman unless she hits you first.

Mr A's older half-brother has a history of ADHD and LD, and has attended special schools because of these difficulties; Mr A has reported that this brother is a drug user and has been in trouble with the police in the past for arson, and is currently awaiting trial for burglary. His mother was preoccupied with this older brother's difficulties, which resulted in the lack of consistent parenting that Mr A received from his primary caregiver. He spent a lot of time outside the care of his mother due to being at residential school and respite care. He had difficulty understanding why he was the only one in his family residing at boarding school, as he understood that his brothers also displayed challenging behaviours. He was unhappy being at boarding school and stated that he wanted to be at home.

His mother observed a significant deterioration in Mr A's behaviour in autumn 2007. Mr A was not included on a family trip to Florida, and during their trip he received a fixed-term exclusion from school, and again on the day they returned; prior to this, he had received a school award for good behaviour, and she did not recall the summer holidays as being particularly problematic. It was reported that he was not included on other family outings. Mr A appeared to struggle with feelings of being excluded and rejected from family life, which will have had a detrimental impact on developing a secure attachment style.

Client's relationships

Mr A appears to lack a bond with his biological father, but he refers to his current stepfather as "dad", which is reflective of the positive paternal relationship that they have developed. He has reported that he is close to everyone in his family, although he is particularly close to his maternal grandmother, great-grandmother, and granddad. His great-grandmother passed away in January 2014, and he describes this as a "stressful event". He

appears to have mixed emotions regarding his mother – on the one hand, he seeks her support and values the contact they maintain, and on the other, he often criticises her and has described her as a “wimp”, stating that she “doesn’t do anything”. His attitudes are likely to reflect the attachment style that he developed through early interactions with his parents, which will in turn have shaped the way he has developed and maintained relationships to date. During a clinical session, Mr A was asked who he believes is in charge of his family, to which he responded by stating “I’m in charge of myself”; he did follow this up by saying that his mother and stepfather are also in charge.

Since primary school, Mr A has struggled to develop and maintain relationships with same-aged peers. Throughout his lifespan, he has been subjected to prolonged periods of bullying by his peers, which has been extremely difficult for him and, on one occasion, it led him to attempting to hang himself. His experiences of bullying have led him to believe that being bullied is “natural”, and he believes that most people experience this type of victimisation. His victimisation has triggered him to becoming physically aggressive towards his peers. The rejection he experienced from his peers has led to him becoming socially isolated. Bullying and stalking during adolescence are thought to be conceptually similar, as victims are frequently and repeatedly exposed to the negative actions of another (McCann, 2002). Stalkers are thought to exhibit familiar patterns of behaviours as a consequence of early experiences (Mullen *et al.*, 2009); Mr A’s early experiences of psychological and physical abuse may have predisposed him to engaging in stalking behaviours.

Mr A has been in an intimate relationship for the past three years with a similar-aged female who was formerly a neighbour. This relationship appeared to be very intense, and they would spend

all their time together, which further isolated him from society; this was most probably because, unlike any other relationship in his life, this relationship gave him a sense of belonging. Mr A disclosed that from the beginning of this relationship there was mutual violence towards one another, although he justified his part in this by stating that he would respond with violence only if his ex-partner hit him first; however, reports contradict this, as it is documented that he too would initiate the violence. Mr A struggled to accept the end of this relationship, and this is one of the main risk factors for stalking (Sheridan, Davies & Boon, 2001).

It is common amongst stalking cases that an ex-partner is the primary victim, but others who have a relationship with the victim or are within close proximity tend to be secondary victims. Boon and Sheridan (2002) suggest that this is due to the perpetrators perceiving them as protecting or 'brainwashing' the primary target against them, and are thus an obstacle in their efforts to rekindle the relationship. In the case of Mr A he directed violence, which appeared to be closely linked to his stalking behaviours, towards his ex-partner's friend. He was reprimanded for physically assaulting the friend, although he maintains that he acted aggressively in self-defence as she "hit" him first. He also reported to clinical staff that he assaulted his ex-partner's father.

His ex-partner took out a restraining order, and immediately following this, in January 2014, Mr A's stalking behaviours became more dangerous and his violence escalated. In the early hours of the morning following the imposition of his restraining order, Mr A went to his ex-partner's house. He threatened her, then went into the back garden, took her pet rabbit and threatened to kill himself and the rabbit. The police were called,

and he was found with the pet rabbit in a woodland area near her house, saying that he was going to kill himself and his ex-partner as he believed that she had ended the relationship on purpose. He told the police that the relationship had not been good for a couple of weeks, and that she had gone to a Christmas party meal which he was not happy about because she would be drinking alcohol; he said "this is not acceptable and she was not answering my texts". He then smiled (according to the police report) and said "she even got her boss to call me to tell me to stop harassing her, like that will work".

During a relationship, stalking is characterised by controlling behaviour, threats and coercion (Boon & Sheridan, 2002), all of which were prevalent within Mr A's relationship. Additionally, control and possessiveness within adolescent relationships are cited as stalking behaviours that are most likely to cause violence between the individuals (Laner, 1990). Sources indicate that Mr A had become very controlling and possessive of his ex-partner, to the extent that he told her what to wear, who she could see and what she could do. All of which are common stalking behaviours as indicated by the literature base. It was reported that on one occasion Mr A said that he was going to go to his ex-partner's place of work and kill her; he reportedly added calmly, "I have made it clear to her that I will not kill myself first, I will kill her. I am getting my revenge, she has done it again". Mr A planned to suffocate her, knock her out and make her suffer. His ex-partner's mother also received a text message stating that she would 'pay for it'. He has disclosed that he struggles with the emotional aspect of intimate relationships and he struggles to cope. Conversely, his mother has reported that Mr A's ex-partner has behaved inconsistently, confusing Mr A by coming to visit him after the restraining order was put in place. Mr A's primary

difficulties appear to stem from his relationship with his now ex-partner.

Forensic history of the client

Mr A has an extensive and well-documented forensic history which is characterised by stalking and violence, including firesetting behaviour. His stalking-related violence and his violence conducted towards others who are not connected to his ex-partner appear to occur within different contexts and are likely to serve different functions for Mr A, and thus will be formulated separately.

He has displayed risky behaviours from a very early age, from under the age of five. His early-onset aggressive behaviours included throwing toys, hitting, and spitting at others. It was reported that his aggressive behaviour became more active and destructive when he was not getting attention from adults. As he got older, Mr A's behaviour escalated, and included making threats of violence, sometimes with weapons (usually a knife), and punching and kicking others, and on one occasion he dragged somebody to the ground by their hair. His violent behaviour at home was mostly directed towards his mother and siblings, but never at his stepfather. There was one occasion when he threw a chair at a male teacher which split the victim's head open.

His ex-partner and those close to her, including her father and mother and a same-aged peer, appear to have been repeatedly, and over a prolonged period of time, subjected to threats of harm and physical violence. This has resulted in Mr A's ex-partner taking out a restraining order against Mr A protecting herself and eight other individuals close to her. Please refer to Table 3.1 for a summary of Mr A's offence history.

Table 3.1: Mr A's forensic history

Date	Offence History
	<i>Convictions</i>
01.01.2014	Harassment – put in fear of violence <i>Sentenced 22.01.2014: Referral order</i>
02.01.2014	One offence against the person – threats to kills <i>Sentenced 22.01.2014: Referral order 12 months restraining order</i> One miscellaneous offences
	<i>Reprimands</i>
18.11.2008	One offences against the person – common assault
18.11.2008	Destruction or damage of property (value of damage of £5000 or less)
	<i>Warnings</i>
15.12.2008	Knowingly giving false alarms of fire to a person acting on behalf of a fire and rescues authority
06.04.2009	Arson
13.04.2009	Arson
	<i>Arrests</i>
07.03.2014	Threats to kill
22.01.2014 to 07.03.2014	Harassment – breach of restraining order
	<i>Impending prosecutions</i>
2014	One offences against the person
2014	One miscellaneous offences
	<i>Restraining order</i>
	As part of his restraining order, Mr A was not to have any contact or initiate contact in any way with nine individuals, including his ex-partner and her family, including by text, letter, telephone or any electronic means, or to try to obtain information through others

Self-harming behaviours

Mr A has a prolonged history of deliberate self-harm which began when he was residing at boarding school due to the victimisation he was subjected to by his peers. It is reported that he began self-harming as he felt that nobody was listening, and that he felt others were tricking him. His self-harming behaviours consisted of cutting himself, tying ligatures, strangulation, and suffocating himself with a pillow. He has also made attempts to hang himself. Engaging in self-harming behaviours functions as a source of tension release for Mr A. It appears that Mr A threatens to hurt himself in an attempt to communicate his thoughts and to regain control over situations; difficulties in these two areas – communication and control – are thought to act as perpetuating factors for stalking behaviour and may precipitate stalkers to make threats or engage in self-harming behaviours (Mullen *et al.*, 2009). An example of Mr A engaging in such behaviour is when he sent pictures to his ex-partner with a noose around his neck, stating that he was going to kill himself; he frequently made threats to harm himself when his ex-partner threatened to end the relationship, or not behaved according to Mr A's wishes.

It is not clear why Mr A's psychological mechanisms sometimes prompt him to internalise his aggression, resulting in self-harm, and on other occasions move him to externalise his aggression towards others.

Education background of the client

Mr A attended five different schools, three of which were specialised residential boarding schools for children with a Statement of Special Educational Needs (SEN). Since his early schooling years he received multiple suspensions and exclusions due to the disruptive and violent behaviour he directed at both

his peers and teachers. Mr A found boarding extremely difficult, as he was separated from his family – his mother recalled how he never wanted to return to school after he had spent the weekend at home. There were prolonged periods when Mr A was unable to attend school due to the lack of availability of suitable educational establishments that could cater to his needs: in total, he missed three-and-a-half years of education. This chronic absence will have been influential in his academic failure.

Positively, Mr A attended a Learning Training Development college, where he gained 'Entry Level' Maths and English qualifications; he described how he "loved" his time there, and how he had made friends whilst he was there.

Medical problems of the client

Mr A has a diagnosis of a Learning Disability (LD) (no further information on this), Attention Deficit Hyperactivity Disorder (ADHD, diagnosed at age six) and Autism Spectrum Disorder (ASD, diagnosed at age nine).

Mental/ emotional/ developmental problems

Mr A was first assessed by Child and Adolescent Mental Health Services (CAMHS) in 1999, when it was felt that he did not actually have any development problems but was only copying his older brother, who did have difficulties in his development. It was suggested that Mr A tried to control his mother, and was jealous of his older brother.

In 2006, Mr A received a SEN, and was placed at a specialist residential primary school which offered provisions for individuals with behavioural and emotional difficulties. His SEN was updated in March 2009. It was reported that he made moderate progress in his language and listening skills and turn-taking, that his concentration was delayed, and that he had difficulties

expressing language. It was noted that he often forgot what he was going to say. The extremely sparse literature examining the association between cognitive abnormalities and stalking, including violence, preliminarily suggests that they may be a risk factor, although this must be read with caution until further research is conducted. MacKenzie (2006) found that in the conclusions of cognitive functioning assessments, stalkers as a group were more likely to have abnormalities; specifically, discrepancies occurred between verbal sub-tests and performance sub-tests, in which their verbal ability was much lower. The difficulties Mr A has expressing his thoughts verbally, despite being able to understand what is occurring, may lead to him becoming frustrated; this frustration could result in Mr A resorting to maladaptive ways to express himself, including stalking and violent behaviours towards his victims.

Mr A was observed to have difficulty beginning his work and had high levels of distractibility; he was described as wanting to be liked, but making little effort to achieve this; reports suggested that he was emotionally immature, had low self-esteem, and that he craved adult attention, but then would reject it. These traits were reflective of the attachment style that Mr A developed in childhood.

The attachment style that young people develop shapes the way in which they select partners, how well the relationship progresses, and how it ends. I would hypothesise that Mr A has an ambivalent attachment style, and so will push and pull his ex-partner, alternating between loving and hating her.

Relevant background information

The development of stalking behaviours is complex, and is likely to involve a combination of various factors (Ravensberg & Miller, 2003); several theories, including attachment theory (Fox,

Nobles & Akers, 2011), try to provide an explanation underpinning the nature of stalking and why some individuals engage in such behaviours; however, research is limited, and empirical evidence for these theories remains scant – any hypothesis need to remain tentative until the research area is more robust.

Attachment style, stalking and violence.

The classic theory of attachment was proposed by Bowlby (1969, 1973 & 1980). This theory integrates different theoretical perspectives into a model that accounts for the continuity of emotional interpersonal behaviour experienced across an individual's lifespan. Ainsworth and Bowlby (1991) suggested that the primary attachments that are developed during early infancy are a consequence of the caregiver's responsiveness to the infant's distress; thus, the caregivers who are available during times of need and are sensitive and responsive to the child's desires in a supportive and nurturing manner are likely to promote a stable sense of attachment (Mikulincer & Shaver, 2012). Additionally, this adaptive emotional response from the caregiver provides a template for the child to develop self-regulatory abilities. The theory proposes that insecure attachment styles are reflective of the caregiver not having been readily available and supportive when responding to the needs of the child; if the caregiver fails to relieve the child's distress, thus undermining the security the child is seeking, the child will form a negative view of the self and others, and become more likely to experience emotional problems throughout his or her lifespan (Mikulincer & Shaver, 2012).

Attachment style is thought to be divided into two types, secure and insecure (Bowlby, 1969, 1973 & 1980; Ainsworth, Blehar, Waters & Wall, 1978). Ainsworth and colleagues' (1978) classic

study of attachment, '*A psychological study of the strange situation*', provided empirical support to this notion through measuring observable differences of attachment relationships. Observations were made of infants aged from 12 to 20 months and their caregivers when they were reunited following a separation. Conclusions identified three main classifications: secure, ambivalent and avoidant attachment styles (Ainsworth, 1979).

Stalkers are thought to have developed an insecure attachment style from their early interactions with their parents, and this is likely to impact their future interpersonal relationships (Ravensberg & Miller, 2003). Douglas and Dutton (2001, p.538) state that '*attachment theory explanations for stalking are, simply, empirically undeveloped.*' However, early studies are indicating promising results, with significant associations between stalking perpetrators and their attachment style being found, assisting in a growing understanding as to why perpetrators engage in such behaviours (Patton, Nobles & Fox, 2010; Wylie, 2013; Meloy, 1998; Kienlen, 1998; Kienlen *et al.*, 1997). Meloy (1998) proposed that an anxious-preoccupied attachment style is most likely to be prevalent amongst stalking perpetrators, as they are likely to be constantly seeking intimacy from others and yet feel as though they are unworthy of somebody loving them, most likely due to their low self-esteem. Spitzberg (2000) attempted to test this hypothesis by testing for any associations between an anxious-preoccupied attachment style and obsessive relational intrusion, and found a small significant association; however, findings remain tentative at the moment because the limited studies assessing the link between attachment styles and stalkers are based on small sample sizes and individual case studies, which prevents broad generalisations being made (Boon & Sheridan, 2002).

Empirical research supports the theoretical hypothesis that aggression is a pathology of attachment disturbance that has been developed through an unstable family environment. Childhood attachment insecurity has been associated with a wide range of negative sequelae, including conduct disorder, antisocial personality disorders, and aggressive behavioural problems (Lyons-Ruth, 1996). An insecure attachment is considered a vulnerability for individuals to develop an antisocial and criminal identity, as it predisposes children to be highly impulsive, angry, extremely oppositional, aggressive and violent (Smallbone & Dadds, 2000; Levy & Orlans, 2000). Thus, insecure attachment styles are thought to be a general risk factor for criminality and future offending behaviour. The corollary of this is that a secure attachment may be a primary protective factor against later violent and antisocial patterns of behaviour, cognitions and interactions.

When considering the case of Mr A and his history of a disrupted bond between him and his caregivers, it seems likely that this contributed to the development of an insecure attachment which, in turn, will have been a risk factor for his offending behaviour. It is this style of attachment that influences how Mr A will react to his needs and how he meets these needs with others. Thus, his working style of attachment may have made him susceptible to engaging in stalking and aggressive behaviours.

Summary of research

The research discussed offers a possible, and plausible, explanation for Mr A's stalking and aggressive behaviours, although other theories and perspectives may also be influential in the development of such harmful behaviours. His early childhood experiences and interactions with his caregivers will have moulded Mr A's internal working models of self and others.

These will act as templates for how Mr A builds and maintains interpersonal relationships, and his emotional coping when in such relationships, throughout his lifespan. This possible explanation was taken into account when developing his risk formulation, and must be considered when a treatment plan is being developed to help reduce his risk of recidivism.

3.2 Assessment, Analysis & Formulation

Presentation after being sectioned under the MHA

Mr A was extremely oppositional towards staff on his arrival at the MSU. He appeared to struggle with the boundaries and structure the unit offered him, causing him to rebel against them. When considering his background, this presentation may be understood in terms of Mr A feeling as though he had had all of his independence and control stripped from him; this would have been extremely shocking for him, as it was the first time he had resided in such a structured and boundaried environment. This sense of having lost control over his environment may have triggered him to present with challenging behaviours in a bid to regain control in a way that he was so accustomed to. His deterioration in behaviour, at times, required restraint and seclusion for attempted aggression towards staff. Whilst in restraint, Mr A attempted to bite and punch staff. His attitude towards staff, particularly women, was extremely negative. He made inappropriate verbal comments towards staff, and he would be observed making rude hand gestures behind staff members' backs. However, he would also present as a warm and playful character, which created a pleasant and comfortable atmosphere when interacting with him.

During the first eight weeks of his admission to the MSU he engaged in numerous self-harming behaviours, including tying ligatures. When secluded, he was observed punching windows

and doors whilst making threats. He also tied a superficial ligature whilst in seclusion using a shoelace he had concealed in his underwear. It was thought that this behaviour served two functions: the first being to reduce any experienced tension, and the second to elicit care from staff during times he felt neglected or was not receiving as much care as he thought he deserved. He also wrote a number of notes which he gave to staff informing them that he was going to kill or hurt himself.

His preoccupation with his ex-partner was dominant throughout his admission period. This made it extremely difficult for the client to fully and meaningfully engage in sessions and activities, as he lacked the cognitive capacity to focus on the present moment. He continued to make threats directed at his ex-partner that were of a serious nature, including "I hope my ex-girlfriend gets raped, she fucking deserves it" and writing RIP next to her name on a crossword book. When the seriousness of these threats was highlighted to Mr A, he attempted to laugh it off. He continued to make attempts to breach his restraining order whilst in secure services, as evidenced when his mother handed in to staff a letter written by Mr A with his ex-partner's name and address on it. This highlighted the client's lack of consequential thinking and inability to learn from the legal punishments he had already faced from harassing his ex-partner. He openly communicated to staff that he blamed his ex-partner and her family for his current situation and the intrusive behaviours he subjected her to. Although he said that he loved her, seeking revenge on her was prominent in his daily discourse.

Assessment of risk

Cases of stalking in which the victim and perpetrator are ex-partners are considered much more persistent and dangerous in comparison to stranger stalkers (Spitzberg & Cupach, 2007;

Farnham, James & Cantrell, 2000); studies that have investigated the risk of violence in stalking cases have found that physical violence is much more likely to occur, and victims are twice as likely to be threatened, when the victim is an ex-partner (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002). Thus, assessing the risk of an individual who engages in stalking behaviours against an ex-partner is crucially important for two reasons: firstly, it furthers understanding and enables a better-informed prediction of the risk the perpetrator poses; and secondly, it provides knowledge on how to prevent or reduce the future risks the stalker presents to their victim.

Currently, because research is still in the early stages, there is no firm evidence-base to offer robust guidance to the assessment and management process for individuals who engage in stalking behaviours (Mullen, Pathé & Purcell, 2009). Mullen and colleagues (2009) suggested that two of the main priorities of a clinician conducting an assessment phase with an individual who engages in stalking behaviours is to understand the nature of the stalking and the actual risks inherent in the stalker's conduct. Understanding the victim's vulnerabilities, both social and psychological, is thought to be extremely helpful during the assessment process, as it results in a greater insight to the level of risk involved in a particular stalking case; however, it would have been impractical and unethical for the author to contact Mr A's stalking victim. Working with both individuals in separate therapeutic capacities, in contrast to, for example, a restorative practice forum, could potentially raise concerns regarding a conflict of interest for clinicians. Inviting clinicians into a position where they work disconnectedly with both parties may well encourage the presence of potential biases and impair the professionals' objectivity in either of the clinical settings. Perhaps such a situation is also likely to undermine and interfere

with how the professional effectively performs their duties and functions that they are able to offer each of the clients. Thus, the aim of this case study's assessment phase was to gain a greater insight into the nature of Mr A's stalking behaviour, and the risk he posed to his victim.

The next section of this case study will summarise the assessment tools utilised. The chosen tools are all validated to utilise with a violent adolescent population. The SAVRY was the chosen risk assessment assessing Mr A's violence in both stalking situations and violence conducted within other settings; additional items can be added to the SAVRY to account for LD and ASD (Gralton, 2011). All of the psychometrics utilized appear to have high internal reliability, and are deemed appropriate for an individual with LD and similar presenting problems; these psychometrics are continually used to assess referrals within the forensic mental health setting. The author is aware that stalking behaviour is not necessarily linked to violence and vice versa; however, the formulation within the assessment aims to demonstrate that, in this case, Mr A's stalking behaviour is linked to the violent behaviours he directs towards his ex-partner and those close to her, and so understanding violence is important. Additionally, Mr A engages in violence towards others with no connection either to his ex-partner or those close to her, which is another presenting problem that needs to be addressed in order to reduce his risk of violent recidivism.

Risk Assessment

In 2008, Kropp, Hart and Lyon published the first adult risk assessment manual for Stalking Assessment and Management (SAM). The tool is believed to be useful for law enforcement and mental health professionals. Although it is thought to provide some assistance when evaluating child or adolescent

perpetrators, caution must be taken when utilising the SAM with young people due to the lack of scientific research regarding this stalking group (Kropp, Hart, Lyon & Storey, 2011).

As the current case study is an adolescent, utilising the SAM within the assessment process might have led to the overall risk summary being invalid. The author was also mindful that the client's risk was more complex – because he was engaging in other violent behaviours that weren't related to his stalking against his ex-partner, it was decided that it was more appropriate to use the Structured Assessment of Violence Risk in Youth to understand and ultimately prevent future harmful behaviour (SAVRY; Borum, Bartel & Forth, 2002). Understanding factors associated with juvenile offending behaviour and the risk posed is crucial in determining the most effective and appropriate therapeutic pathway for an adolescent. The SAVRY was used as a framework for considering an array of issues relating to Mr A's risk. The assessment is designed to assist professional evaluators in assessing and making judgements regarding an adolescent's risk for violence and aggression. The SAVRY comprises 24 items in three risk domains: 'historical' risk factors; 'social/contextual' risk factors; and 'individual/clinical' risk factors. All risk items were assessed using various sources of information and rated as either *low*, *moderate*, *high* or *omitted* (see Appendix 3.a for details). The SAVRY also incorporates six protective factor items, and these were rated as either *present*, *partially present*, or *absent*. The SAVRY further considers the future risk of the referral by including possible future risk scenarios and case management strategies.

Summary of risk - SAVRY

Due to the detail and length of a SAVRY risk assessment, Mr A's overall outcome during his assessment phase will be discussed

briefly, but please refer to Appendix 3.a for a description of each of the scored items. The majority of items within each domain were marked as *high* for Mr A, resulting in professionals considering his risk of future violence as *very high* were he to be residing in the community; however, his immediate risk of violence reduces in his current environment due to the security, supervision and monitoring he receives, and his risk of violence in his current placement is considered *high*. Mr A has some protective factors, such as social support, which is positive in helping him keep safe in the future; however, there are still protective factors that are absent. This suggests that he is likely to experience difficulty reducing the negative impact of risk factors when faced with adverse situations, as he currently does not have the resilience, to name one factor, to effectively manage these.

Psychometric assessment

Psychometric tools are useful assessments in identifying stable dynamic risk factors (Grubin, 2004). They are an objective, standardised measurement of the characteristics and behaviours of the individual being examined. Information derived from psychometric testing will be collated with other information gathered during the client's assessment phase, with the hope that outcomes will strengthen the risk management and treatment plans that follow from this stage of a client's treatment pathway. Conversely, any discrepancies found between information will lead to further enquiry or necessitate interpretation. All of the psychometrics that were completed with Mr A appear to have high internal validity, which will help professionals have a greater understanding as to why the client presents with his current difficulties; however, the nature of self-report measures are significantly reliant on the client being

honest and genuine, which can itself be problematic, especially with an adolescent offender population (Callahan, Tolman & Saunders, 2003). There are some psychometric assessments, such as the Personal Reaction Inventory (PRI), that are designed to overcome such issues (Crowne & Marlowe, 1960).

Adolescent Anger Rating Scale (AARS)

The AARS is designed to assist in the assessment of anger in adolescents in a self-report measure; scores are measured for a 'Total Anger' scale, and for three subscales describing three distinct types of anger response: 'Instrumental Anger', 'Reactive Anger', and 'Anger Control'.

On the initial assessment, for the 'Reactive Anger' subscale Mr A scored a *'very high level of anger'*; on the 'Instrumental Anger' subscale, a *'moderately high level of anger'*; and on the 'Anger Control' subscale, he scored within the *'moderately low'* range. On the 'Total Anger' scale, Mr A was measured as having a *'very high level of anger'*.

These results suggest that Mr A finds it extremely difficult to control his anger, and is much more likely to display his anger, in comparison to a sample that matches his age and sex.

How I Think (HIT) Questionnaire

The HIT is based on Gibbs and Potter's four-category typology of self-serving cognitive distortions: *self-centred*; *blaming others*; *minimising/mislabelling*; and *assuming the worst*. Additionally, the scale assesses the attitudes towards four categories of antisocial behaviour derived from the diagnostic criteria for 'Conduct Disorder' and 'Oppositional Defiant Disorder': *disrespect for rules and authority*; *physical aggression*; *lying*; and *stealing*.

The assessment was deemed valid due to a low score on the anomalous responding scale (3.12). Table 3.2 shows Mr A's assessment outcomes for the HIT questionnaire: his score within each sub-scale, and the range within which the score fell.

Table 3.2: Mr A's HIT scores

Questionnaire Item	Initial Assessment	
	Score	Range
HIT Questionnaire	3.80	Clinical
Overt	4.45	Clinical
Covert	3.18	Clinical
<i>Cognitive Distortions</i>		
Self-Centred	3.78	Clinical
Blaming Others	3.9	Clinical
Minimising/Mislabelling	3.44	Clinical
Assuming the Worst	4	Clinical
<i>Behavioural Referents</i>		
Oppositional Defiance	5.1	Clinical
Physical Aggression	3.8	Clinical
Lying	3.63	Clinical
Stealing	2.73	Clinical

The Awareness of Social Inference Test (TASIT)

Social skills deficits are common in a variety of clinical populations, including LD, ASD and schizophrenia. One aspect of successful social interaction is the ability to read social cues; failure to interrupt emotional expressions is a feature of autism, as well as an inability to understand situations from another person's point of view or make inferences based on contextual information.

The TASIT has been developed to assess social perception – the ability to read social cues, which we use to make judgements about others' behaviour, intentions, attitudes and emotions. This was deemed an appropriate assessment tool to complete in collaboration with Mr A to assess whether any impairments to his social perception may be exacerbating his problem behaviours.

The results of this assessment indicated that Mr A is able to recognise the majority of basic emotions shown by other people, including anxiety and sadness. He has the ability to read social

cues, and can therefore determine speaker intention, attitude and meaning. Mr A was able to recognise when someone was being sincere or sarcastic, and could interpret non-verbal cues such as intonation, facial expressions, and gesture.

Barrett Impulsivity Scale

The Barrett Impulsivity scale is a 30 item self-report questionnaire designed to assess general impulsiveness whilst taking into account the multifactorial nature of the construct. Table 3.3 shows Mr A’s initial assessment outcomes across the three domains included within the assessment.

Table 3.3: Mr A’s Barrett Impulsivity scores

Questionnaire Item	Initial Assessment Scores
Motor impulsivity	<i>Well above average</i>
Cognitive impulsivity	<i>Well above average</i>
Non-planning impulsivity	<i>Above average</i>

Endorsement of Violence Questionnaire

This assessment explores adversarial sexual beliefs, acceptance of interpersonal violence, and sex role stereotyping. All scores were compared to adolescent males. Table 3.4 shows Mr A’s initial assessment scores.

Table 3.4: Mr A’s Endorsement of Violence scores

Questionnaire Item	Initial Assessment Scores
Sex role stereotyping	<i>Higher than the critical value of ≥ 26 (29)</i>
Acceptance of interpersonal violence	<i>Above the critical value of ≥ 11 (19)</i>
Adversarial sexual beliefs	<i>Above the critical value of < 26 (28)</i>

Personal Reaction Inventory (PRI)

The PRI is a 20 item scale that explores response bias. Mr A scored very high within the 'faking good' range, suggesting that he is minimising his problems in a socially desirable way.

Summary

The psychometric assessment outcomes highlight several vulnerabilities that may perpetuate Mr A's stalking and violent behaviours. His vulnerabilities include cognitive distortions, an antisocial attitude/identity, high impulsivity (which is linked to a lack of consequential thinking), lack of responsibility for his actions, poor emotional regulation (difficulties both controlling and managing emotions, particularly anger), and that he is prone to blaming others for his actions; all of these are deemed potential risk factors for adolescent offending. Positively, Mr A has the ability to recognise social cues appropriately, which in the long term, post treatment, may help prevent or at least reduce his risk of recidivism. Cooley-Strickland and colleagues (2009) suggest that individuals who have difficulties processing social cues, alongside difficulties with impulsivity, are more likely to become aggressive in ambiguous and confrontational situations. When working alongside Mr A, clinicians must remain mindful that the client may attempt to impression manage individuals' perceptions about himself or his situation, and that this may be an unconscious process; thus, he may be observed fabricating, concealing the whole truth, or denying his involvement in situations to make himself out to be the victim in an attempt to present himself in a more positive light.

Risk formulation

The development of a client's risk formulation is an essential clinical skill within forensic mental health organisations (Sturmey & McMurrin, 2011). One definition of a formulation is, 'A formulation is an organisational framework for producing (generally) a narrative that explains the underlying mechanism of the presenting problem and proposes hypotheses regarding action to facilitate change' (NHS England & National Offender Management Service, 2015, p.37). A formulation provides a framework for clinicians to apply their current knowledge of the client they are working with to produce a clear and comprehensive explanation of the factors maintaining and triggering their presenting problem behaviours (Sturmey & McMurrin, 2011). Although formulations serve multiple functions, one main purpose is to help inform the clients' treatment pathways by identifying their key needs for change; it is essential that such information is written in a way that is meaningful to the clients and professionals working alongside them to help facilitate positive and progressive change (Logan, 2016).

This formulation aims to provide the reader with an understanding of Mr A's presenting behaviours: harassment directed towards his ex-partner, and his aggressive behaviour. It is a preliminary risk formulation that has been developed throughout his assessment phase at the MSU whilst adhering to the 'Five Ps' framework. Mr A's formulation will be relevant for the present time (March 2014) to the near future, at which point it may be useful to update the current formulation to include newer information reflecting any recent changes or behaviours that have occurred for Mr A. Please refer to Appendix 3.b for a diagrammatic overview of Mr A's risk formulation.

Predisposing Factors

Mr A's early years were unstable and chaotic. His biological father has a history of pathological jealousy, domestic violence and deliberate self-harm, which is suggestive of a genetic predisposition for Mr A. It was reported that his biological father was aggressive towards Mr A's biological mother and eldest half-brother, resulting in her leaving Mr A's father to seek refuge in a women's shelter with her two children.

His mother went on to marry his current stepfather. Within this family home, multiple sources indicate that Mr A and his three half-siblings witnessed domestic violence between both care providers. This will have been extremely confusing for Mr A, and most probably influenced the development of certain core beliefs that he holds about himself, others, and the world, such as that the world is a hostile place. His eldest half-brother experienced many difficulties, including substance abuse, and engaged in criminal activity, which resulted in his mother giving him a lot of her attention; this preoccupation will have been detrimental to the consistency of parenting that Mr A received from his mother. Additionally, this inappropriate role modelling from his eldest brother may have taught Mr A that engaging in such risky and harmful behaviours results in receiving more care from others.

Mr A had a lack of attachment towards school, and struggled to develop and maintain relationships with same-aged peers; his diagnosis of LD will have exacerbated his difficulties within this environment, resulting in him being sent to boarding school. Mr A found this move extremely difficult, and could not understand why he was the only sibling to be sent away, especially when considering his eldest brother's problematic behaviours; this led to him feeling rejected, and he possibly felt that he had been abandoned. These feelings of rejection and abandonment would

have been heightened when he was excluded from a family holiday to Florida, and it is documented that his harmful behaviour escalated from this point onwards.

Research has highlighted that early exposure to violence and stress affects individuals' mental well-being and social development during their formative years, which reflects Mr A's presentation whilst growing up and to the present day. Additionally, it would appear that he has failed to develop an appropriate repertoire of adaptive skills to cope with adverse experiences, which is necessary for adult life. It is suspected that his childhood environment was characterised by a lack of control and a fear of being hurt or abandoned by others; it is likely that this contributed to the development of an insecure attachment style in late adolescence.

Presenting Behaviour: Stalking

Mr A has a history of engaging in harassment behaviours towards his ex-partner; the severity of these behaviours has escalated over time, from sending unwanted messages to making verbal threats to her, and on several occasions physically assaulting her. The severity of such behaviour towards her and others has led to her being granted a restraining order against him, which prohibits him from initiating contact or seeking information about her or eight other individuals.

Precipitating Factors: Stalking

One precipitating factor for his stalking behaviours may be his social isolation and lack of same-aged friendships; thus, he needs to continue the relationship with his ex-partner because he does not want to lose the sense of belonging this provides him with – the only relationship that fulfils this need.

Two other factors which trigger Mr A's stalking behaviours are a perceived lack of control over his relationships and his environment, and his feelings of rejection by his ex-partner; the more intensely he experiences the emotions linked to these two factors, the more likely an escalation in his behaviour is to occur; this could result in Mr A engaging in violent behaviour towards himself, his ex-partner, or those close to her, in an attempt to regain control over his situation and to protect himself from feelings of rejection. It appears that having a strong attachment towards an individual is likely to trigger his stalking behaviours, which include controlling the individual and becoming possessive, because this relationship provides him with a sense of belonging which he values and a need that has rarely been achieved throughout his life.

Perpetuating Factors: Stalking

Mr A struggles to accept the end of relationships, which may be reflective of his attachment style, due to possibly perceiving each ending as another form of rejection and abandonment, especially with an individual who he put his trust in. These feelings of rejection and abandonment may be extremely intense for Mr A, and it may be difficult for him to manage these feelings due to his vulnerability in being able to effectively regulate his emotions. Social interactions in which Mr A perceives that individuals have rejected him, or taken control of him and the situation, are likely to cause him to ruminate on vengeful thoughts rather than address his concerns with those he perceives to be at fault; this may lead to Mr A trying to assert control over the individuals or situation in a bid to regain control. It is likely that Mr A blames his ex-partner for his own actions, as he struggles to take responsibility for them; this displacement of blame serves the function of protecting Mr A from experiencing

feelings of shame regarding his own actions. It is likely that these poor social skills are heightened by his ASD and LD; however, it is thought that effective communication and interpersonal problem-solving are key treatment targets for Mr A in achieving a reduction in the risk that he currently poses towards his ex-partner and those close to her.

Presenting Behaviour: Aggression

Aggression is another of Mr A's presenting risk behaviours. Victims of his aggressive behaviours that are not linked to stalking are those who are not connected to his ex-partner. His long history serves as evidence.

Precipitating Factors: Aggression

Mr A is likely to use overt aggression towards others during the times that he feels victimised, especially if he is being bullied. This victimisation, perceived or actual, is again likely to trigger rumination on vengeful thoughts towards those he deems to have done wrong to him. Puberty is likely to be a precipitating factor due to the period of developmental change.

Perpetuating Factors: Aggression

Aggression appears to be the default mode by which Mr A regulates the difficult emotions he encounters as a consequence of his victimisation, whether perceived or actual. Utilising aggression as a maladaptive coping strategy may reflect his limited repertoire of adaptive coping mechanisms in difficult situations. Engagement in a therapeutic intervention that encourages him to develop and build on adaptive coping responses will provide him with the necessary skills to manage experienced distress as a result of such situations. He is a highly impulsive individual and this, when combined with his lack of consequential thinking and lack of concern for consequences, is likely to perpetuate his aggression. His extremely low self-

esteem and confidence appear to play a role in maintaining his harmful behaviour; both of these areas should be addressed through interactions with staff on the unit, through validation and reassurance, and engagement in a therapeutic intervention targeting these vulnerabilities. Developing Mr A's insight into his risk behaviours is thought to be extremely helpful in terms of reducing his risk, and thus another key treatment and risk management target in the longer term.

Protective Factors

Positively for Mr A, he maintains regular contact with his family, which is extremely important to him. His family have been very supportive throughout his time at the MSU, although, at times, they have been observed colluding with him. The Youth Offending Service (YOS), which aims to help young people live a life free of crime, continues to offer Mr A and his family support and guidance, which is encouraging. Even though Mr A's engagement within his assessment process has fluctuated, he has consistently attended the therapeutic sessions that he has been offered, which indicates that there is some hope and motivation to change. When meeting with Mr A, he appeared to have the cognitive ability to understand verbal therapies, which in the long term will help him to develop insight into his problem behaviours and encourage change, if and when he is open to do so.

Functional analysis

An in-depth exploration of Mr A's stalking behaviours was hoped to be achieved through collaboratively developing a meaningful functional analysis through discussions during assessment interviews. Although this information is usually gathered through direct observation, an interview approach was the only pragmatic option due to the environment in which Mr A was

residing. Westrup (1998) suggested that the outcome of the functional analysis assessment interviews is useful for legal representatives, mental health professionals, and victims, as it provides an insight into the nature of the stalker and the risks involved in that particular case. By using an A (antecedent) -B (behaviour) -C (consequence) approach, it was hoped to reach a better understanding of the factors that maintained Mr A's stalking behaviours in the environment in which they took place; however, during sessions that were exploring his contact with his ex-partner, Mr A was constantly impression managing, leading to invalid data being gathered; consequently, contact with the client was discontinued due to his lack of meaningful engagement, and so a meaningful functional analysis was not developed. Please refer to the 'Reflection on practice' section for more information regarding this situation.

3.3 Discussion

Practice-theory links

The research that was included at the beginning of this case study aimed to help individuals to understand Mr A's presenting and offending behaviour by applying relevant research findings to his specific case; however, caution must be taken when applying research evidence on stalking to a single case study, as results may not be generalisable or valid for comparison due to methodological and sample differences (Blumenthal & Lavender, 2001; Douglas *et al.*, 2009).

Mullen and colleagues (2009) proposed a typology in which stalkers are separated into five types; based on the client's assessment period and observations made whilst he has been detained at the MSU, it is hypothesised that he falls under the '*rejected stalker*' type. Rejected stalkers are thought to be the most persistent and intrusive stalking group – they find it

extremely difficult to desist from engaging in such behaviours, which is apparent with Mr A as he still makes attempts at breaching his restraining order. Typically, this type of stalking emerges after the breakdown of a relationship, and the primary motivator for the stalker is to rekindle the relationship or to seek revenge; however, these primary goals are likely to fluctuate according to the circumstances and responses from the ex-partner. Mr A has made it very clear that he would like to seek contact – and has made several unsuccessful attempts to do so – with the victim, whilst also “making her pay”. Rejected stalkers are likely to experience cognitive difficulties, particularly in their verbal abilities, and this is also characteristic of Mr A. MacKenzie (2006) suggested that the rejected stalkers’ relationship difficulties are perpetuated through a combination of their insecure attachment and their tendency to displace blame onto their victims; Kienlen and colleagues (1997) suggested that their insecure attachment styles are likely to be reinforced as they are continually rejected.

It is hypothesised that Mr A is oversensitive to rejection and abandonment, and that this is likely to increase the anger he feels towards his victim and the vengeful thoughts he encounters. Meloy (1999) explained this increase of rage and vengeful rumination regarding the victim as a defence mechanism against feelings of rejection and abandonment which is likely to result in aggressive behaviour to restore his sense of entitlement. Meloy also found that individuals of the ‘*rejected stalker*’ type are more likely to experience social isolation due to investing all their hope and expectations into the relationship; this corresponds with Mr A’s difficulties in developing and maintaining same-aged relationships. Mr A’s case supports the evidence that rejected stalkers are likely to engage in domestic violence whilst in the relationship and likely to employ

intimidation and aggression in their pursuit of either rekindling it or seeking revenge. It is thought that helping rejected stalkers come to terms with the loss of their relationship and encouraging the grieving process will assist in reducing their recidivism of such behaviour; however, this may be challenging due to deficits in their social skills.

Reflection on practice

Mr A was a very interesting case to work with during his assessment period. His fluctuating engagement throughout the process was the biggest challenge faced whilst conducting psychological assessments. His presentation was extremely polarised; for example, he would either present with very challenging behaviours or would present as the opposite, when he would be extremely well behaved and, at times, observed advising other referrals not to behave in an antisocial manner. Additionally, this polarisation was observed in his attitude towards his ex-partner: in one moment he would declare his love and in the next proclaim his hatred for her. He appeared to have great difficulty finding a balance between the two ends of the spectrum, which I suspect was a reflection of his unstable identity, emotions and interpersonal relationships. His polarised thinking interfered with his therapy, as when he started his individual sessions he would meaningfully engage – he would not filter anything and say everything that was on his mind – yet he then began to conceal and minimize his actions; his engagement became superficial and was deemed to be counterproductive. The trigger for this shift in attitude appeared to occur after Mr A was informed that his assessment phase was indicating that he was presenting as a high risk towards his ex-partner were he to be residing in the community. Mr A's trial was approaching, and he was hoping that he would be returning to his family home;

however, because of his presenting risk, Mr A was informed that this might not be a realistic outcome. Thus, his impression management and polarised tendencies were deemed to be influencing staff members' decisions towards lowering his risk, enabling him to return home. It was felt that meaningful progress would not be made until after his disposal, and thus the decision to discontinue one-to-one psychological therapy was made; however, the client was informed that were he to want to meaningfully engage with the department, he should reapproach psychology and this possibility would be explored.

Mr A's personality and challenging behaviours appeared to split the team, with one half of the staff members unable to understand why the other half found him extremely difficult to work with; it was as though his own polarisation had transferred onto staff members' attitudes towards him. This is not an uncommon occurrence when working with individuals who experience difficulties with their personality (Freestone *et al.*, 2015). After discussing the situation with my supervisor, we decided that preparing and delivering a formulation meeting concerning Mr A would give staff an increased awareness of the dynamics that were occurring, and thus help them to work more effectively with the client. This was achieved by informing staff members of Mr A's difficulties and how they may have developed, whilst encouraging them to explore and reflect on their interactions with the client and what may be understood by them.

Treatment recommendations

Taking into consideration Mr A's assessment phase, treatment recommendations can be made informally. It is believed that Mr A would greatly benefit from psychological treatment targeting

his areas of difficulty, with the ultimate aim of reducing his risk of recidivism. Therapeutic interventions might include:

- Dialectical Behaviour Therapy (DBT)
- Collaboratively developing a DBT case formulation
- Building on self-esteem and confidence
- Engaging in a therapy focusing on communication skills

When considering the client's history – repeated self-harming behaviours, attempting suicide, difficulties regulating emotions, a pattern of unstable relationships – DBT may be a useful therapy to consider, as it would assist Mr A in learning to manage the difficult emotions he experiences through acceptance and change techniques.

To date, there has been one empirical research study investigating the efficacy of treatment for stalking offenders (Rosenfeld *et al.*, 2007). The treatment intervention focused on the behavioural control component of DBT. The 12 month, post-completion, follow-up period revealed promising results: of the 29 male stalkers who entered the 6-month treatment programme, only 14 completed it; however, none of these 14 were officially recorded to have reoffended, whilst 26.7% of the drop-outs did relapse; other published recidivism data suggests that 47% of stalkers go on to reoffend. These results suggest that DBT may be an effective treatment approach when working with stalkers, but further study exploring the efficacy of this treatment programme with this offending population is needed.

It is crucial, though, that Mr A is in a state of mind where he is open to change and motivated to meaningfully engage, as otherwise therapeutic interventions will be counterproductive, potentially reinforcing certain beliefs that he may hold about himself and leading him to believe therapeutic intervention is unhelpful. For example, were Mr A to begin a therapy before he

was fully committed to his treatment, this premature enrolment might lead to Mr A dropping out; dropping out of therapy could result in Mr A feeling as though he has failed or been abandoned by his therapist, reinforcing his belief that 'everybody abandons me' or 'I am useless, I fail at everything', and increasing his risk of stalking recidivism. Thus, understanding whether the client is ready to live a life desisting from crime is paramount prior to the provision of effective treatment. Although measuring desistance is difficult for clinicians as it is not an event that happens, rather the absence of events, it may be useful to apply the transtheoretical model of the stages of change during pre-intervention sessions (Prochaska & DiClemente, 1984); this model would assist the clinician in assessing Mr A's willingness to embrace change by placing him in one of five stages: pre-contemplation, contemplation, preparation, action, or maintenance. Once this is established, preparing the client for his treatment with a short-term piece of work focusing on increasing his motivation and engagement may be helpful; this would ease Mr A into the process rather than overwhelm him, and help him to get the most out of his offered therapies.

3.4 Conclusions

This case study has focused on discussing the assessment phase of a male adolescent, Mr A, who was detained within a medium secure unit. He has a history of engaging in stalking and aggressive behaviours, which can be understood through investigating the association with his attachment style. A SAVRY risk assessment, psychometric assessments and a risk formulation were all undertaken in order to provide recommendations that would assist in effective risk management of the client. Although it was hoped to gain an in-depth understanding regarding the nature of Mr A's stalking through

completing a functional analysis in collaboration with him, this was not achieved because of his lack of engagement in this process. However, based on his assessment, it appears that, in Mullen *et al.*'s typology, Mr A fits the definition of the '*rejected stalker*' type, leading to the conclusion that he might greatly benefit from engaging in DBT in the future; however, his readiness to meaningfully engage within psychological intervention is vital for the treatment to be effective.

**Chapter Four: The Structured Assessment of Violence
Risk in Youth (SAVRY): A critical review**

4.1 Introduction

A large body of empirical research has identified numerous risk factors, both individual and contextual, associated with adolescent violence. De Ruiter and Augimeri (2012) concluded that epidemiological and longitudinal research has been successful in identifying a range of important factors including negative peer influence, poor parenting styles and a lack of empathy, all thought to increase the risk of violence in young people (Snyder, 2002; Snyder & Stoolmiller, 2002; White & Frick, 2010). When comparing adolescent and adult risk assessment tools, there is a much greater emphasis in the former on social ecology, such as social influences e.g. peer and family relationships and communities in which they live, as potential risk factors for youth violence. These potential risk factors are believed to majorly influence adolescents' predisposition of acting violently. Thus, when developing youth adapted risk assessments from adult tools, modifications must be based on these developmental considerations.

Understanding risk of violence in adolescents through the identification of specific risk factors associated with their harmful behaviour is important for numerous reasons. Reasons include the management of potentially harmful and dangerous behaviours that are directed towards others, mainly their peers, and the evaluations made assist professionals in offering adolescents age-appropriate treatment. Treatment includes psychological interventions targeting the most relevant risk factors in the individual case. Given that reducing recidivism within the UK is a major goal for the Ministry of Justice in England and Wales, forensic risk assessment tools are a necessity for professionals, working with an offender population, who wish to demonstrate evidence-based practice in this important area

(Ministry of Justice, 2016). Welsh and colleagues note that for decades there has been much focus on creating measures and assessments that efficiently and accurately *predict* violent offending in adolescents (Welsh et al, 2008). This review examines an adolescent forensic risk assessment tool developed by Borum, Bartel and Forth (2002), the Structured Assessment of Violence Risk in Youth (SAVRY), which aims to understand and ultimately *prevent* harmful behaviour rather than merely predict it. The SAVRY aims to prevent harmful behaviour, or at least reduce the risk of violence, by offering explicit guidance to professionals working with that young person. This guidance aids professionals in their practical work with the individual, such as limiting opportunities for risky behaviour, reducing potential triggering situations and individual stressors whilst enhancing self-risk management and coping strategies with the young person. This structured professional judgement (SPJ) tool or guidance was designed to assist clinicians to evaluate the risk of violence in adolescents, whose ages range between 12 and 18, using a framework of 24 risk items and six protective items. This paper will provide an overview of the SAVRY and discusses the differences between the two alternative ways of evaluating risk in young people: the prediction or actuarial approach and the prevention or SPJ approach. The psychometric properties of the SAVRY assessment will be explored, its application within a forensic setting, and the strengths and weaknesses of the tool will all be considered whilst comparing it to other violent risk assessments designed for use with adolescents. This paper will conclude with a summary of key points.

4.2 Overview of the SAVRY

Professionals working with young people who have been referred to a forensic mental health or correctional setting may use the

SAVRY risk assessment guide to assist in the identification and understanding of relevant areas of violence risk specific to that individual. The SAVRY measures four areas that are deemed to be domains of potential relevance to understanding violent offending in young people: historical risk factors (10 items), social-contextual risk factors (six items), individual-clinical risk factors, including psychopathy (eight items), and protective factors (six items). The SPJ approach that the SAVRY operationalises encourages practitioners to use their professional judgement structured by clinical guidelines for the evaluation of violence risk, as set down in the SAVRY manual. This approach assists the practitioner in identifying the most relevant risk factors from those that are commonly noted in harmful young people and in understanding the overall risk posed by an individual young person. This process aids the decision-making process of risk management, thus limiting harmful outcomes. The SAVRY manual articulates the supporting evidence for each risk – and protective – factor, providing the clinician with a clear and transparent understanding of the relevant information from the evidence-base. This is an extremely useful function for assessors, as they are professionally obliged to make decisions informed by existing research (Logan, 2016). This obligation is emphasised during court proceedings when professionals, testifying as expert witnesses, undergo examination regarding the evidence-base for their observations and conclusions. Please refer to Table 4.1 for an overview of each of the items.

Each of the 24 historical, social and clinical factors are rated on a 3-point scale - *low*, *moderate* or *high* – indicating the extent to which they are present in the individual case under assessment. In the protective domain, scoring is dichotomous – factors are either *present* or *absent*. Specific coding guidelines are provided in the manual for each item and the level of presence being

rated. The authors of the SAVRY structured the assessment based on the 2nd edition of the 20-item adult violence risk tool, the Historical-Clinical-Risk Management-20 (HCR-20, Webster *et al.*, 1997), which was considered then the gold standard violent risk assessment guidance (Otto & Douglas, 2010). The HCR-20 has since undergone its third revisions; thus, the HCR-20 version three will now be considered the gold standard assessment (Douglas, Hart, Webster, & Belfrage, 2013).

Table 4.1: Summary of the risk and protective factors of the SAVRY

Historical Risk Factors	Social/Contextual Risk Factors
History of Violence	Stress & Poor Coping
History of Non-Violent Offending	Poor Parental Management
Early Initiation of Violence	Peer Rejection
Past Supervision/Intervention Failures	Peer Delinquency
History of Self Harm or Suicide attempts	Lack of Personal/Social Support
Exposure to Violence at home	Community Disorganisation
Childhood History of Maltreatment	
Parent/caregiver Criminality	
Early Caregiver Disruption	
Poor School Achievement	
Individual/Clinical Risk Factors	Protective Factors
Negative Attitudes	Prosocial Involvement
Anger Management	Strong Social Support
Low Empathy/Remorse	Strong Attachment and Bonds
Risk Taking/ Impulsivity	Positive Attitude Towards Intervention and Authority
Poor Compliance	Strong Commitment to School
Attention Deficit/ Hyperactivity Difficulties	Resilient Personality Traits
Substance Use Difficulties	
Low Interest Commitment to School	

Once clinicians have scored each domain and incorporated their clinical judgement into the ratings they have made, a summary risk rating of *low*, *moderate* or *high* is applied to the young person being assessed indicating the assessor's judgement about overall level of future risk. The tool may benefit from the inclusion of guidelines for these final risk ratings as currently no such definitions are provided. Instead, a summary risk rating relies solely on professional judgement, which could be problematic in terms of inter-rater reliability. Thus, the development of risk summary rating definitions may result in more consistent and robust overall evaluations for each item.

The completed SAVRY assessment can be used for at least two purposes: (1) informing the clinician's judgement about relevant interventions for clients targeting the most important criminogenic needs, and (2) influencing risk management plans and decisions – in respect of supervision, monitoring and victim safety planning – more generally, that are expected to be effective in preventing or at least limiting harmful behaviour. The SAVRY assessment includes the need to consider risk scenarios. Scenarios are not predictions of future harmful behaviour, rather they are plausible, hypothetical forecasts of what this young person's future harmful behaviour might look like given what is known about what they have done before and that they have threatened to do again. Risk scenario-planning is crucial in risk assessment as the process helps professionals and others interacting with the young person to prepare for all possible outcomes, including the worst case scenario, by anticipating exactly what circumstances may heighten the young person's risk, thus allowing the logical formation of recommendations for a more managed environment in which risk is mitigated. The risk scenarios and the risk management plans they lead to, are essential components of the SAVRY-guided evaluation. Ensuring

practitioners utilising the SAVRY are trained in its application is essential in order to ensure consistently high quality risk assessments as the lack of training may compromise outcomes.

4.3 How the SAVRY compares to other risk guidance for young people

A number of other risk assessment tools exist that may be used with young people thought to be at risk of future harm. For example, the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 2002) is designed to predict general criminality in young people, unlike the SAVRY, which is designed to understand and prevent future *violent* behaviour (Borum, Bartel and Forth, 2002). Also, the Psychopathy Checklist-Youth Version (PCL-YV; Forth, Kosson & Hare, 2003) was designed to assess personality characteristics and behaviours of psychopathy in adolescents. Although its primary use was as a diagnostic tool, it is commonly used within forensic assessments of risk due to the association of psychopathy with violent and general recidivism. This improper use of the PCL-YV has resulted in criticism and concerns have been expressed about the potential misuses of the tool and the labelling of young people as psychopathic when their personalities are still developing (e.g., Edens, Skeem, Cruise & Cauffman, 2001). However, research has highlighted that the PCL-YV may assist clinicians in developing an understanding of the underlying drivers of the violent behaviour a young person may display (Gretton et al., 2001). Certain traits of psychopathy, including lack of empathy, superficial charm, poor anger control, and failure to accept responsibility, are all associated with youth violence. Additionally, psychopathy is a key component in most adult risk assessment instruments due to its strong predictive power (Catchpole & Gretton, 2003). Thus, due to the strong

predictive validity of psychopathy for recidivism and violence, the SAVRY incorporates personality constructs associated with psychopathy within the clinical domain of the assessment. However, the developers of the SAVRY were interested in the relevant risk markers rather than a diagnostic criterion due to the purpose of the risk assessment – to understand rather than predict risk.

Clinical guidance for working with children and young people recommends risk assessment and the development of risk management plans, in particular guidance on working with children and young with antisocial behaviour and conduct disorders in children and young people (e.g., NICE, 2013). Thus, professionals have an obligation to evaluate and understand the risk a young person poses, which will in turn lead to public protection and encourage offender rehabilitation. The SAVRY is a popular choice of guidance towards this outcome.

4.4 Actuarial vs. SPJ approaches to risk assessment

Practitioners will generally make a choice about the approach to the risk assessment that they will take depending on what tools are available for them to use and the focus of the service – rapid decision-making (actuarial) or long-term engagement towards managed risk (SPJ). Actuarial approaches to risk assessment compare the individual client against a group of comparable others with a known rate of reoffending. Such comparisons are made on the basis of a pre-determined and fixed set of static variables – for example, their age and prior convictions. Thus, the approach generalises information from a population and applies it to the individual being assessed, without taking any variation into account when assessing the individual case. Such an approach may therefore be described as non-discretionary or formulaic (Hart & Logan, 2011). Actuarial approaches to risk

assessment are useful for sifting through large numbers of clients and allocating resources according to a crude estimation of risk, and are frequently used in criminal justice proceedings in England and Wales. The predictive validity of actuarial approaches are thought to be slightly more reliable than SPJ approaches, however, both may be characterised as being 'good' to 'excellent' (Hart & Logan, 2011). Yet, this should not be surprising when considering the sole purposes of such tools are prediction-orientated. Yang, Wong and Coid (2010) recently conducted a meta-analysis investigating the efficiency of violence prediction of nine adult risk assessment tools all of which utilise both approaches. The 28 studies that were included, all controlled for robust methodologies, found prediction accuracy to be interchangeable between all the included forensic tools (AUC=.65 to .71). However, actuarial measures are generally uninformative about the individual case and conclusions are only loosely connected to risk management plans due to the nature of the measure.

The SPJ approach to risk assessment combines both the systematic and evidence-base elements of an actuarial approach whilst being sensitive to individual risk factors and clinician judgement. By permitting the clinician to exercise a degree of professional judgement alongside the guidelines and structure SPJ approaches offer, risk is evaluated in order to aid understanding about how best to manage the potential for harmful behaviour. The SPJ approach is therefore described as discretionary (Hart & Logan, 2011). Logan (2016) noted SPJ approaches promote the use of risk formulations, which are thought to be crucial in bridging the gap between risk assessment and risk management in the individual case. That is, the SPJ approach supports practitioners to be able to identify and understand the client's risk potential, which in turns aids the

development of a risk formulation, which then supports the development of risk management plans based on all relevant information. Research examining the usefulness of such an approach has highlighted the SPJ method has outperformed the actuarial method of risk assessment in terms of clinical utility, both in adults (De Vogel, De Ruiter, van Beek & Mead, 2004) and in adolescents (Bartel, Borum & Forth, 2000). Clinical utility of the risk assessment refers to the general usefulness or social validity of the tool. Research suggests interventions based around criminogenic needs are more effective than orientated interventions (Andrews & Bonta, 2010). As a result, the focus has shifted more to a need-orientated model which endorses risk reduction strategies, supporting the SPJ approach.

Borum and colleagues (2002) advocate that empirically guided, structured clinical judgement procedures are more useful in practice than actuarial predictions. The nature of the SPJ approach operationalized by the SAVRY permits practitioners to include information that may not have been captured by the 24 risk factors defined in the tool. Therefore, a case-specific variable like profound deafness, which could be highly relevant to an individual's risk management, may be included in a SAVRY assessment. In an actuarial assessment, there is no scope for such discretion. All relevant information contributes to understanding an individual's risk, which is essential in the development of a risk management plan using the SAVRY. However, this outcome is greatly determined by the development of a risk formulation as this provides an understanding of individual risk based on the identification of the most important risk and protective factors (Logan, 2016). Thus, the SPJ approach is generally thought to be more appealing to practitioners in forensic services required to manage young people over a period of time.

4.5 Psychometric properties

Given the range of assessments that are available to practitioners working in forensic settings of all kinds, it is important for them to make their choice based on the relevance of individual approaches to the settings in which they work and on the psychometric properties of each tool (Singh, Grann & Fazel, 2011). The psychometric properties of adolescent risk assessment instruments have received considerably less attention than adult forensic tools (Borum, 2000), especially in relation to their predictive and incremental validity (Welsh, Schmidt, McKinnon, Chattha & Meyers, 2008), despite the growing body of empirical research on their general use and on risk assessment more generally.

Regardless of the sparse available literature, the psychometric properties of the SAVRY are regarded as promising. A number of studies demonstrate acceptable levels of predictive validity for the SAVRY in forensic adolescent populations, both for general and violent offending (see Borum, Lodewijks, Bartel, & Forth, 2010, for a review). For example, the SAVRY manual includes a preliminary study conducted in 2000 by Bartel & Forth (Borum, Bartel & Forth, 2002), which assessed the validity of the assessment and outcome. This research highlighted a positive relationship with future violent criminal behaviour suggesting that the SAVRY does indeed help to capture the most essential variables of an assessment of violence risk in this population. A positive association was reported between the SAVRY Risk Total scores (a measure of the 'quantity' of risk present in individual cases) and institutional aggressive behaviour, violent acts, non-violent acts, aggressive conduct disorder symptoms and violent versatility ($r = .20$ to $.52$). Therefore, the more risk factors present, the more likely it is that individuals will be aggressive.

Concurrent validity has also been established. Borum and Forth (2002) correlated the SAVRY with the YLS/CMI and the PCL:YV and found then acceptably high (.83 and .73 respectively) in a sample of male juveniles, suggesting that the SAVRY is measuring risk factors that are important to both reoffending and serious re-offending. Catchpole and Gretten (2003) reported similar findings. Further, estimates of inter-rater reliability are within acceptable limits, both for item ratings Summary Risk Ratings (Borum et al, 2002). However, it is noteworthy that the majority of studies to date, which have investigated the predictive validity of adolescent risk assessments tools, have been based on file information to rate the instrument. There is an outstanding need for research based on live assessments of real cases, and longitudinal prospective studies as typically outcomes have fewer potential sources of bias and confounding issues in comparison to retrospective studies.

Singh and colleagues (2011) compared 68 violent risk assessments in a meta-analysis. In this study, the SAVRY recorded the highest rates of predictive validity when applied to high risk male adolescents. Singh and colleagues noted that risk assessment tools that produced the higher rates of predictive validity were those assessing violent rather than general reoffending. The PCL-R produced the lowest rate of predictive validity, possibly because it is a tool intended as a measure of personality pathology rather than a risk assessment. Although the Youth Version of the PCL-R – the PCL-YV – was not included in their review, its findings are not positive about the use of a measure of psychopathy to predict violent recidivism. Olver, Stockdale and Wormith (2009) included only juvenile risk assessments in their meta-analysis, specifically the SAVRY, the PCL-YV and YLS/CMI. Findings highlighted both the SAVRY and YLS/CMI accurately predicted general and violent offending using

data from a sample of 44 young offenders, although for general offending the YLS/CMI was slightly better than its ability to predict violent offending. The SAVRY yielded comparable predictive validity for both general reoffending ($r_w = .30$; medium effect size) and violent ($r_w = .32$; medium effect size) recidivism, suggesting that the SAVRY may be more useful than other measures when predicting the risk of future violent offending in young people. Edens and colleagues (2007) were more optimistic about the PCL-YV, but in general the SAVRY is thought to offer the highest incremental validity in the prediction of violence in young people. In assessment and formulation terms, gains may be made in the combination of approaches, such as the use of the PCL-YV and the SAVRY in order to maximise information gain and response to the question posed. Thus, the predictive ability of the SAVRY for assessing violent reoffending amongst forensic adolescents appears to be established. The SAVRY would benefit from further studies examining its reliability and validity as this will assist in increasing the evidence base literature of the statistical robustness of the tool. Few studies, at present, have assessed the extent of the association between each individual risk and protective factors and the likelihood of violence against others which may be a useful future direction to investigate. Rather, the focus has been on total risk scores or risk scores per domain (e.g., Sijtsema, Kretschmer & Van Os, 2015). Research into protective factors is an important priority in order to enhance understanding of the range of factors relevant to violent recidivism.

4.6 Application within a forensic setting

Violent crimes committed by young perpetrators have profound effects on victims – emotional, physical and psychological.

Crimes committed by adolescents are a major societal problem in the UK in terms of costs and the impact on communities (Hoeve et al, 2013). Loeber and Farrington (2001) concluded that young people who engage in delinquent behaviour prior to the age of 12 years are three times more likely to commit more serious offences in the future and engage in a chronic pattern of offending in comparison to individuals who begin offending later, in adolescence. Forensic practitioners have a professional responsibility to evaluate the future risk potential of young people in their care, in terms of identifying who is likely to continue to engage in harmful behaviours through an understanding of why they are at risk and when risk is likely to increase. Thus, the SAVRY plays an important role in many forensic settings, including court hearings, prisons, secure units and probation. The evaluations clinicians make and their assessment recommendations will assist in the development of risk management plans whose transparency will promote rehabilitation opportunities and public safety, and which will correspond with the individual's needs at that time.

It is essential that professionals trained to administrate the SAVRY include a timeframe on when the SAVRY conclusions are made within the report as this will clarify whether evaluations are still applicable to the young person. For example, are the conclusions most up to date or do they reflect any change that the young person has undergone, such as the completion of a psychological intervention targeting risk areas and any change post psychometric tests are showing. Developmentally, young people are still changing and maturing, thus, the author's inclusion of the dynamic risk factors on the SAVRY takes into account the developing nature of adolescence in relation to their risk. Risk assessments that exclude dynamic risk factors in an adolescent risk assessment seems unreasonable when

considering it from a biological perspective. Thus, this may be considered a strength of the SAVRY.

It is likely the risk areas for each adolescent will fluctuate over time due to growth and through engagement with planned interventions. This is due to the fluidity that dynamic items capture, which is unlike static risk items that reflect only unchanging historical features of the individual. Thus, when sharing the assessment with other professionals, explicitly stating the information is thought to reflect the individuals' current risk level and risk for the near future will be helpful in ensuring it is relevant to that individual. The inclusion of the dynamic risk factors permits professionals to detect any change regarding specific risk factors that are associated with the young person's violent behaviour.

Additionally, any possible change will impact on the overall risk level that professionals deem that young person poses within society. When using the SAVRY within a forensic setting, professionals are obligated to review and update each report periodically, such as every six months, which permits psychologists and other healthcare professionals in making longer term decisions regarding the individual. This is in comparison to other evaluations, such as the Short-Term Assessment of Risk and Treatability (START). The START risk assessment tool tends to be used on wards and focuses on short-term fluctuations in risk, such as risk over the next two to three weeks. This is not always appropriate when longer-range judgements are required.

4.7 Strengths and weakness of the assessment

The SAVRY is thought to be a promising instrument and is valued within the field of adolescent risk assessment (Meyers &

Schmidt, 2008). The SAVRY was developed in 2002 and has not yet been subject to any review or update. Thus, it may be argued the current version of the assessment is outdated and may benefit from revisions. Douglas and colleagues (2014) highlighted that, since 1997, research on violence has tremendously grown, although less so the topic of violence in young people. Ensuring a risk assessment tool like the SAVRY reflects contemporary research and practice is important in terms of containing and an update of the manual is recommended.

The inclusion of six protective factors is definite strength of the SAVRY. Other adolescent risk assessment tools for young people – and adults – generally overlook this important area. Borum and colleagues (2002) believe that the inclusions of protective factors is essential to the consideration of risk-related outcomes. Two Dutch studies assessing the SAVRY established that they are linked to desistence from harmful behaviour (Lodewijks, Doreleijers, & De Ruiters, 2008a; Lodewijks et al., 2008b) However, the YLS/CMI, also incorporates protective factors within the assessment, which makes it a strength of this general recidivism tool also. The evaluation of protective factors is essential in a risk assessment, as this will provide a sense of hope and motivation for the adolescent that change is achievable through highlighting positive aspects of their lives and not just the negative; for example, Godwin and Helms (2002) indicate incorporating protective factors in youth assessments may mitigate the negative influence of the risk domains. Additionally, Rogers (2000) concluded that excluding the consideration of protective factors can lead to an unbalanced and biased assessment, and that it would be poor clinical practice to do so.

The SAVRY assists practitioners to identify important risk and protective factors related to a young person's violence potential in order to help them understand it. However, the extent of that understanding may be limited unless a specific formulation process is undertaken. Thus, developing a risk formulation, containing a narrative text explaining possible underlying mechanisms for individual violence (for example, its predisposing factors and triggers, its motivational drivers) will secure that understanding. Assessment *and* formulation together are vital to the evaluation process and to the risk management processes that will follow. Such an approach will ensure a bespoke intervention due to the greater understanding of the specific areas that require change over time.

4.8 Conclusions

This chapter has focused on the SAVRY risk assessment tool and explored how it aids the evaluation, understanding and management of a young person's risk of future violent behaviour. The SAVRY operationalizes the SJP approach, incorporating static and dynamic risk factors alongside protective factors, the selection of which has been supported by empirical research. Although the SAVRY may benefit from studies assessing individual risk items and their association with violence, and from extensive revision, many studies since its publication are consistent in their findings that the tool has predictive validity in samples of high risk male juveniles. The optimal application of the SAVRY is when it is used with risk formulation in order to guide risk management planning. This will result in a robust and bespoke intervention plan for the young person at risk that is based on an understanding of the challenges they face. Thus, the SAVRY appears to be a useful

forensic tool for practitioners to identify and comprehend a young person's risk of future violence.

**Chapter Five: Do victims of stalking suffer? An
explorative systematic review**

Abstract

Objectives

The Crime Survey in England and Wales estimated that 1.1 million people found themselves victims of stalking over a period of one year (Crime Survey in England & Wales (CSEW), 2016). Such victimisation is likely to have extremely detrimental effects on various aspects of individuals' lives, although this is unquestionably going to vary from case to case. This review systematically examines the impact that stalking has on its victims. The objectives are to ascertain the range of consequences that victims experience whilst identifying shortfalls in the subject area and establishing any differences or similarities between stalking cases.

Method

Seven contemporary bibliographic databases were systematically searched to identify the available evidence base with regard to the impact that stalking has on its victims. Initial searches uncovered a total of 1266 'hits', which were narrowed down to fourteen full references following the screening and quality assessment stages.

Results

Studies indicate that stalking has severe implications, both direct and indirect, for the lives of its victims. Targets are likely to experience a deterioration in their psychological functioning and adapt their social life in a bid to protect themselves from the unwanted pursuit they are faced with.

Conclusions

Acquiring an understanding of adolescent victimisation is essential for the development of a much-needed early intervention dealing

with stalking victimisation. This is likely to lead to effective preventative measures by reducing risk of recidivism in perpetrators whilst offering appropriate, and adequate, interventions and support to victims.

5.1 Introduction

The media has played a pivotal role in depicting stalking as a crime that is mainly enacted by crazed and mentally disturbed strangers who target celebrities or public figures (Schultz, Moore & Spitzberg, 2014). The growing knowledge and research examining this crime has encouraged a gradual shift from this misperception (Sheridan, Blaauw & Davis, 2003; Scott, Lloyd & Gavin, 2010). Victims of stalking have been, and continue to be, central to revising earlier notions and gaining a true understanding of the nature and repercussions of this crime. Empirical research has created opportunities for victims to share their experiences and perspectives, and has highlighted that stalking is not a rarity and affects ordinary people each year (Sheridan, Davis & Boon, 2001; Spitzberg, 2002). The CSEW (2016), completed for the year ending in March 2015, indicates that 1.1 million individuals residing within England and Wales are likely to have experienced stalking victimisation in that year.

Indeed, eliciting information from victims regarding their experiences is considered to be the 'gatekeeper' in the criminal justice process (Gottfredson & Gottfredson, 1988, p.16) – without victims reporting their victimisation, a significant portion of the crime may go undetected (Reyns & Englebrecht, 2010). According to Petch (2002), the law frames stalking as a 'victim-defined crime' (p.22), legal decisions being made based on the level of fear that victims encounter as a result of their stalking experiences. Mullen and Path (2001) stated this as:

"Stalking is predominantly a victim-defined crime. The victim's fear changes the perception of the behaviors from inappropriate, intrusive and inept, to damaging and criminal. This is not to trivialize being stalked, but to place

the experience of the victim in its proper place as the defining characteristic.”

This is now true based on the stalking laws that were introduced in England and Wales in 2012 as each victim plays a pivotal role throughout the criminal justice process. Therefore, understanding the behaviours that victims are subjected to, the persistence and pervasiveness of stalking experiences, and the fear that they cause is fundamental for the proper administration of justice for this crime.

Due to the heterogeneous nature of the experiences of each stalking victim, it has been difficult to develop a generally accepted definition of stalking. The agreement of a universal definition could lead to positive developments within multiple areas: the development of more unambiguous laws; an increase in victim reporting rates; better-informed legal decisions; higher perpetration conviction rates; and more appropriate and consistent support being offered to victims.

Classification of stalking victims

The progress of research investigating stalking victimisation has provided much-needed insight into who in the general public is faced with prolonged stalking activities and the nature of these activities, yet epidemiological studies investigating stalking victimisation are currently confined to Western Europe, the US and Australia. Conducting research within this area across other countries will help us understand whether stalking and its impact on victims is a global phenomenon. Nevertheless, our current understanding has led to the research developing numerous typologies of stalking victims, most of which employ relational classification (Zona *et al.*, 1993; Owens *et al.*, 1995; Meloy & Gothard, 1995; Meloy, 1996; Fremouw *et al.*, 1997; Emerson *et*

al., 1998). Ten different classifications of stalking victim have been presented by Mullen and colleagues (2009, p.46-53, for a full review):

- Prior intimates
- Estranged family and friends
- Casual acquaintances
- Professional contacts
- Workplace contacts
- Strangers
- Public figures
- Unknowns
- Secondary victims
- Unusual victims

A common conception regarding stalking victims is that they are likely to be in more danger if their perpetrator is a stranger (Duff & Scott, 2013); however, research has highlighted that ex-partners, the most common stalking perpetrators, are in fact the most dangerous (Boon & Sheridan, 2002). Nevertheless, stalking research is still in its early stages in comparison to other crime evidence-bases, such as violent offending. In order to effectively manage and treat stalkers, more research is required to understand the predictive factors for stalking perpetration and the factors influencing the vulnerability of targets (MacKenzie & James, 2011).

Stalking victimisation

Studies investigating adult stalking perpetration have focused almost exclusively on quantitative research investigating its association with violence and mental health, the relationship type between stalker and victim, and the devastating effects of

victimisation (James & Farnham, 2003; Farnham, James & Cantrell, 2000; McEwan, Mullen & Purcell, 2007). This led to Fox and colleagues (2011) recommending future qualitative studies to be conducted with the aim of achieving a deeper and richer understanding of this crime. Studies have shown that the broad and persistent, often chronic, stalking behaviours can cause very serious disruption to victims' daily lives. Pathé and Mullen (2002) noted that it is the prolonged and pervasive nature of stalking victimisation that separates it from other criminal offences, which are usually isolated traumatic incidents. Unlike other crimes, victims are exposed to multiple forms of stalking behaviours. Spitzberg and Cupach (2007) conducted a meta-analysis of 175 studies of stalking, and identified eight clusters of distinguishable stalking behaviours: hyper-intimacy; mediated contacts; interactional contacts; surveillance; invasion; harassment and intimation; coercion and threat; and aggression. Each cluster comprises commonly reported stalking behaviours that victims are faced with. Interactional contacts, which represent a range of behaviours initiated by the stalker oriented towards face-to-face conversation, include physical approaches and personal space intrusions. Surveillance tactics include stalkers' attempts to secure information or knowledge and aggressive tactics which may include injury. An essential part of stalking behaviour, which differentiates it from everyday relational or courtship activities, is that it has a significant and problematic impact on its victims' internal and external worlds (Pathé and Mullen, 2002). The unpredictability and severity of stalking behaviours are likely to lead to the targets of such harassment being in a constant state of fear and feeling continually under threat; they are likely to become hypervigilant within their environment due to the loss of control they experience as a result of their victimisation. Understanding the

full impact of stalking on victims' external and internal worlds could lead to more precise UK stalking laws, appropriate interventions for stalkers, and help to optimise the support offered to victims.

The stalking behaviours comprising the eight clusters identified by Spitzberg and Cupach are classed as 'direct' forms of stalking due to the physical proximity between the perpetrator and victim. In the modern day, stalkers have various tools with which they can harass their victims. The internet has facilitated a new means of harassment enabling the perpetrator to reach their victim from afar (Roberts, 2008). The exploitation of technology has created a new dimension of stalking that takes the form of 'indirect' harassment towards a victim, and is known as cyberstalking (Sheridan & Grant, 2007). This systematic review focuses solely on direct forms of stalking through which perpetrators can gain close contact with their victims, although there is some overlap as some direct forms of stalking are not restricted to occasions where the victim and perpetrator are physically together. In nearly all cases of stalking the victims report that perpetrators use various forms of communication – including letters, emails and text messages – to harass or threaten (Mullen, Pathé, & Purcell, 2009). Unlike indirect stalking, however, direct harassment does not exclusively use information and communication technologies to harass another individual.

Scholarly research generally agrees that individuals can class themselves as a victim of stalking if they encounter unwanted behaviours over a period of time that induce a level of fear or threat (Cupach & Spitzberg, 1998; Purcell, Pathé & Mullen, 2000). However, this perceptual approach relies on victims having the awareness and understanding of what exactly

constitutes stalking in order for them to have the knowledge to label their experiences as such and seek the appropriate support. This is one factor which may be making it difficult to develop a robust definition of stalking which is universally accepted. Positively, research has begun to broaden its investigations into the harassment behaviours inflicted upon victims by focusing more on stalking victimisation as a whole. This growing research area is essential to increasing understanding of stalker characteristics and in helping individuals recognise such experiences as stalking (Dressing, Kuehner & Gass, 2005; Sheridan, Blaauw & Davis, 2003). Such studies may lead to victim services, and professionals working within the criminal justice system, acquiring a more realistic and in-depth understanding of the criminal act of stalking. Logan and Walker (2010) noted that this understanding is currently limited, and is proving detrimental to providing the appropriate support to victims.

Various areas impacted by stalking

The impact that direct forms of stalking have on victims is likely to vary between cases. One person may perceive such behaviours as frustrating and annoying, whilst for another the behaviour may have catastrophic effects on their life. Empirical research has identified a number of self-protective measures that victims employ in a bid to prevent or escape the daily harassment they encounter from perpetrators. Such measures include changing telephone numbers, email addresses and daily routines. Victims may change their appearance, take sick leave from work (and lose their jobs as a consequence), isolate themselves from social interactions, relocate, and alter how they perceive the world and others around them (Korkodeilou, 2016;

Baum *et al.*, 2009; Mullen, Pathé, Purcell, 2009; Dressing *et al.*, 2005; Sheridan *et al.*, 2001).

The quality of life for a victim of stalking has been found to greatly deteriorate as a consequence of the threatening and prolonged nature of the harassment they are subjected to. A wide range of areas have been identified that can be negatively impacted by persistent and pervasive stalking activities. A victim's suffering may include psychological, physical, occupational, economic, social and general lifestyle routine changes. However, the broader and overall extent to which various aspects of victims' lives are affected is yet to be systematically reviewed, as the literature is currently based on single empirical studies (Pathé & Mullen, 1997). Adding a systematic review to the current evidence-base is important because it will establish to what extent the existing literature has progressed towards ascertaining the impact that stalking has on its victims.

To date, studies have suggested that stalking negatively affects a victim's physical and psychological health, the two areas that have received the most focus when investigating victimisation (Dressing, Kuehner & Gass, 2005; Sheridan & Lyndon, 2012; Sheridan, Davies & Boon, 2001). Additionally, research has found that victims are more likely to experience fear more often, distrust others, experience appetite disruption, and report substance use and abuse following stalking experiences (Narud, Friestad & Dahl, 2014). The economic and social costs of stalking are less understood, but the sparse literature suggests that financial losses may be incurred due to increasing outgoings and decreasing income. For example, increased security measures may be employed at a time when household income has decreased due to a reduction in working hours (Sheridan, Blaauw

& Davis, 2003). This touches on occupational issues that arise from frequent, prolonged exposure to stalking activities.

Ex-partner victims, the most common relational classification identified, report having to socially isolate themselves from mutual friends, in-laws, or locations they frequented as a couple. This illustrates that avoidant coping strategies are employed by victims in a bid to escape their perpetrators (Sheridan & Lyndon, 2012). This is problematic in itself – social withdrawal is a known risk factor in triggering and maintaining psychological difficulties, such as anxiety and depression (Eisenberger, 2012). This indicates a possible vicious cycle of negative consequences of stalking victimisation: withdrawing from their social support network may lead to a deterioration in the victim's mental health, encouraging the further use of maladaptive coping strategies that are likely to continue until help is sought. Although single empirical studies have increased the knowledge of how victims lives are impacted by stalking, a systematic review will integrate and critically evaluate findings. This may lead to uncovering connections between studies and providing an overarching conceptualisation of the impact that stalking has on its victims.

There is no question that some individuals experience significant consequences as a result of stalking victimisation. Nevertheless, Brewster's (1997) findings that some victims do not report any negative repercussions of their harassment cannot be dismissed. This may indicate that stalking experiences are likely to differ in the levels of severity and destruction which they have on victims' lives. It also raises the question as to whether some individuals who have found themselves being stalked have recognised it as that, especially if the behaviours they were exposed to were mild or less threatening, such as repeated telephone calls or receiving gifts, and they have failed to label these experiences as stalking.

Reyns and Englebrecht (2014) found that victims were more likely to label their experiences of victimisation as stalking if they received significant injuries from their perpetrator. Alongside this, some individuals may be more susceptible to problematic and unstable lifestyles which, in conjunction with stalking victimisation, heightens their problems. Future research investigating confounding variables that may increase vulnerability, or indeed resilience, to stalking may help to provide some clarity on this matter. Despite the impact of stalking varying in each case, there is a proportion of victims whose lives are drastically affected by stalking perpetration.

Gendered disclosure

The importance of gender, including how it affects disclosure, needs to be acknowledged due to its prevalence within the stalking literature. The majority of research, including meta-analyses, has identified that female victimisation from stalking greatly outnumbers that of men (Cupach & Spitzberg, 2004; Spitzberg & Cupach, 2003; Lyndon *et al.*, 2012). This may have implications for this systematic review, such as an overrepresentation of how stalking impacts female victims and an underrepresentation of male victims. Gender seems to be an important variable to further explore, and gaining an understanding of why such gender differences occur within stalking may provide further clarity on stalking perpetration and victimisation.

Why conduct a systematic review for this research area?

Conducting a systematic review was deemed not only the most valuable but necessary type of review for developing a clear overall empirical picture of the extent to which stalking victimisation impacts its targets, with the hope that it would

identify relations, contradictions, gaps and inconsistencies in the literature. This review type differs from a general literature review, which would merely develop arguments about what needs to be studied, and why. Therefore, the conclusions of this systematic review aim to provide the reader with an understanding of the quality of the evidence available, or indeed the sparse evidence of the particular areas of this topic. Uncovering the connections among the included studies - whether they be cultural, gender related, empirical research papers' credentials, etc - is significant for the author to highlight the possible implications for practice and policy, and for directing the reader to future research possibilities.

From a legal perspective, stalking is a victim-defined crime, and understanding victims' experiences is crucial in comprehending this behaviour. Thus, it seems reasonable to systematically explore the experiences of the stalking victims that are documented within the available body of research. By placing this systematic review as the fifth chapter of this thesis, the reader will understand the effects that stalking perpetration, discussed in chapters two and three, may have on its victims. The findings will demonstrate the importance of learning more on the processes that lead to Obsessive Relational Intrusion (ORI) and stalking.

Rationale for research

It is not only the evolving nature of victims' accounts that make it difficult for a universal definition to be agreed upon - stalking is not a homogeneous behaviour but exists on a continuum, ranging from behaviours considered the norm within courtship to those that are more ambiguous and through to persistent behaviours that provoke fear which individuals may instantly

perceive as stalking (Ogilvie, 2000). Consequently, it is difficult to define. This review wanted to provide clarity with the inclusion of a definition of stalking, but it became apparent during the protocol phase that this would be impractical due to the differing, and at times absent, definitions that are utilised within the research. The inclusion of a definition would have made the searching and sorting phases of the review extremely difficult, as definitions and criteria vary in the research during the recruitment stage. However, the review does include the criterion that individuals must be recruited based on being subjected to repeated unwanted behaviours which induce fear over at least a two-week period. The term 'repeatedly' captures stalking activities that have frequently occurred, that is, two or more times (Thompson & Dennison, 2008).

There has been little systematic information gathered that reports on the victims of stalking (Pathé & Mullen, 1997), and this provides the rationale for conducting the review. Conclusions made within a good quality review will increase understanding as to how victims' lives are impacted by stalking and the serious implications that this harmful behaviour has for an individual's life. Stalking is a crime which is not age- or gender-specific, so examining any similarities or differences between stalking victimisation may provide further clarification of its impact. The review will be useful in producing evidence for the numerous changes that are needed: more effective preventative measures; an increase in research and education focusing on stalking; and the development of early interventions targeting perpetration, to name a few. Changes such as these may help in reducing the number of individuals affected by stalking in the future.

Aims and objectives of the review

This review seeks to establish the impact that stalking has on victims of both genders and all ages by surveying the literature for the existing empirical evidence. A victim in this review is defined as an individual who has experienced direct stalking behaviours for a period of two weeks or longer. The main outcome of interest is the impact that stalking has on various aspects of a victim's life, including interpersonally and economically. Comparative groups comprising stalking victims who had not experienced negative consequences were eligible for inclusion. Additionally, studies with no comparators were considered for inclusion during the sorting process. Cultural and gender differences were to be investigated if identified within the search. Due to the small number of studies that were identified during the initial scoping stage, the review question remained broad, and it was deemed appropriate to break it down into a series of more specific questions. The three objectives of the review are:

Objective 1: To determine the range of consequences that victims of stalking are likely to encounter as a result of their experiences.

Objective 2: To investigate and identify the shortfalls and the main gaps within the subject area.

Objective 3: To establish any differences and similarities in how stalking victimisation can affect different individuals' lives.

Secondary objectives of the review

Once the main objectives are achieved, consideration will also be given to whether stalking victimisation has a ripple effect to those in contact with the victim. In other words, the review will

examine if the perpetrators harmful actions affect those around the victim.

The methodology of the systematic review will be discussed in the following section.

5.2 Methodology

The purpose of a systematic review is to locate, appraise and synthesize the best available evidence relating to the research question in order to provide informative and evidence-based answers (Boland, Cherry & Dickson, 2013). This process is completed systematically and with transparency so that the review can be replicated, that outcomes may contribute to a greater understanding of the area of interest, and also to promote well-informed decision-making and the development and implementation of effective interventions and support offered to individuals, alongside contributing to the formation of evidence-informed policies.

Inclusion/exclusion criteria

Inclusion and exclusion criteria were developed after an extensive scoping search in order to answer the research question outlined in this systematic review. Please refer to Table 5.1 for an overview of the PECO criteria for included and excluded studies (Appendix 5.b).

Table 5.1: PECO inclusion and exclusion criteria for the first stage screening of a systematic review of the impact stalking has on victims

	Inclusion	Exclusion
<u>P</u>opulation	Victims of stalking: <ul style="list-style-type: none"> • Female • Male • Adolescent • All ages 	Professionals who have reported stalking victimisation perpetrated by patients or ex-patients who they have had contact with through their occupation.
<u>E</u>xposure	Experienced direct stalking behaviours over a period of two weeks and longer.	Indirect stalking e.g. cyberstalking. Stalking experiences under a two week period.
<u>C</u>omparator	Individuals who do not experience negative outcomes of stalking victimisation, differences between male and female victims or no comparator.	Impact of other crimes on victims e.g. victims of sexual offending.
<u>O</u>utcome	The consequences victims of stalking encounter as a result of their victimisation.	Studies that solely focus on the consequences perpetrators of stalking encounter. Studies that do not examine the impact of stalking on victims.
Study Designs	Prospective and retrospective studies. Experimental and quasi-experimental studies. Qualitative and quantitative research.	

Participants

Studies that included males and females across all ages were eligible for inclusion. It was deemed important to include all ages when considering that stalking is a crime which impacts young people alongside older generations. Permitting a wide range of ages within the inclusion criteria is likely to produce evidence that the younger generation deserves further study, because the initial protocol phase established that current stalking victimisation research is limited to adult samples. Additionally, keeping the population inclusion criteria broad provides the opportunity to investigate any notable differences or similarities in how stalking affects targets across all ages and between genders. Due to the nature of the crime and issues regarding gendered disclosure, though, it is thought that the majority of participants will be adult females (aged 18 and over). All participants must have experienced stalking victimisation.

Exposure

All included participants must have experienced direct forms of unwanted contact by a perpetrator for a period of at least two weeks. The exposure criteria were developed based on the perceptual approach, which appears to be an accepted methodology employed by researchers and theorists within this field. Utilising these criteria aimed to capture as many suitable studies as possible within the scoping process that meet the generally accepted classification of stalking victimisation.

Comparison

Comparisons between victims of stalking who experience negative consequences as a result of their victimisation and those who do not were eligible for inclusion. The rationale for this was to examine possible predictive and protective factors that

research has indicated for such discrepancies. The victimisation of males and females will be examined to look for differences and similarities. Cultural differences and similarities will be explored to assess whether stalking is a global phenomenon. Due to the small research area, studies that do not include comparators were eligible for inclusion to ensure a full understanding of the deleterious impact that stalking can have on individuals' lives.

Outcome

This review includes studies that report on the consequences that victims of stalking encounter as a result of their victimisation; therefore, studies which discuss any consequences that victims report are also included.

Exclusion criteria

- Studies that do not report on how the lives of stalking victims are affected.
- Studies focusing solely on how stalking perpetrators' lives are impacted.
- Research reporting on the consequences of stalking for anything under a two-week period. This hoped to eliminate any studies within the scoping process which failed to meet the perceptual approach that is generally recognised by researchers and theorists within the field. This also encourages consistency within the findings of the review.
- Indirect forms of stalking, such as cyberstalking.
- Professionals who have reported stalking victimisation perpetrated against them by patients or ex-patients with whom they have had contact through their occupation. Occupations such as jobs within

mental health establishments increase an individual's risk of becoming a victim of stalking because service users are more likely to engage in dysfunctional attempts to connect with others. This type of victim was excluded from the scoping process as they are thought to be at greater risk than the general population, which might affect the generalisability of the review's findings.

- Non-English language studies were excluded as translation resources were not available.

Sources of literature

Numerous sources (stated below) were identified and explored as part of the structured review process, including a range of available public databases and unpublished dissertations, and contact with a number of experts within the stalking field was initiated with the hope that unpublished studies would be located.

Search strategy

It is imperative for the accuracy and validity of a systematic review's results that the literature search is thorough (Kahn *et al.*, 2003). A protocol was developed following initial scoping exercises in April 2016 in which a search strategy was determined that would be adhered to. Ensuring that the search strategy remained balanced in terms of the sensitivity and specificity of the searches conducted was important in the retrieval of relevant articles; this was achieved through applying various search terms to numerous appropriate electronic bibliographic databases and grey literature electronic sources (please refer to Appendix 5.a for details of the search syntax). In order to capture as many articles as possible, the search

syntax remained intentionally broad due to the small number of articles that were retrieved during the initial scoping searches. On completion of searches, duplicates were removed. Articles whose titles were vague and did not explicitly address the subject area were discarded. Abstracts of articles in which the titles indicated potential relevance to the subject area were reviewed and either disposed of or kept for further review. Remaining papers were either included or excluded based upon the study's screening tool (Appendix 5.b).

Electronic Searches

Eight bibliographic databases were electronically searched: PubMed, PsychINFO, OVID, BPSych, APAPsych, The Cochrane Library, SSRN, and the Campbell Collaboration Library of Systematic Reviews. It was thought that utilising a comprehensive selection of databases would benefit the quality of the search by identifying a wide range of relevant references.

Grey Literature Sources

The British Library, ProQuest, DART Europe, and OpenGrey were grey literature databases that were searched.

Expert Contact

Seven experts within the field were contacted for any ongoing or unpublished research examining the impact that stalking has on victims. Replies were received from six of the experts:

1. Dr Rosemary Purcell: The National Centre of Excellence in Youth Mental Health, University of Melbourne, Australia.
2. Dr Brian Spitzberg: School of Communication, San Diego State University, America.

3. Dr Reid Meloy: School of Medicine, University of California, America.
4. Dr Adrian Scott: School of Arts and Humanities, Edith Cowan University, Australia.
5. Dr Lorraine Sheridan: School of Psychology and Speech Pathology, Curtin University, Australia.
6. Dr William Cupach: School of Communication, Illinois State University, America.

Search terms

Eclectic terms for 'stalking' were utilised within the search to help maximise the likelihood of identifying the most suitable studies for the review. Included terms for stalking differed for numerous reasons: stalking terms vary from country to country; diverse legal definitions; and distinct victim encounters with stalkers resulting in unique labels being applied to differing experiences. Therefore, the inclusion of numerous 'stalking' terms was deemed justifiable. The search syntax provides a more detailed overview of the search methods used for the identification of relevant studies (Appendix 5.a). Suitable studies for this systematic review were identified through electronic searches of contemporary bibliographic databases. Each database was searched individually rather than simultaneously. Boolean operators and wildcards were employed when conducting electronic searches to maximise the retrieval of suitable studies. The following search syntax was used when searching the contemporary bibliographic databases:

(stalk*) OR (harass*) OR (intrusive behaviour) OR
(obsessive relational intrusion) OR (intrusion) OR
(unwanted contact) OR (follow*)

AND

(impact*) OR (consequence*) OR (effect*)

AND

(emotion*) OR (psycholog*) OR (occupant*) OR
(social*) OR (interpersonal difficulties) OR (mental*
health) OR (cop*)

AND

(victim*) OR (female) OR (male) OR (adolescent)

Data extraction

Please refer to Appendix 5.c to review the data extraction form that the review utilised. Usage of the data extraction form was important as it ensured that studies relevant to the research question were chosen using a consistent standard. Consistency and transparency were maintained through the use of this method when engaging in this lengthy task, which was performed by the primary author alone. Information captured included:

- General information of the article – title, authors.
- Study characteristics – aims, design.
- Participant characteristics – gender, age.
- Exposure – stalking activities, duration of victimisation.
- Outcome – effects of victimisation.

Although it is not a fixed rule, research has identified that the data extraction process is usually carried out in conjunction with the methodological quality assessment (Khan *et al.*, 2001). The primary author made the decision for this review to undertake

the data extraction process prior to quality assessment. This ensured that the process of extracting studies had a 'blind' element by not being influenced by their quality. The decision also meant that no study was excluded based on methodological quality alone prior to the data extraction procedure.

Methodology quality

The quality assessment phase took place once all identified publications had undergone the extensive inclusion/exclusion process. All papers meeting the inclusion criteria for the review were systematically assessed using a reliable measure (Crowe *et al.*, 2012), the Crowe Critical Appraisal Tool (CCAT; Appendix 5.d). This is a crucial stage in a systematic review process in which evaluations are made based on the articles' relevance to specific questions. The decision to utilise CCAT was because of the lack of studies employing randomised controlled designs within this research area, resulting in the decision not to use the recommended assessment tool investigating the risk of bias, the Cochrane Collaboration tool (Zeng *et al.*, 2015). Because of the differing methodologies of the studies examining stalking victimisation, CCAT was deemed to be the most appropriate measure for the review due to its applicability to all research types (Crowe *et al.*, 2012). Crowe and Sheppard (2010) discussed the importance of reviewers having access to developed guidelines when using quality assessment tools. Therefore, another advantage of using the CCAT was the availability of a scoring guide. This was used in conjunction when scoring the studies, which ensured that the validity of the tool was maintained. The scoring system used within the guide and on the tool has proved to be a valid and reliable measure (Crowe *et al.*, 2012). However, it must be noted that, due to the nature of the review question, the designs of all the included studies

were either cohort, cross-sectional, and self-report, all of which are more prone to bias than other types.

Data synthesis

Data synthesis is an important aspect of the review as it ensures that the primary studies used in the review answer the questions that the review is exploring. Initial scoping exercises were undertaken to assist in the development of the review's research question, which also provided an insight into the quality of the studies that were likely to be collated and summarised within the review. This search revealed that the highest quality studies – randomised control trials – did not exist, and instead a diverse range of study designs were found. The heterogeneous nature of the primary studies made a meta-analysis difficult to conduct and unlikely to be meaningful. It was determined that a narrative synthesis that would summarise, explain and compare each of the primary study's findings would be more appropriate. The reviewer was mindful that narrative synthesis could be viewed as the 'second best' approach when the statistical meta-analysis and another specialist form of synthesis (meta-ethnography) are not feasible (Popay *et al.*, 2006). Narrative synthesis has received several methodological critiques which suggest that it is likely to produce unreliable conclusions due to the lack of clear, transparent and systematic measures, which in turn increases the risk of bias (Higgins & Green, 2008). Popay and colleagues (2006) attempted to address such shortcomings within systematic reviews of research by developing guidance that provides advice and describes specific tools and techniques which can be used in narrative synthesis. Ultimately, the guidance aims to improve the quality of narrative synthesis.

5.3 Results

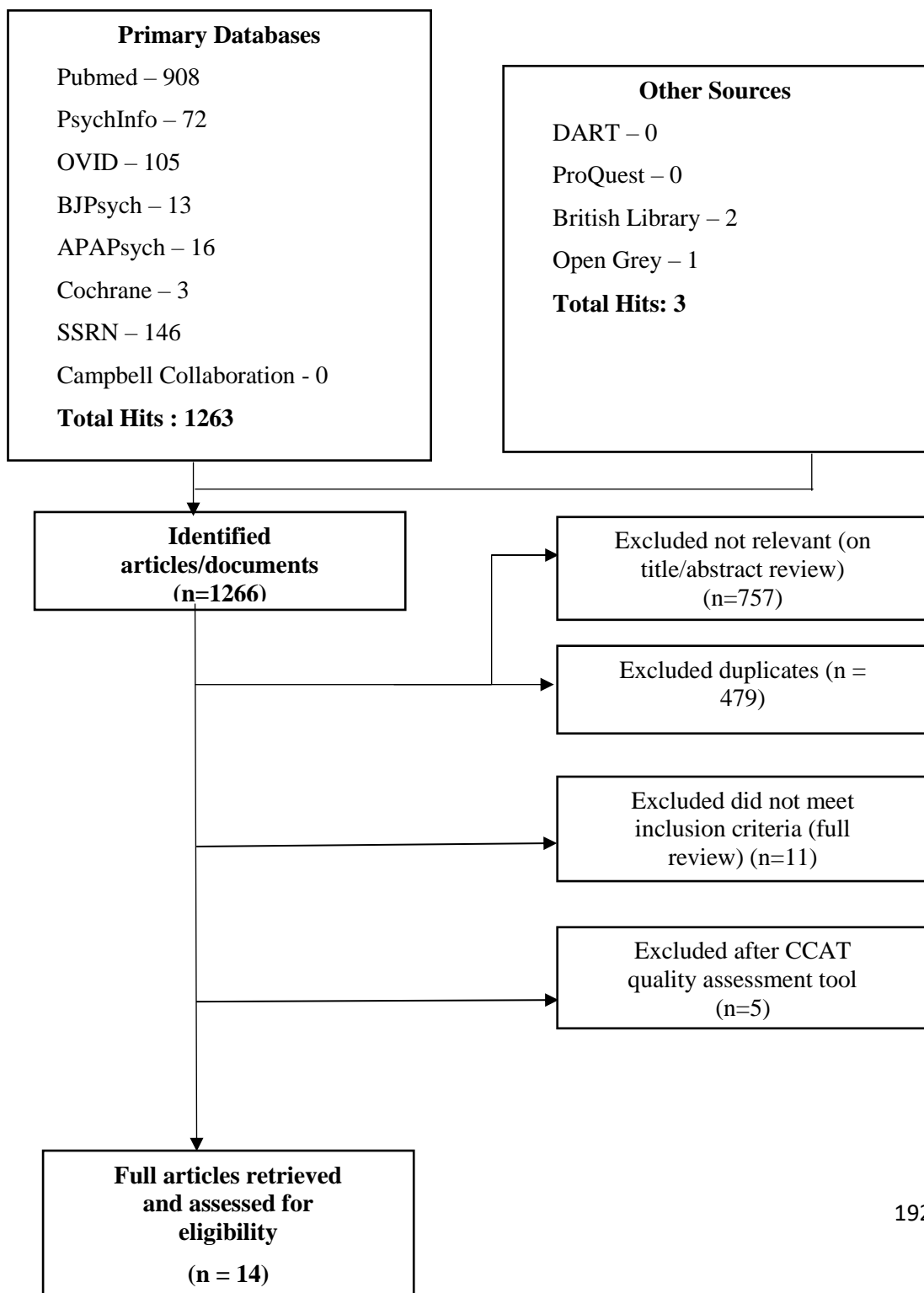
Sorting process

The sorting process was conducted by one independent reviewer – a major limitation of the current review – who identified and checked the eligibility of each of the studies returned by the search. Please refer to Figure 5.1 for a visual representation of the process. Initially, 1,266 'hits' were identified through comprehensive searches across multiple databases, and of these 479 duplicate papers were identified and removed, highlighting to the researcher the small number of publications in this area compared to other forensic psychology areas. Following this, 757 irrelevant papers were excluded based on a brief review of the titles and abstracts, incorporating the use of the PECO criteria. Thirty studies remained, eleven of which did not meet the PECO criteria, and five were removed based on evaluations made during the quality assessment phase. A total of fourteen papers remained that met the inclusion criteria and were evaluated as being good quality papers.

Currently, there is not a consistent definition of what makes a 'good quality' study. This means that studies that are included in some reviews would be excluded from others that examine similar questions due to not meeting their authors' preferred definition of 'good quality'. Therefore, there are inconsistencies in the findings of review papers as a result of the definition of 'good quality' alone (Moher *et al.*, 2007; Moja *et al.*, 2005). This lack of adherence to valid criteria and not having a standardised operational definition to abide by is problematic in itself when considering that systematic reviews are thought to be the best source of evidence in the hierarchy of research. For transparency within this report, the reviewer was guided by the available evidence within the field when making judgements about the

quality of studies that were candidates for inclusion in this review. Oxman and colleagues (2004) focus on four key elements for assessing the quality of papers being considered for inclusion in a systematic review: study design, study quality (detailed study methods and execution), consistency (similarity across studies), and directness (outcomes are similar to those of interest to the review). The CCAT also assisted in this process.

Figure 5.1. Systematic Review sorting process



Characteristics of included studies

It is important to have an understanding of the characteristics of the studies included in the review to assist in the development of an in-depth understanding of stalking victimisation. Tables 5.2 to 5.4 illustrate different variables of the included studies.

Table 5.2 Countries where participants were recruited from for the included studies

Country	N	%
Scandinavia	2	14.3%
Netherlands	1	7.1%
US	5	35.7%
Czech	1	7.1%
UK	1	7.1%
Germany	3	21.4%
Mixed – US & UK	1	7.1%

Data included in the review comes from a diverse range of countries (Table 5.2), with the United States being the most frequent country of origin of the reviewed studies. Although this may be able to provide an insight regarding cultural differences or similarities that may occur regarding stalking victimisation, the range of countries is limited and may lack external validity. Therefore, conclusions for this variable need to be taken cautiously. This is imperative were the overall outcomes to assist in changes within UK systems in regards to the support and aid that victims receive, as results may not be generalisable to different countries.

Table 5.3 highlights the research designs included in the review. Two of the included studies undertook a qualitative research design employing a narrative analysis to explore and identify themes within the data. The twelve remaining papers were quantitative observational studies – cross-sectional cohort and cross-sectional control studies. It must be noted that all but one

were retrospective studies, which is likely to increase the risk of bias due to memory recall issues.

Table 5.3 Study designs included in the review

Design	N	%
Qualitative	2	14.3%
Cross-sectional cohort study	8	57.1%
Cross-sectional case control study	4	28.6%

Table 5.4 reflects the prevalence rates of male and female victimisation from all of the included studies. A number of the studies have specifically recruited females only. Thus, scores have been adjusted to reflect methodological differences to enable the appropriate figures to be generated. This aimed to prevent an under- or over-representation of victimisation based on gender. The three German studies analysed and re-analysed the same data, and so these data have only been included once to decrease the risk of overrepresentation of the prevalence rates of stalking as a whole. Additionally, the review includes one study that examines children as secondary victims, but because there was only one within the review a percentage has not been included in Table 5.4 as it would not be generalisable. The majority of data were gathered through the popular measure of self-report techniques, which is likely to increase the risk of response bias. All participants recruited were self-defined victims.

The total number of participants represents the number of individuals who received surveys or other experimental materials used within the included studies. The response rates for participants reflect the number of completed questionnaires that authors received back from individuals, including both stalking victims and non-victims. The total number of victims, both male

and female, reveals individuals who self-identified as victims within the study in which they were partaking. This was based on whether participants met the particular study's criteria for classifying an individual as a victim of stalking. Table 5.4 shows the number of stalking victims across all of the included studies.

Table 5.4 Prevalence rates of stalking victimisation in the included studies

Rates	N	%
Total participants	26,802	-
Response rates for female participants included studies	21,669	81%
Response rates for male participants included studies	19,984	75%
Female stalking victims	2343	11%
Male stalking victims	1233	6.2%
Child stalking victims (secondary)	13	-

Prevalence rates based on the studies included in the review indicate that females are more likely to be subjected to stalking victimisation than males. This may be a reflection of gendered disclosure issues.

Assessment of methodology quality

As stated above, the CCAT (Crowe *et al.*, 2012) was used to systematically assess the quality of the studies that met the review's inclusion criteria. Please refer to Figure 5.2 for an overview of the scorings for each of the fourteen included papers. The tool's scoring is divided into eight categories: preliminaries, introduction, design, sampling, data collection, ethical matters, results, and discussion. A total score is then allocated to each paper. These eight categories contain a total of 22 items that have descriptors making it easier to appraise and score each category. A six-point scale ranging from 0 (lowest) to 5 (highest) is used to mark the overall ratings of each item and category. It

is essential that the appraiser also incorporates their own judgement when assigning scores, whilst using the ratings as a guide to the final decision. Although this subjectivity is likely to lead to some issues, it allows a certain amount of flexibility when scoring.

Figure 5.2 CCAT scoring outcomes

Primary Studies	Preludes	Introduction	Design	Sampling	Data Collection	Ethical Matters	Results	Discussion	Total
Amar & Alexy 2010	3	3	2	2	3	4	3	4	24 (60%)
Davis, Coker & Sanderson 2002	3	4	2	2	2	2	3	3	21 (53%)
Dressing, Gass & Kuehner 2007	2	2	3	2	2	3	3	3	21 (53%)
Dressing, Kuehner & Gass 2005	2	2	2	2	2	3	3	3	19 (48%)
Edwards & Gidycz 2011	4	4	2	2	3	3	3	3	24 (60%)
Kamphuis, Emmelkamp & Bartak 2003	3	3	3	2	2	2	3	3	21 (53%)
Korkodeilou 2016	4	4	3	2	4	4	3	3	27 (68%)
Kuehner, Gass & Dressing 2012	3	3	3	2	2	3	3	4	23 (58%)

Narud, Friestad & Dahl 2014	3	3	3	3	3	3	3	3	24 (60%)
Nguyen, Spitzberg & Lee 2012	3	4	2	2	3	2	3	3	22 (55%)
Podana & Imriskova 2016	3	3	2	2	3	3	3	4	23 (58%)
Sheridan, North & Scott 2014	4	4	3	3	3	3	3	4	27 (68%)
Westrup, Fremouw, Thompson & Lewis 1999	2	2	3	2	2	2	2	2	17 (43%)
Secondary studies									
Nikupeteri & Laitinen 2015	4	3	4	3	3	4	3	3	27 (68%)

When using the CCAT, the reviewer took numerous aspects of what contributes to a good quality paper into consideration when scoring each of the items on the measure. All included papers were published in peer-reviewed journals. Papers scored more highly for the introduction item if it was clear, informative, and highlighted gaps within current knowledge that linked coherently with the objectives of the paper. Included papers employed similar criteria that participants were required to meet in order to fall within a stalking victim classification. However, definitions of stalking were inconsistent across papers and, at times, absent. All papers were prone to bias due to their designs (cross-sectional cohort or case control studies), which was taken into

account when scoring the study design item. All studies were designed in a way that could be replicated. However, confounding variables were not accounted for in the majority of studies included, such as whether the finding of higher anxiety levels within the stalking victim groups was higher solely because of their stalking experiences, or whether they had suffered from higher anxiety prior to their stalking experience? Sampling limitations were present within each of the studies, and this was reflected in allocated scorings. Although some studies recruited a random sample of participants residing within Western European communities, all participants were self-defined victims and this was noted because this sampling method is prone to certain biases. Additionally, scores took into account samples made up of help-seeking victims, as this is likely to reflect the more extreme cases of stalking victimisation whilst failing to recruit victims whose experiences were not deemed as serious as to require public health support or individuals that had not labelled their experiences as stalking victimisation. Thus, a crucial population is excluded. Although few standardised measures were employed within the research papers, they clearly stated the reliability and validity of measures used. All of the results sections documented findings in a coherent, narrative passage, with all studies integrating either tables, figures, or diagrams in this section, making interpretation of the findings clearer and more accessible. Papers that scored more highly for ethical matters ensured that procedures adhering to ethics were clearly outlined – such as that they indicated whether ethical approval had been granted and by whom, whether participants were informed that they could withdraw at any time, and that they described the procedures that had been put in place to ease the process for participants partaking in an experiment which touched on sensitive issues. The discussion section was scored

more highly if it provided a clear interpretation of the findings, whilst outlining how this contributed to a greater understanding of the research area. Discussion of the limitations of the study, alongside making recommendations for future research, were also reflected in a higher score. All areas were considered when assigning a total score for the quality of each of the papers included in this systematic review.

Descriptive data synthesis results

Please refer to Table 5.5 below for an overview of results.

Table 5.5 Results of included studies

Primary Studies	Research Design	Sample	Outcome Measures	Results
<p>Amar & Alexy 2010</p> <p>Published from US</p>	<p>Descriptive cross-sectional cohort</p>	<p>262 college study respondents aged 18-26 years.</p> <p>69 reported stalking victimisation</p> <ul style="list-style-type: none"> • 52 females • 17 males 	<p>Unstandardized stalking items from the National Violence Against Women survey was used was the self-report measure. The measure demonstrated good internal consistency ($\alpha = .80 - .90$)</p> <ul style="list-style-type: none"> • <i>Coping rating scale (CRS)</i> – 40 coping items which were generated from research on stalking. 5 subscales were found to be reliable ranging from $\alpha = .77$ to $.92$. 	<ul style="list-style-type: none"> • 69 respondents were identified with a history of stalking victimisation • The most commonly reported categories of coping strategies were moving inward (e.g. ignoring the problem and minimising the problem) and moving away (e.g. distancing, detaching and depersonalising, using verbal escape tactics, attempting to end the relationship, controlling the interaction, and restricting accessibility)
<p>Davis, Coker & Sanderson 2002</p> <p>Published from US</p>	<p>Cross-sectional cohort</p>	<p>13,268 respondents, aged 18-65 years, for the National Violence Against Women survey.</p> <ul style="list-style-type: none"> • 285 males self-defined stalking victims • 930 females self-defined stalking victims 	<p>Unstandardized self-report questionnaire for the National Violence Against Women survey. The survey incorporated questions investigating:</p> <ul style="list-style-type: none"> • Stalking behaviours • Chronic mental health • <i>Conflict Tactics Scale (CTS)</i> - 12 item tool used to assess physical assaults during childhood. 	<p>Statistically significant gender differences:</p> <ul style="list-style-type: none"> • Females were significantly more likely than men to report ever being stalked • Women were 13 times more likely as men to report being afraid of the stalker • Generally, stalking tactics were similar across gender, although stalkers of women did use a greater number than stalkers of men e.g. spied on them stood outside their home or workplace

			<ul style="list-style-type: none"> • <i>Beck Depressive Inventory (BDI)</i> - a reliable measure to assess depressive symptoms 	<ul style="list-style-type: none"> • Fearful stalking was significantly associated with developing a chronic mental illness amongst females and with current antidepressant use <p>Other statistically significant findings:</p> <ul style="list-style-type: none"> • Participants who had been stalked and were more afraid of the stalker were more likely to report poor current health status, to develop chronic disease, and to become injured. Furthermore, for women only an association was held for injuries to the neck and back injuries • Being stalked, independent of the level of fear for both men and women, a significant association was found with current depression • Being stalked independent of the level of fear was associated with current use of tranquilizers and recreational drug use for both men and women • In general, associations between mental and physical health outcomes were stronger for those reporting being afraid of the stalker for women participants only (males associations could not be conducted quantitatively)
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<p>Dressing, Gass & Kuehner 2007</p> <p>Published from Germany</p>	<p>Cross-sectional case control</p> <p>Results based on reanalysed data from an epidemiological study conducted by Dressing et al., (2005)</p>	<p>Total of 679 individuals, aged 18-65 years, comprising of two groups:</p> <ul style="list-style-type: none"> • 78 victims of stalking (68 females and 10 males) • 601 non-victims of stalking 	<p>Unstandardized self-report stalking questionnaire containing 51 questions.</p> <ul style="list-style-type: none"> • <i>WHO-5-Well-Being-Index</i> – a reliable instrument detecting psychological wellbeing • <i>PHQ-questionnaire</i> – measuring psychopathological dimensions • A psychological dependency scale measuring self-confidence was utilised to assess participant’s personality traits 	<p>11.6% (n=78) of the community sample reported stalking victimisation at some point during their lifetime. Duration ranged from one month (n=13) to one year and longer (n=19)</p> <p>57 victims of stalking reported having changed their lifestyle in response to stalking.</p> <p>Social consequences:</p> <ul style="list-style-type: none"> • changing telephone number or installing an answer-phone • taking additional security measures • Changing residence • Changing workplace • A report was made to police by 16 participants • Help sought from a lawyer • Help sought from professionals (e.g. psychologist) <p>Physical health complaints reported:</p> <ul style="list-style-type: none"> • Sleep disturbances • Stomach problems • Headaches <p>Psychological consequences reported:</p> <ul style="list-style-type: none"> • Agitation • Anxiety symptoms • Depression <p>Cognitive symptoms:</p>
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				<ul style="list-style-type: none"> • Aggressive thoughts towards to stalker • Feeling more suspicious of people <p>Significant differences found between victims and non-victims of stalking:</p> <ul style="list-style-type: none"> • Victims of stalking are more likely to be currently consuming psychotropic medication in comparison to non-victims • Mental health for stalking victims was significantly poorer than respondents without a history of stalking. Stalking victims were more likely to report depression, somatic symptoms, anxiety and stress • Psychological dependency was reported to be significantly higher in stalking victims.
<p>Dressing, Kuehner & Gass 2005</p> <p>Published from Germany</p>	Cross-sectional cohort	<p>Total of 679 respondents aged 18-79 years:</p> <ul style="list-style-type: none"> • 400 females • 279 males <p>Of which, a total of 78 self-identified as victims of stalking:</p> <ul style="list-style-type: none"> • 68 females • 10 males 	<p>Unstandardized self-report stalking questionnaire containing 51 questions</p> <ul style="list-style-type: none"> • <i>WHO-5-Well-Being-Index</i> – a reliable instrument detecting psychological wellbeing • A psychological dependency scale measuring self-confidence was utilised to assess 	<p>73% of the victims reported having changed their lifestyle in response to stalking.</p> <p>Social consequences:</p> <ul style="list-style-type: none"> • changing telephone number or installing an answer-phone • taking additional security measures • Changing residence • Were on sick leave • Changing workplace • A report was made to police by 16 participants • Help sought from a lawyer

			<p>participant's personality traits</p>	<ul style="list-style-type: none"> • Help sought from professionals (e.g. psychologist) <p>Physical health complaints reported:</p> <ul style="list-style-type: none"> • Sleep disturbances • Stomach problems • Headaches <p>Psychological consequences reported:</p> <ul style="list-style-type: none"> • Agitation • Anxiety symptoms • Depression <p>Cognitive symptoms:</p> <ul style="list-style-type: none"> • Aggressive thoughts towards to stalker • Feeling more suspicious of people <p>Significant differences found between victims and non-victims of stalking:</p> <ul style="list-style-type: none"> • Stalking victims reported a higher score on the psychological dependency scale than those who do not • Stalking victims reported a significantly poorer well-being than respondents without a stalking history. Some respondents even scoring in the pathological range
<p>Edwards & Gidycz 2014</p> <p>Published from US</p>	<p>Prospective cross-sectional cohort</p>	<p>184 female college respondents</p>	<ul style="list-style-type: none"> • <i>The Harassment subscale of the Composite Abuse Scale (CAS)</i> – assessed stalking victimisation following a women's 	<ul style="list-style-type: none"> • More than half the women (n=26) reported that they had experienced some type of stalking victimisation perpetrated by their ex-partner following terminating the

		<p>56 college females met the criteria of stalking victims aged 18-22</p>	<p>termination of an abusive dating relationship</p> <ul style="list-style-type: none"> • <i>Conflict Tactics Scale-Revised (CTS2)</i> – used to screen for physical, sexual, and psychological partner abuse in conjunction with the harassment subscale of the CAS • <i>The Impact of Events Scale-Revised (IES-R)</i> – assessed symptoms of PTSD associated with partner abuse • <i>Brief Symptom Inventory (BSI)</i> – measured depressive symptoms (depression subscale only) • <i>The Interpersonal Sensitivity Scale of the BSI</i> – assessed interpersonal sensitivity • <i>The Personal Progress Scale-Revised (PPS-R)</i> – assessed women’s feelings of personal empowerment 	<p>relationship, e.g. being followed and being harassed at work</p> <ul style="list-style-type: none"> • After controlling for pre-existing levels of PTSD and baseline partner abuse, experiencing stalking victimisation following the termination of an abusive relationship predicted increased levels of posttraumatic stress symptoms • After controlling for pre-existing levels of interpersonal sensitivity and baseline partner abuse, experiencing stalking victimisation following the termination of an abusive relationship predicted increase levels of interpersonal sensitivity • After controlling for pre-existing levels of depression and baseline partner abuse, experiencing post relationship stalking victimisation was unrelated to depression • After controlling for pre-existing levels of personal empowerment and baseline partner abuse, experiencing post relationship stalking victimisation was unrelated to personal empowerment
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<p>Kamphuis, Emmelkamp & Bartak 2003</p>	<p>Cross-sectional case control</p>	<p>131 female participants met the inclusion criteria of the study for stalking victimisation</p> <p>119 female victims of sexual/violent behaviour were a comparison group</p> <p>A control group of 42 female participants who had reported neither experiences were included</p>	<ul style="list-style-type: none"> • <i>The impact of Events Scale (IES)</i> – assessed trauma related symptoms • <i>The Traumatic Constellation Identification Scale (TCIS)</i> – measures cognitive and affective responses to stalking experiences • <i>NEO Five-Factor Inventory (NEO-FFI)</i> – assessing personality traits • <i>Utrecht Coping List (UCL)</i> – 47-item measuring different coping styles • <i>The social support Inventory (SSI)</i> – a scale that quantifies satisfaction with perceived social support • <i>Stalking inventory</i> – 21-item questionnaire examining stalking experiences 	<ul style="list-style-type: none"> • Stalking victims were found to report higher levels of PTS symptoms than the controls and other victims of violence/sexual behaviour whilst frequently meeting the criterion of caseness on the IES • Feelings of shame, fear and a sense of loss were affective reactions that were reported to be more prominent in the stalkers victim group • The female victims of stalking reported a decrease in trust in others and an increased sense of alienation and isolation, and attributions of self-blame more so than the other two groups. Differences between scores were markedly elevated when compared to controls • Passive coping behaviour (withdrawal, avoidance and/or rumination) was associated with unfavourable psychological adjustment amongst the stalking victim group • Openness to experience on the NEO-FFI measure was significantly related to PTS following stalking
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Korkodeilou 2016 Published from UK	Qualitative – narrative analysis exploring and identifying themes within the data	26 participants aged between 19-58 years: <ul style="list-style-type: none"> • 24 females • 2 males 	17 face to face interviews were conducted and nine telephone interviews with self-defined victims. Interviews lasted between 30 minutes and three hours.	Four themes were identified through participant narratives: <ul style="list-style-type: none"> • Disruption of everyday lives and forced changes • Reduction of social life and economic harms • Interpersonal and emotional harms
Kuehner, Gass & Dressing 2012 Published from Germany	Cross-sectional cohort	665 German community stalking victims aged 18-65 years: <ul style="list-style-type: none"> • 392 females • 273 males 	Unstandardized self-report stalking questionnaire containing 51 questions <ul style="list-style-type: none"> • <i>WHO-5-Well-Being-Index</i> – a reliable instrument detecting psychological wellbeing • <i>PRIME-MD Patient Health Questionnaire</i> – assessed psychiatric morbidity 	In total, 68 female participants fulfilled the study’s criteria for lifetime stalking victimisation compared to 10 male participants. This finding indicates a higher proportion of the females claimed to be subjected to repeated harassment behaviours The community sample of women reported substantially poorer mental health compared to male participants <ul style="list-style-type: none"> • General well-being • Depression • Anxiety • Somatoform symptoms • Stress exposure • Impairment <ul style="list-style-type: none"> • Stalking victimisation was significantly found to mediate the relationship between gender and mental health outcomes

				<ul style="list-style-type: none"> • Mental health impact to stalking victimisation was largely comparable for men and women
<p>Narud, Friestad & Dahl 2014</p> <p>Published from Norway</p>	<p>Cross-sectional case control</p>	<p>Norwegian community sample aged 20-59 years.</p> <p>1422 valid questionnaires were received back</p> <p>Respondents were split into four groups:</p> <ul style="list-style-type: none"> • Stalked females = 91 • Stalked males = 49 • Never stalked females = 596 • Never stalked men = 478 	<ul style="list-style-type: none"> • <i>CAGE</i> – 4-item screening for hazardous alcohol use • <i>Hopkins Symptom Checklist (SCL-R)</i> – assessing anxiety and depression • <i>MINI-SPIN</i> – assessing social avoidance • <i>IOWA Personality Disorder Screen</i> – investigating personality difficulties • <i>Experience of Close Relationships (ECR-12)</i> – Attachment patterns • <i>Brief Approach/Avoidance Coping Questionnaire (BACQ)</i> – approach and avoidant coping styles 	<p>Significant differences found between stalking victims and non-victims:</p> <ul style="list-style-type: none"> • A higher proportion of stalking victims reported a difficult childhood, poor self-rated health, strong bodily pains, hazardous alcohol use and less satisfied with life. • Higher levels of anxiety/depression, personality problems, higher mean score of neuroticism, lower mean score on coping, and lower rate of secure attachment pattern were found from stalking victims compared to controls. • Stalked males and females generated only one significant differences between genders. A higher rate of hazardous alcohol use was reported by male victims of stalking compared to female victims of stalking.

<p>Nguyen, Spitzberg & Lee 2012</p> <p>Published from US</p>	<p>Cross-sectional cohort</p>	<p>Undergraduate students aged between 18-79 years:</p> <ul style="list-style-type: none"> • 399 males • 651 females 	<p>Unstandardized self-report questionnaires:</p> <ul style="list-style-type: none"> • <i>ORI/stalking</i> – a series of nominal yes/no questions operationalised self-labelled ORI and stalking victimisation • <i>ORI-42</i> – assessing ORI and stalking tactics participants had been subjected to. The tool comprises of scales with numerous items. Each scale achieved satisfactory reliability ranging from $\alpha = .74$ to $.93$ • <i>Coping rating scale (CRS)</i> – 40 coping items which were generated from research on stalking. 5 subscales were found to be reliable ranging from $\alpha = .77$ to $.92$ • <i>Multidimensional Scale of Perceived Social Support (MSPSS)</i> – Items measured perceived support from family, peers and professionals. All items 	<p>Statistically significant gender differences:</p> <ul style="list-style-type: none"> • Females reported finding unwanted pursuit and harassment more threatening and were more likely to label their experiences as stalking in comparison to males • As female ORI victimisation increases, social support is perceived to be less adequate, whereas there is no link between victimisation and social support for male victims • Positive correlations were found for both males and females in relation with all of the five behavioural coping responses. Therefore, stalking victims are likely to invoke more coping strategies to manage pursuit <p>Significant findings unrelated to gender differences:</p> <ul style="list-style-type: none"> • The perception of social support adequacy played a small but significant role in diminishing a victim's sense of negative trauma • Some victims, alongside or in addition to negative symptom, are likely to experience positive effects.
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			<p>were found to be reliable ranging from $\alpha = .81 - .91$</p> <ul style="list-style-type: none"> • <i>Symptoms Rating Scale (SRS)</i> – assesses nine negative symptomologies and one positive or resilient symptoms 	<ul style="list-style-type: none"> • Negative symptoms are highly predictable from unwanted pursuit and stalking • Moving inward (e.g. denying the reality, seriousness or imminence) and moving with (e.g. negotiating with the perpetrator) coping strategies reveal small but negative relationships with negative symptoms
<p>Podana & Imriskova 2016</p> <p>Published from Czech Republic</p>	<p>Cross-sectional cohort</p>	<p>2503 respondents to a national violence survey</p> <p>147 victims of stalking were identified:</p> <ul style="list-style-type: none"> • 41 males • 106 females 	<p>Victim's fear and seriousness of stalking were measured with a total of 6 questions on a unstandardized questionnaire</p> <p>Unstandardized self-report stalking practices questionnaire containing 25 items</p> <p>Unstandardized 12-item coping strategies questionnaire</p>	<ul style="list-style-type: none"> • Findings indicated that women are more likely to find themselves victims of stalking in comparison to men • Female victims reported higher levels of fear and a higher perceptions of seriousness experienced by male victims • Victim's fear and the evaluation of the seriousness of stalking were found to be related • Out of the four stalking practices, direct aggression significantly increases the victim's fear • Perception of seriousness of stalking was significantly associated with direct aggression and monitoring

				<ul style="list-style-type: none"> • Duration of stalking correlates with the victim's fear and even more so with the seriousness of stalking • Victims (47%) were more likely to engage in proactive behaviour as a coping strategy to deter the stalker e.g. attempting to solve their situation – reporting the stalking to the police or seeking professional help • Avoidance coping strategies were employed by 30% of victims e.g. changing their usual activities or way home/way to work • 23% of victims used passive coping strategies as a response to stalking e.g. ignored the offender or changed nothing about their behaviour • A gender difference was found in relation to coping strategies victims of stalking employ. Males were more likely to choose a passive approach to stalking (32% compared to 20%). However, this was not a statistically significant difference • Female victims how employed a proactive coping response to stalking reported higher levels of fear compared to females utilising avoidant and passive behavioural responses and male victims who chose to respond proactively
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<p>Sheridan, North & Scott 2014</p> <p>Published from the UK & US</p>	<p>Cross-sectional cohort</p>	<p>872 self-identified stalking victims were respondents</p> <ul style="list-style-type: none"> • 60% British • 40% America • 87% (n=759) female • 13% (n=113) male <p>Participants were split into four groups based on gender of perpetrator and victim:</p> <ul style="list-style-type: none"> • Women stalked by men (n=662) • Women stalked by women (n=96) • Men stalked by women (n=72) • Men stalked by men (n=42) 	<p>An unstandardized eight section questionnaire comprising of 349 closed and 59 open questions:</p> <ul style="list-style-type: none"> • Section 1 & 2: demographic information • Section 3: Stalking behaviours • Section 4: official and unofficial responses of others to the stalking • Section 5: victim's recommendations for best practice • Section 6: support available for victims • Section 7: victim's direct and non-direct responses • Section 8: effects of stalking 	<ul style="list-style-type: none"> • Statistically differences were found between effects on victims and the influence of gender for physical and psychological only. This was not the case for financial and social consequences • Male victims are more likely to adopt a coping strategy of aggression in comparison to females and report lower levels of fear • Both genders reported more confusion when targeted by a female stalker • Each of the groups reported that secondary victims, the targets family, friends and neighbours, were equally likely to suffer the adverse consequences of stalking • Male victims of female stalkers reported significantly less generalised distrust then did the other dyads • Male victims of female stalkers were significantly less likely to give up social activities after being targeted by a stalker • Both genders are equally likely to report stalking behaviour they are subjected to the police
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<p>Westrup, Fremouw, Thompson & Lewis 1999</p> <p>Published from US</p>	<p>Cross-sectional case control</p>	<p>127 female undergraduate respondents.</p> <p>Three groups were identified:</p> <ul style="list-style-type: none"> • Stalked (endorsing two screening questions) = 36 • Harassed (endorsing one screening question) = 43 • Control group = 48 	<ul style="list-style-type: none"> • <i>Foa's post-traumatic Stress Disorder Scale (PDS)</i> – 49-item self-report measure designed to help diagnose PTSD • <i>Symptom Checklist-90-R (SCL-90)</i> – designed to reflect psychological symptoms • <i>Self-report Interpersonal Scale</i> – 10 item measure assessing if respondent is generally trusting or suspicious • Unstandardized Stalking Behaviour Questionnaire 	<p>Individuals in the stalked group experienced both a greater number and more severe stalking behaviours e.g. being followed and harassed by the phone</p> <p>Stalked subjects were more likely to report to the incidents to the police</p> <p>Most meaningful differences occurred between the control and stalked groups:</p> <ul style="list-style-type: none"> • Significantly more PTSD symptoms in stalked group • Higher scores on the SCL-90 (obsessive-compulsive, interpersonal sensitivity and depression subscales) • Stalked subjects' positive symptom totals and the distress indices were significantly greater than the controls <p>There were no differences between the harassed and either other group in the results</p> <p>No significant differences were found in reported trust</p>
Secondary Studies	Research Design	Sample	Outcome Measures	Results
<p>Nikupeteri & Laitinen 2015</p> <p>Published from Finland</p>	<p>Qualitative – narrative analysis exploring and identifying</p>	<p>13 children aged between 2-21 years, secondary victims of stalking. 10 girls & three boys.</p>	<p>A variety of qualitative data collection methods were employed suited for each child's age and life situation – 10 therapeutic action group sessions (discussions, drawings, acting and interactions)</p>	<p>Four themes were identified through the children's narratives.</p> <ul style="list-style-type: none"> • An atmosphere of fear and feelings of insecurity • Disguised acts of stalking and the father's performance of care, love, and longing

	<p>themes within the data</p>	<p>20 women, mothers of the children and victims of retrospective and prospective stalking, aged between 27-50 years. All had sought and received help of some kind with public service e.g. social services or the police.</p>	<p>lasting approx. 90 minutes, thematic interviews and 10 one mother-child therapy sessions focussing on trauma and bond disruption as a result of stalking were recorded.</p> <p>Data from the women was collected through conversational, open-ended individual interviews lasting between 1-2.5 hours.</p>	<ul style="list-style-type: none"> • Exploitation of children in stalking • Physical abuse, acts of violence, and threat of death <p>Women's narrative and researchers' reflective discussions with the experts on violence supported the children's narration.</p>
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Primary findings

Primary findings indicate that stalking victims, regardless of gender and culture, experience extreme negative outcomes as a result of their stalking victimisation. Included studies that were able to make comparisons of the findings with control groups of non-victims found that stalking victims tend to report higher levels of negative outcomes, such as anxiety or fear, a decrease in trust of others, and an increase in social changes such as relocation (Narud, Friestad & Dahl, 2014; Kamphuis, Emmelkamp & Bartak, 2003; Dressing, Gass & Kuehner, 2007). The findings describe a vicious cycle which often occurs as a result of stalking victimisation, so that areas affected often overlap with other aspects of victims' lives. The areas affected by stalking victimisation, as reported by the included studies, are shown below:

- Psychological
 - *Higher anxiety.*
 - *Greater depression.*
 - *More likely to report trauma.*
 - *Lower resilience/empowerment.*
- Affective
 - *Higher stress and fear levels.*
- Social
 - *Behavioural changes e.g. relocation and adapting social activities.*
 - *Economic.*
 - *Perceived lower levels of social support.*
 - *Interpersonal difficulties.*
 - *Spiritual responses.*

- Coping strategies
 - *Behavioural responses.*
 - *Substance use.*
- Cognitive symptoms
 - *Views of self, others and the world.*
- Attachment difficulties
- Personality

Longevity

The duration of stalking activities that victims are faced with has been found to correlate with the victim's fear and the seriousness of the stalking situation. The wide ranging timeframes of reported victimisation – two weeks to a lifetime – differed from study to study making it impractical for the reviewer to clarify potential patterns in the data which possibly highlight periods of time where an escalation of risk occurs. However, findings from individual studies suggest that victims who are longer exposed to stalking activities report greater psychosocial harm and adjustments.

Risk

There was a vast range of violent and non-violent stalking and harassment behaviours identified through the included studies. It became apparent that stalking victims, in comparison to non-victims, were more likely to report post-traumatic stress (PTS) symptoms. However, victims who are repeatedly exposed to violent behaviours were most at risk of suffering from PTS reactions, which suggests frequent exposure to violent stalking behaviours may play a prominent role in causing psychosocial maladjustment. Yet, it shouldn't be forgotten that it isn't violence

alone that accounts for psychological problems amongst stalking victims, rather it is worth holding it in mind that such individuals may require more intensive interventions and support compared to those who have encounter less persistent and severe stalking activities.

Gender differences

Primary studies that employed a research design examining gender differences found some significant differences, especially in regards to the coping responses utilised by male and female victims. Females generally reported higher levels of fear than males, which appeared to influence the coping responses that victims employed. However, generally, victims' lives were impacted similarly, regardless of gender.

Secondary findings

One study found that stalking can have detrimental effects on a specific set of secondary victims – children who are dependent on their mother who is currently or has been a target of stalking perpetration. Each of the four themes identified have implications for the children's lives, ranging from psychological, emotional, and social to the development of a secure attachment with parental figures.

5.4 Discussion

After systematically reviewing the literature, it was found that the definition of what constitutes stalking, or stalking victimisation, varies from study to study, and in some cases is entirely absent. The variability of operational definitions is likely to lead to systematic differences among findings within the same research area, which is problematic when stalking victimisation is not as well understood as other crimes. Nevertheless, employing inclusion and exclusion criteria that are informed by

the existing literature appears prevalent within this field, and this may mitigate the risk of bias and the risk of findings being inconsistent.

Primary and secondary findings call attention to the various aspects of an individual's life which are affected by stalking. Evidence suggests that victims, both male and female, experience higher levels of anxiety, stress, depression and fear in comparison to non-victims, and are more likely to be consuming psychotropic medication (Dressing, Gass & Kuehner, 2007). However, it remains unclear as to whether participant responses are a reflection of a link between their psychological functioning and their stalking victimisation, or whether the deterioration in their mental health is a consequence of other factors – for example, whether the higher levels of reported anxiety are primarily due to personality traits or relationship difficulties, or are solely a consequence of exposure to stalking activities. A major shortfall within the current research base is the lack of research controlling or investigating extenuating circumstances which could be affecting results. Only one published study was found to control for pre-existing levels of posttraumatic stress and partner abuse when examining the consequences of stalking victimisation (Edward & Gidycz, 2014). Results must be read tentatively until further research is conducted that provides a clearer understanding of this area. However, preliminary conclusions can be made that higher levels of posttraumatic stress and interpersonal sensitivity may be linked to stalking victimisation alone, unlike depression and personal empowerment which may be more likely to be linked to other factors as well as victimisation.

Based on the findings, research examining victim and stalker gender differences is an area which merits further examination.

Although differences between how stalking victimisation impacts male and female targets appear to be minimal, with the exception of coping responses, discrepancies between male and female reporting rates of stalking are an ongoing issue within this literature area (Davis, Coker & Sanderson, 2002; Nguyen, Spitzberg & Lee, 2012; Podana & Imriskova, 2016). Women tend to recognise and label their experiences as stalking victimisation more readily than males, resulting in them reporting it to the police or professionals. This may be linked to differences between coping responses to experiences, as women were found to be much more proactive in resolving their situations than males, who were found to employ passive coping responses (Podana & Imriskova, 2016; Amar & Alexy, 2010). Males may be more reluctant to face the problem they are encountering and prefer to adopt a passive coping response to manage the situation. This may result in some males having a tendency to ignore their stalking victimisation, even engaging in hazardous alcohol use to detach themselves from the problem (Narud, Friestad & Dahl, 2014). Gender stereotypes may play a role in fewer male victims disclosing their experiences. Males may feel a pressure to manage such situations because they perceive masculinity to mean having to be the tougher and stronger of the two sexes – acknowledging their stalking victimisation may diminish this belief, which might be uncomfortable for them to accept. This may be reflected in the fact that female participants were more likely to report higher levels of fear as a result of the stalking activities they were subjected to in comparison to male participants (Nguyen, Spitzberg & Lee, 2012; Sheridan, North & Scott, 2014). In order to provide clarity as to why such discrepancies continue to occur, future research examining this area is required. Results of such research could lead to courses of action which address the issue of gendered disclosure. It may

be that educating males residing in the UK about stalking, and how gender stereotypes may be linked to the lower reporting levels of male victims, may help to improve this situation.

It must be noted that a more recent study found that male and female victims were equally likely to report their experiences of stalking victimisation (Sheridan, North & Scott, 2014). This may be a reflection of the recent surge of interest and growing awareness of stalking within the Western world. However, Podana and Imriskova's (2016) findings are consistent with the ongoing gendered disclosure issues: that males are less likely to report their stalking victimisation. This may suggest a cultural difference between countries based on how advanced they are in stalking research and awareness.

It is extremely important that the support offered to stalking victims is adapted to ensure that it meets their particular needs. Nguyen and colleagues (2012) found that the more intense that female victims perceived their stalking victimisation to be, the more likely they were to perceive that the support they were offered was inadequate. Providing victims with the opportunity and space to discuss their experiences in relation to the support they are offered is essential for services – including the criminal justice system and victim support agencies – to learn and to adapt the support they are offering. Failure to do so may lead to victims losing faith in the system, and have a detrimental impact on reporting levels and victims seeking support and advice from professionals. Listening to victims is likely to lead to more robust management and treatment plans that services within the UK can offer to victims of stalking.

Separately, the longevity of stalking cases and the behaviours that escalate over time are documented within the literature. Findings from this review show that research is failing to

simultaneous explore possible correlations between the durability and risk escalation as a whole. For example, during the first year are victims more likely to be exposed to low levels of stalking in comparison to the second year of victimisation where victims are being exposed to violent harassment behaviours, or indeed whether there is no relationship between the two factors. Identifying phases where risk escalation may occur and what that might look like would help professionals recognise patterns of behaviours which are continuously being missed by those working in the criminal justice system (Richards, 2011). This is particularly important when considering that research has established that victims who report prolonged and repeated stalking activities are more likely to suffer substantially poorer mental health and other devastating consequences, in comparison to those who report less persistent stalking victimisation. Understanding whether patterns emerge from the relationship between the longevity of stalking cases and the risk of escalation would assist criminal justice professionals with early identification and providing the appropriate intervention and prevention for both the perpetrator and victim. Acquiring this knowledge would prevent secondary victimisation by the system and ultimately reduce the long term nature of stalking behaviour and diminish the devastating consequences victims suffer.

The lack of research examining adolescent victimisation is a significant finding within the review. Two studies suggest that children and young people may become secondary victims of stalking when faced with the adverse consequences of stalking perpetration directed at either their mother or father (Sheridan, North & Scott, 2014; Nikupeteri & Laitinen, 2015). However, chapters two and three of this thesis concluded that young people are primary victims as well as secondary victims. It seems reasonable to assume that young people who are subjected to

stalking victimisation are likely to experience similar consequences to adult primary victims when considering that it is a prolonged and pervasive crime that they directly encounter (Evans & Meloy, 2011; McCann, 2000). This is an area which deserves investigation, yet it appears that young people are a population that is perturbably overlooked within the research area. This is particularly true in view of chapter two's findings that young people perceive covert low level stalking tactics, such as befriending, as being acceptable reconciliation tactics in comparison to overt tactics, such as waiting outside a place of work, which they are more willing to deem as stalking. There may be some worth in exploring whether young victims share the same view of stalking as non-victims. Examining young victims' experiences of stalking would assist in gaining a greater insight into how young peoples' lives are impacted by this crime. Not only would this help practitioners to develop and adapt early interventions within the UK and encourage the appropriate supervision to be allocated to each victim, but it might also reduce the likelihood of young people trivialising the array of harassment tactics that young perpetrators inflict upon their targets.

Stalking is a crime which does not only affect adults but all ages, and the development and implementation of effective early interventions for young people is likely to have a positive impact on reducing the prevalence of stalking; it may reduce young perpetrators' risk of recidivism; and it may contribute to an increase in knowledge and the development of robust guidelines for practitioners working with young victims.

Strengths and limitations of results

First and foremost, one of the major limitations of the study was the absence of a second reviewer independently reviewing the

eligibility of the included studies. Due to the degree of subjective judgement that is required during the sorting process, it is considered best practice for two reviewers to undertake this process to minimise the risk of bias whilst maintaining an objective approach. Future studies may wish to consider the possible implications that prevent dual review from taking place. In the case of this systematic review limited resources and short timeframes permit the reviewer from recruiting two or more people to engage in all of the systematic procedures including study selection and data extraction.

This is the first study, to the reviewer's knowledge, that has systematically reviewed studies investigating how stalking victims' lives are impacted as a result of their stalking experiences. Findings highlight that stalking targets are likely to experience life-changing consequences which appear to have repercussions that are intertwined.

Methodological approaches of the current literature investigating stalking victimisation are prone to bias, and as a result contain various limitations. Conducting longitudinal studies which control for confounding variables is essential in providing robust clarification as to which negative consequences for a victim's life are caused solely by stalking, and which may be influenced by other factors, such as an individual suffering from anxiety before the stalking occurred.

The recruitment by the included studies of self-defined victims and victims who have sought and received support is a limitation as it restricts the generalisability of findings, which ultimately affects the external validity of the study. Those who do not have the awareness that their experiences of victimisation are stalking, and thus do not label themselves as victims, are excluded from the studies reviewed, and this may restrict the

findings by only including individuals on the extreme end of the spectrum of victimisation. Additionally, recruiting support-seeking victims is problematic as it is unclear whether social changes that they made to protect themselves from their stalking experiences – such as stopping social activities or relocating – were choices they made by themselves or whether they were guided by advice from professionals. It is important to understand whether changes made in victims' lives are based on their own choices to provide clarity regarding the measures that targets are willing to take to protect themselves. It may be the case that the more extreme the measures that victims choose to undertake in a bid to reduce their victimisation, the more inadequate they perceive the support they have been offered. Thus, it would be helpful to understand this further as this could lead to revisions in the support that stalking victims are offered. Regardless of these shortcomings, the findings provide much-needed insight for future research to build on by investigating further whether other factors influence the vulnerability of stalking victims.

How do findings inform clinical care options for victims?

Professionals working alongside victims of stalking must be on alert for signs of PTS reactions, particularly with those who report having been exposed to more persistent periods of stalking: research is highlighting that PTS symptoms are more likely in comparison to those who report lesser exposure to stalking activities (Edwards & Gidycz, 2014; Dressing, Gass & Kuehner, 2007). Kamphuis and colleagues (2003) found post intimate stalking victims with prolonged exposure to a wider range of violent and no-violent stalking behaviour to be especially vulnerable to PTS reactions, and more so if they coped in passive avoidant ways. Trauma informed cognitive behavioural

techniques are likely to be a therapeutic approach which addresses the specific emotional and mental health needs of victims' of stalking who are struggling to overcome the destructive effects of the prolonged trauma. This approach provides clinicians with the flexibility to identify and target the most prominent maladaptive emotional and cognitive reactions specific to that person. Pre and post evaluations assesses emotional and cognitive reactions would be worthwhile in informing clinicians whether this intervention is most responsive to the needs of victims, which ultimately highlights the effectiveness of the offered intervention to this forensic population.

Disconnection from others appears to be a common consequence stalking victims' encounter (Korkodeilou, 2016; Kamphuis, Emmelkamp & Bartak, 2003). When we consider the vicious cycle which often occurs as a result of stalking victimisation, it seems paramount that practitioners who develop the clinical care plans consider all affected areas as often factors overlap with one another. For example, social disconnect and isolation are likely to exacerbate mental health difficulties. Meeting *both* psychological and social needs will improve the individuals' health and recovery. Introducing victim support groups to the individual who has suffered harassment, or indeed continues to experience such harmful behaviours, may be one option which encourages social integration and connection. However, this must be done sensitively and at a time when the individual feels ready to do so particularly when we think about the higher levels of shame stalking victim's feel. Recommending and encouraging attendance may be all that is required from the practitioner as ultimately the choice is the survivors. Victims of stalking may remember how they have relinquished or lost their capacity to make decisions and are likely to cherish an opportunity which

requires them to begin to restore their trust in their own ability to make decisions. Making the choice to attend is likely to help the individual feel empowered as they may view it as they have begun to reclaim aspects of their life – social connection and integration – that have been taken from them through their stalking victimisation. Thus, the mere knowledge of support groups may be a vital part of the clinical care that victims are offered.

5.5 Conclusions and recommendations

Victims of stalking can encounter many negative consequences as a result of the unwanted behaviour they are faced with. This systematic review highlights that there is a concerning lack of empirical evidence documenting the extent to which this heterogeneous intrusive behaviour can devastate victims' lives – and this is especially worrying in the case of adolescent victimisation. The scarce available literature describes how the chronic and pervasive nature of stalking situations can leave victims with psychosocial vulnerabilities that are likely to have a detrimental impact on other aspects of their lives. Stalking limits its victims' life choices by forcing them to make drastic lifestyle changes in a bid to maintain their safety – some even quitting their jobs and relocating. It is unclear within the literature whether, in each case, these social changes are solely the victim's choice or whether decisions are based on advice from the appropriate agencies. It may be worthwhile for future research to investigate this.

On the whole, gender and culture appear to have minimal influence in relation to how victims are affected and how they respond to their victimisation, but further research needs to be conducted in this area. It can be preliminarily suggested that victims tend to respond to their victimisation in a consistent

manner, with the exception of male victims more often employing a passive coping response which may include an increase in alcohol consumption.

Future recommendations:

- A universal definition of what constitutes stalking needs to be agreed upon, as this will help to achieve more consistent results within research into this area.
- Research with more robust methodologies – such as longitudinal designs and controlling for confounding variables – needs to be conducted to fully understand the negative effects on a victim's life that are caused solely by their experience of stalking. This may inform improvements to the support that UK agencies offer victims so that it is more appropriate and relevant to their presenting needs.
- Investigating adolescent stalking victimisation is essential to the understanding of how young people are impacted as primary victims. This will help with the development of early interventions, which is likely to have a positive impact on reducing the risk of this crime occurring within the UK.

Chapter Six: General Discussion

6.1 Thesis Aims

The overall aim of this thesis was to investigate two neglected populations within the stalking literature: adolescent perpetrators and adolescent victims. By concentrating on these two groups, not only would the findings add some much needed breadth within the stalking field, but also preliminarily identify the internal and external processes of young people that are likely to contribute to the emergence of adolescent stalking that may continue into adulthood. Identifying such risk-enhancing processes would be beneficial to practitioners working alongside young stalking perpetrators by providing professionals with the preliminary empirical evidence to guide individually-tailored treatment or risk management plans. Additionally, this would provide the organisations that work with victims of stalking with a degree of insight into how young perpetrators may think, feel and act with the aim, through legal means or with the help of victim support groups, of keeping the victim safe from further harm.

Two chapters specifically used the term obsessive relational intrusion (ORI) instead of the broader term 'stalking' - a severe form of ORI (Spitzberg & Cupach, 2003). ORI appropriately captures what was explored within Chapters Two and Three: low-level stalking behaviours perpetrated by an ex-partner. As stalking research grows and awareness increases, the need to investigate and understand adolescent perpetration and victimisation becomes increasingly important in the development of early interventions. Each of the four main chapters took a different approach in order to achieve a deeper and richer understanding of adolescent stalking perpetration and victimisation. This thesis utilised various explorative measures to achieve this, including an empirical research project employing a mixed methods approach (Chapter Two), a single case study (Chapter Three), a critique of a commonly used risk assessment

designed for a forensic adolescent population (Chapter Four), and a systematic review (Chapter Five). Each chapter aimed to construct a discussion that coherently linked to the next. Chapter Two explored young males' perceptions of the factors that might lead a young person to indulge in low-levels of stalking. Chapter Three described the assessment phase of a young man, Mr A, whose stalking perpetration had led to him being detained in a medium secure unit, and the possible reasons for his presenting and offending behaviour. Mr A's attachment style and mental health difficulties, and the hypothesis that he fit the 'rejected stalker' type – holding and acting on revenge-seeking beliefs triggered by the rejection he felt following a break-up – were consistent with the findings in the previous chapter. The risk assessment tool chosen as the most appropriate for assessing Mr A's violence, the SAVRY, was critically appraised in Chapter Four. The importance of professionals working with this forensic population understanding the risk and protective factors of adolescent ORI, through tools such as the SAVRY, was underlined in Chapter Five, which examined the life-changing consequences that stalking can have for its victims.

Below are the findings of each of the chapters contained within the thesis.

6.2 Summary of findings

Chapter Two:

The research questions explored in this chapter were:

- 1) What are adolescents' perceptions of ORI?
- 2) What behaviours do adolescents consider to be ORI?
- 3) What motives do adolescents believe that obsessional followers have?

- 4) Do perceptions differ between adolescents who experience mental health difficulties and have a prior criminal history and adolescents who do not experience difficulties with their mental health and do not have an offending history?

Chapter Two purposely steered away from the almost exclusive focus of research to date on adult stalking activities by concentrating solely on adolescent intrusive behaviours. It was hoped that the conclusions would add meaningfully to this scant research area, with the hope that professionals working in this field would better understand the internal and external processes of young people regarding stalking. This was the first mixed methods exploratory research, to the author's knowledge, that investigated young males' perceptions of low-level stalking (ORI), what behaviours they consider to be ORI, and what they believe motivates young males to engage in such harmful behaviours towards an ex-partner. One of the main objectives was to investigate whether perceptions differed between the two groups.

The results from the quantitative research method indicated that there were no statistically significant differences between the forensic sample and the community population in their perceptions of nine different aspects of stalking. The findings from the Thematic Analysis identified few differences between the two populations, but two subtle - but important - differences were found.

Four main subordinate themes were developed from frequent coding as part of the Thematic Analysis process. Young people made distinctions between the perpetration of covert and overt stalking behaviours, which aided the development of the first subordinate theme, 'Harassment tactics'. The second theme to be identified was 'Mental health'. Discrepancies were found between quantitative and

qualitative responses although, during the interview, young people shared that they perceived individuals who experience difficulties with their mental health to be more likely to engage in harmful behaviour following the break-up of a relationship than those who do not. Responses indicated that young people believe that those who accept the termination of a romantic relationship have the capacity to make the choice to move on from the relationship in an adaptive way. 'Dynamic factors' was the third subordinate theme, as the young people discussed how external and internal resources either aid or hinder the process of adaptively managing a break-up. Within this subordinate theme, communication was a subtheme endorsed solely by the community sample. Young adolescents discussed the likelihood of perpetrators being motivated by intimacy-seeking and rejection. Within the rejection subtheme, the study found that only the forensic population held the perception that rejected stalkers would employ revenge-seeking tactics against the victim. This created the final theme, 'Drivers'. The subtheme 'rejection', specifically 'revenge-seeking', was consistent with the hypothesised motivational driver of the case study presented in Chapter Three. Thus, particular outcomes of the assessment process in Chapter Three were merged into Chapter Two's discussion section to show the repeatability of findings, as this was thought to add a degree of reliability to the chapter's findings. Results aided the author in the development of a BioPsychoSocial figure that illustrates the potential processes that underlie adolescent stalking. The figure highlights certain factors that were identified that may enhance a young person's risk, and indeed protect them, from engaging in ORI.

Findings should be read with caution and should remain tentative until future research builds on the current study, yet the similarities between the two groups' responses suggest that mental health

difficulties and offending behaviours may not be either risk or protective factors of adolescent ORI.

Chapter Three:

Chapter Three was guided by one research question:

What psychological measures are effective for assessing a male adolescent residing in a secure unit with a history of ORI?

Chapter Three comprised a single, prospective case study which reported on the assessment phase of a male adolescent detained in a forensic secure unit and with a history of engaging in ORI. Understanding the nature of this young person's stalking and the actual risks inherent in his conduct were the priorities within the assessment process. This was due to the lack of a firm evidence-base offering robust guidance to clinicians for the assessment and management process of both adult and adolescent stalking perpetration (Mullen, Pathé & Purcell, 2009), a consequence of stalking research still being in its early stages. Based on the assessment, it appeared that, within the typology developed by Mullen and colleagues (2009), the young male fit the 'rejected stalker' type, leading to the conclusion that DBT might be an effective psychological treatment to reduce his risk of recidivism. This young male's emergence as a 'rejected stalker' type has its roots in particular biopsychosocial factors – such as cognition, coping strategies and social circumstances – that are prevalent within a young male population and which may perpetuate harmful behaviour, as described in Chapter Two. Understanding the patterns that occur in a young perpetrator's psyche would help to optimise the effectiveness of the treatment or risk management plans that are offered to the individual by professionals working alongside them. Such developmental knowledge would benefit practitioners

when working with this particular forensic population in the assessment phase – an area which has sparse empirical evidence to offer clinical guidance. Conclusions were based on evaluations made from a SAVRY risk assessment, a battery of psychometric assessments, and a clinical risk formulation. All of these forensic tools appear to be effective in enabling clinicians to gain an understanding and reach evaluations predicting a young male's risk of stalking and violence recidivism, and consequently aiding the development of appropriate risk management plans and future treatment recommendations.

Chapter Four

Chapter Four was guided by one question:

Is the SAVRY risk assessment an effective tool to assess a young person's risk of violence?

This chapter followed on from the preceding chapter by offering a critique of SAVRY, an adolescent violence risk assessment measure commonly used by clinicians which was used in Chapter Three. An overview of the tool, which was developed by Bartel and Forth (2002), was provided, and how it aids the evaluation, understanding and management of a young person's risk of future violent behaviour was explored. This chapter highlighted the benefits of utilising this tool within clinical practice, including the explicit guidance the measure offers clinicians and the inclusion of a structured professional judgement approach, incorporating static and dynamic risk factors alongside protective factors, all of which are empirically supported. Although the SAVRY could benefit from an update and from future studies investigating individual risk items and their association with violence, many studies since its publication are consistent in their findings that the tool has predictive validity in samples of high risk male juveniles. Utilising the SAVRY and its

evaluations in conjunction with a clinical risk formulation will aid in the development of robust and bespoke risk management and intervention plans based on an understanding of the challenges the young person faces. The chapter concluded that the SAVRY appears to be a useful tool for practitioners to identify and comprehend a young person's risk of future violence.

Chapter Five:

Chapter Five was guided by three research questions:

What are the range of consequences that victims of stalking are likely to encounter as a result of their experiences?

What are the shortfalls and the main gaps within the subject area?

What are the differences and similarities in how stalking victimisation can affect different individuals' lives?

Chapter Five comprised a systematic review, which included fourteen peer-reviewed articles, investigating the impact that stalking has on its victims across all ages. Overall, the findings indicated that the self-defined victims within studies were likely to report the consequences of stalking victimisation. These ranged from psychological effects through to social consequences and cognitive symptoms. Although the studies found stalking to have a detrimental impact on various aspects of a victim's life, it still remains unclear whether it is stalking experiences alone that influence such changes to a victim's health and lifestyle, or whether other factors may be involved. Gendered disclosure appears to be an ongoing issue within this literature area and requires further exploration. Discrepancies between female and male prevalence rates of being stalked suggest that individuals, specifically males, would benefit from education

about numerous aspects of stalking. Increasing awareness about what constitutes stalking behaviours, alongside exploring why male victims may be more reluctant to report their experience, may lead to an increase of male victimisation reporting rates within the UK. However, there appear to be minimal differences between how male and female victims' lives are impacted by stalking activities, although there are differences in their coping responses. Shortfalls within the current literature were identified and discussed within the review. The lack of empirical investigation of adolescents as primary victims of stalking was recognised. Previous chapters of this thesis established that stalking activities do occur amongst a young population, with young people perpetrating such harmful behaviours towards young victims. Therefore, providing adolescent victims with the opportunity to share their stalking experiences will aid the development of effective early interventions that address various aspects of stalking. This is likely to aid in the development of effective preventative measures and lead to positive revisions of the support that victims are offered by services within the UK.

6.3 Theoretical and practical implications

Stalking is a problematic and damaging behaviour which is prevalent across both genders and affects all ages. Yet, regardless of this fact, the disparity between the investigation of adult stalking activities and research into adolescent stalking perpetration and victimisation continues to persist within the empirical world. By focusing on varied aspects of adolescent stalking within this thesis, a shortfall within the literature was being addressed. The findings and conclusions made within this thesis have begun to identify particular factors that are likely to increase a young person's risk of engaging in stalking activities after they have experienced a break-up.

Chapter Two employed a mixed methods approach, which purposely avoided the popular, and almost exclusive, focus on quantitative

methodological approaches within the field. This was useful in providing a richer understanding of young males' perceptions of ORI, what they believe constitutes intrusive behaviour, and why they believe young perpetrators employ such methods to rekindle a past relationship. The information collated from the semi-structured interviews enabled a biopsychosocial model to be developed containing specific factors that might be linked to adolescent stalking. A thematic analysis on the conversations held with the young people identified nuances and pulled themes from the data, capturing subtle detail that would not have been detected using quantitative methods alone. These results assisted in achieving one of the main aims of the study – gaining a greater understanding of adolescent stalking perpetration by identifying developmental factors associated with this harmful behaviour. Limitations were noted, but the results highlighted similarities and differences between the stalking behaviours of young male and adult perpetrators. The lack of research focusing on adolescent stalking and victimisation seems incongruous with its prevalence and the severity that it can reach. Future research examining possible risk predictors would be beneficial in establishing whether the data from this thesis is of any value in terms of reliability and validity. If so, this would provide practitioners with a deeper understanding of this complex forensic population that they could transfer to a practical setting by developing intervention plans that are based on a robust theoretical framework. Ultimately, acquiring a greater understanding of the developmental factors of stalking amongst a young population could prevent stalking activities escalating and continuing into adulthood and potentially save further harm to victims.

A lack of evidence-based guidance for clinicians working with young stalking perpetrators was identified in Chapters Three and Four. Understanding the underlying psychological vulnerabilities leading to

and perpetuating intrusive behaviours is fundamental in keeping others safe. The UK criminal justice system often turns to expert professionals in the forensic field, such as psychologists, to offer their expert knowledge and judgements at various stages of the legal process, such as court cases (MacKenzie & James, 2011). This is thought to help the decision-making process that legal representatives undertake, as forensic professionals share their understanding of the perpetrator's risk alongside highlighting what they believe to be the most effective risk management plans for that specific person. Such professional evaluations are based on the most up-to-date research and effective clinical practice with that forensic population, including appropriate standardised risk assessments. Although Chapter Four found that the SAVRY is a reliable and valid tool in predicting a young person's risk of future violence recidivism, a standardised risk assessment examining different domains of stalking risk may be a worthwhile tool to develop for young perpetrators. MacKenzie and James (2011) noted that there is currently not an adequate risk assessment tool for stalkers, which is likely to be due to the heterogeneous nature of stalking and the varied motives of perpetrators. However, Chapter Five found that stalking is not exclusively limited to violent behaviours, and victims encounter many non-violent problematic behaviours that are persistent and prolonged, a finding supported by theoretical research (Kamphuis & Emmelkamp, 2001; Mullen *et al.*, 2009). Thus, risk assessments solely assessing a stalker's risk of violence may be limiting. Focusing on other risk domains of stalking, such as psychosocial damage, may be the crucial first step in the development of a specialised risk assessment measure. This tool would be efficient in helping professionals understand the risk that an adolescent may pose through the identification of specific risk factors associated with stalking perpetration. This is important, as it would assist professionals in evaluating adolescent stalking

perpetrators and developing effective risk management plans so that they can offer them age-appropriate treatment for stalking perpetration.

The lack of a universally agreed-upon definition of what constitutes stalking is likely to have a detrimental impact on various areas, including the legal management of stalkers and services offering support and help to victims (Reyns & Englebrecht, 2010). This multiplicity of definitions of stalking appears to be connected to its complex and varied nature. Chapter Five suggested that this lack of a set definition is one factor that is contributing to inconsistency between findings within the current research. Because of this inconsistency, research may not be a true reflection of real life stalking situations, and victims that are experiencing behaviours directed against them, from low-level intrusive activity to extreme stalking, may not be receiving the appropriate support for their presenting needs and situation.

Thus, experts need to develop a clearer and more realistic definition of stalking, across different cultures, that is universally accepted to aid progress in various areas of the stalking field.

6.4 Conclusions

The increase of scholarly interest and growing attention that stalking has received over recent years has led to much-needed progress being made within the UK; it is now recognised as a crime within the legal system, stalking checklists have been developed, a National Stalking Clinic has been opened in London, and funding has been approved for services offering support to victims. Despite the positive progress that has been made in a variety of services and organisations, we must not lose sight of the fact that further developments and improvements are necessary, particularly in the light of the conclusions and recommendations that were made in the

HMIC and HMCPSTI's recent inspection reports. The publication of treatment outcomes by the National Stalking Clinic would be beneficial in the creation of evidence-informed guidelines for clinicians working with young perpetrators. This might give much-needed insight into what interventions are effective in reducing a perpetrator's risk of recidivism.

Each of the chapters contained within this thesis highlights the extent to which adolescent stalking has been neglected during the recent surge of empirical interest that this field has received. Gaining an insight into how young people perceive low-level stalking behaviours provides some awareness of factors that may be risk or protective domains for young male ORI perpetrators. Preliminary findings suggest that mental health difficulties and an offending background neither predict nor protect a young person from engaging in stalking, but rather it is likely to be a combination of biopsychosocial factors that underlie this harmful behaviour. Professionals working with young perpetrators are currently working with limited evidence-base guidance. However, what is crucial during an assessment phase is understanding the risk that an individual poses and the vulnerabilities that are deemed to maintain this harmful perpetration. Utilising the SAVRY risk assessment and the completion of appropriate psychometrics help to further the understanding of a young person's risk and vulnerabilities, and aid the development of a theory-driven formulation. However, further exploration of assessment and treatment phases that are tailored to an adolescent population is required – adapting such phases based on 'what works' with an adult stalker population is likely to lead to complications and may ultimately be ineffective.

This thesis, through the investigation of its subject from various perspectives, has gone some way to advance the sum of current

knowledge and understanding of adolescent stalking perpetration and victimisation.

References

- Abrams, K. M., & Robinson, G. E. (2002). Occupational effects of stalking. *Canadian Journal of Psychiatry, 47*(5), 468-472.
- Adshead, G. (2010). Written on the body: Deliberate self-harm as communication. *Psychoanalytic Psychotherapy, 24*(2), 69-80.
- Ainsworth, M. D. S. (1979). *Infant-Mother Attachment. American Psychologist, 34* (10), 932-937.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. In Cassidy, J., & Shaver, P. R. (Eds.). (2008). *Handbook of Attachment: Theory, Research, and Clinical Applications* (pp. 383-416). New York: Guilford Press.
- Ainsworth, M. D. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46* (4), 333-341.
- Amar, A. F., & Alexy, E. M. (2010). Coping with stalking. *Issues in Mental Health Nursing, 31*(1), 8-14.
- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct*. (5th Ed.). Routledge, Cincinnati: OH.
- Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research, 1*(3), 385-405.
- Banongo, E., Davies, J., Godin, P., Thompson, J, B., Lohneis, C., Denys, C., Floyd, M., Fuller, S., Heyman, B., Reynolds, L., & Simpson, A. (2005). *Engaging Service Users in the Evaluation and Development of Forensic Mental Health Care Services*. City University: London.
- Bartel, P., Borum, R., & Forth, A. (2000). *Structured Assessment for Violence Risk in Youth (SAVRY), Consultation Edition, Tampa: University of South.*
- Baum, K., Catalano, S., Rand. M., & Rose, K. (2009). *Stalking Victimization in the United States*. Washington, D.C: Bureau of Justice Statistics.
- Bernal, C., Faruqui, R., & Moore, T. (2013). *Protection against stalking*. Retrieved from <http://www.protectionagainststalking.org>
- Bernard, H. R. (1988). *Research methods in cultural anthropology*. Newbury Park, CA: Sage.
- 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.

Blumenthal, S., & Lavender, T. (2001). *Violence and mental disorder: A critical aid to the assessment and management of risk*. London: Jessica Kingsley Publishers.

Boland, A., Cherry, M.G. & Dickson, R. (2013). *Doing a systematic review: A students guide*. London: SAGE Publications.

Boon, J., & Sheridan, L. (2002). *Stalking and Psychosexual Obsession—Psychological Perspectives for Prevention, Policing and Treatment*. Chichester: John Wiley & Sons.

Borum, R. (2000). Assessing violence risk among youth. *Journal of Clinical Psychology*, 56 (10), 1263-1288.

Borum, R., Bartel, P., & Forth, A. (2002). *Manual for the Structured Assessment for Violence Risk in Youth (SAVRY). Consultation version*. Tampa, FL: Florida Mental Health Institute, University of South Florida.

Borum, R., Lodewijks, H., Bartel, P. A., & Forth, A. (2010). Structured Assessment of Violence Risk in Youth (SAVRY). In R. K. Otto & K. S. Douglas (Eds.), *Handbook of violence risk assessment*, (pp. 63-80), New York: Routledge.

Bowcott, L. (2017, July 5). Stalking and harassment crimes routinely badly handled, UK report says. *The Guardian*, p.22.

Bowlby, J. (1969). *Attachment and loss: Volume 1. Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Volume 2. Separation: anxiety and anger*. New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss: Volume 3. Separation: loss, sadness, and depression*. New York: Basic Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.

Braun, V. & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC: American Psychological Association.

Brewster, M. P. (1997). *An exploration of the experiences and needs of former intimate stalking victims: Final report submitted to the National Institute of Justice*. West Chester, PA: West Chester University.

- Brewster, M. P. (2000). Stalking by former intimates: Verbal threats and other predictors of physical violence. *Violence and Victims, 15* (1), 41–54.
- Budd, T., & Mattinson, J. (2000). *Stalking: Findings from the 1998 British crime survey*. London: Home Office Research, Development and Statistics Directorate.
- Callahan, M. R., Tolman, R. M., & Saunders, D. G. (2003). Adolescent dating violence victimization and psychological well-being. *Journal of Adolescent Research, 18* (6), 664-681.
- Carabellese, F., Alfarano, E., Tamma, M., & La Tegola, D. (2015). Violence and intimacy-seeking in a female adolescent stalker: specific characteristics as compared to adult stalkers. A brief review of the literature. *Italian Journal of Criminology, 7*(2), 160-166.
- Carpendale, J. I. M., Lewis, C. (2004). Constructing an understanding of mind: The development of children's social understanding within social interaction. *Behavioral and Brain Sciences, 27*, 79-51.
- Catchpole, R. E., & Gretton, H. M. (2003). The predictive validity of risk assessment with violent young offenders a 1-year examination of criminal outcome. *Criminal Justice and Behavior, 30* (6), 688-708.
- Chester, D. S., & DeWall, C. N. (2017). Combating the Sting of Rejection with the Pleasure of Revenge: An New Look at How Emotion Shapes Aggression. *Journal of Personality and Social Psychology, 112*(3), 413-430.
- Cohen, J. W. (1988). *Statistical power analysis for the behavioural sciences* (2nd ed). Hillsdale, NJ: Erlbaum.
- Cooley-Strickland, M., Quille, T. J., Griffin, R. S., Stuart, E. A., Bradshaw, C. P., & Furr-Holden, D. (2009). Community violence and youth: Affect, behavior, substance use, and academics. *Clinical Child and Family Psychology Review, 12* (2), 127-156.
- Corrigan, P. W., Rowan, D., Green, A., Lundin, R., River, P., Uphoff-Wasowski, K., & Kubiak, M. A. (2002). Challenging two mental illness stigmas: personal responsibility and dangerousness. *Schizophrenia Bulletin, 28*, 293-309.
- Crime in England and Wales (2016). Intimate personal violence and partner abuse, 2015. *Statistical Bulletin, Office for National Statistics*, 1-43.

Crowe, M., & Sheppard, L. (2011). A review of critical appraisal tools show they lack rigor: alternative tool structure is proposed. *Journal of Clinical Epidemiology*, 64(1), 79-89.

Crowe, M., Sheppard, L. & Campbell, A. (2012). Reliability analysis for a proposed critical appraisal tool demonstrated value for diverse research designs. *Journal of Clinical Epidemiology* 65 (4), 375-383.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology*, 24(4), 349.

Cupach, W. R. & Spitzberg, B. H. (1998). Obsessive relational intrusions and stalking. In B. H. Spitzberg & W. R. Cupach (Eds.), *The Dark Side of Close Relationships*, (pp.233-263). New Jersey: Lawrence Erlbaum.

Cupach, W. R., & Spitzberg, B. H. (2000). Obsessive relational intrusion: incidence, perceived severity, and coping. *Violence and Victims*, 15, 1-16.

Cupach, W. R., & Spitzberg, B. H. (2004). *The dark side of relationship pursuit: From attraction to obsession and stalking*. Mahwah: Lawrence Erlbaum Associates.

Dahl, R. E., & Hariri, A. R. (2005). Lessons from G. Stanley Hall: Connecting new research in biological sciences to the study of adolescent development. *Journal of Research on Adolescence*, 15 (4), 367-382.

Davis, K. E., Coker, A. L., & Sanderson, M. (2002). Physical and mental health effects of being stalked for men and women. *Violence and Victims*, 17(4), 429-443.

de Ruiter, C., & Augimeri, L. K. (2012). Making delinquency prevention work with children and adolescents. In C. Logan & L. Johnson. *Managing clinical risk: A guide to effective practice*, (Vol.3), (pp.199-223), Routledge.

de Vogel, V., de Ruiter, C., van Beek, D., & Mead, G. (2004). Predictive validity of the SVR-20 and the Static-99 in a Dutch sample of treated sex offenders. *Law and Human Behavior*, 28, 235-251.

Dennison, S. M. & Thomson, D. M. (2005). Criticisms or plaudits for stalking laws? What psychological research tells us about proscribing stalking. *Psychology, Public Policy and Law*, 11, 384-406.

- Douglas, K. S., & Dutton, D. G. (2001). Assessing the link between stalking and domestic violence. *Aggression and Violent Behavior, 6*, 519–546.
- Douglas, K. S., Guy, L. S., & Hart, S. D. (2009). Psychosis as a risk factor for violence to others: A meta-analysis. *Psychological Bulletin, 135*, 679-706.
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). HCR-20 V3 Assessing Risk for Violence. *Mental Health Law, and Policy Institute*, Vancouver: Simon Fraser University.
- Douglas, K. S., Hart, S. D., Webster, C. D., Belfrage, H., Guy, L. S., & Wilson, C. M. (2014). Historical-Clinical-Risk Management-20, Version 3 (HCR-20V3): Development and Overview. *International Journal of Forensic Mental Health, 13*(2), 93-108.
- Dressing, H., Kuehner, C., & Gass, P. (2005). Lifetime prevalence and impact of stalking in a European population: Epidemiological data from a middle-sized German city. *British Journal of Psychiatry 187* (2), 168–172.
- Duff, S. C., & Scott, A. J. (2013). Understanding perceptions of stalking: the impact of additional contextual information regarding the breakdown of relationships. *Journal of Criminal Psychology, 3* (2), 136-144.
- Edwards, K. M., & Gidycz, C. A. (2014). Stalking and Psychosocial Distress Following the Termination of an Abusive Dating Relationship: A Prospective Analysis. *Violence Against Women, 20*(11), 1383-1397.
- Edens, J. F., Campbell, J. S., & Weir, J. M. (2007). Youth psychopathy and criminal recidivism: A meta-analysis of the Psychopathy Checklist measures. *Law and Human Behavior, 31*, 53-75
- Edens, J. F., Skeem, J. L., Cruise, K. R., & Cauffman, E. (2001). Assessment of “juvenile psychopathy” and its association with violence: A critical review. *Behavioral Sciences and the Law, 19*, 53-80.
- Eisenberger, N. I. (2012). The pain of social disconnection: examining the shared neural underpinnings of physical and social pain. *Nature Reviews Neuroscience, 13* (6), 421-434.
- Emerson, R. M., Ferris, K. O., & Gardner, C. B. (1998). On being stalked. *Social Problems, 45* (3), 289-314.
- Evans, S., Duff, S., & Hunt, K. (2016). *British Psychological Society response to the House of Commons Women and Equalities Committee:*

Sexual harassment and sexual violence in schools inquiry. UK: The British Psychological Society.

Evans, T. M., & Reid Meloy, J. (2011). Identifying and classifying juvenile stalking behavior. *Journal of Forensic Sciences*, *56*, S226-S270.

Farnham, F. R., James, D. V., & Cantrell, P. (2000). Association between violence, psychosis, and relationship to victim in stalkers. *The Lancet*, *355* (9), 199.

Forth, A. E., Kosson, D. S., & Hare, R. D. (2003). *Psychopathy Checklist: Youth Version (PCL:YV)*. Toronto: Multi-Health Systems.

Fox, K. A., Nobles, M. R., & Akers, R. L. (2011). Is stalking a learned phenomenon? An empirical test of social learning theory. *Journal of Criminal Justice*, *39* (1), 39-47.

Fox, K. A., Nobles, M. R., & Fisher, B. S. (2011). Method behind the madness: An examination of stalking measurements. *Aggression and Violent Behavior*, *16*(1), 74-84.

Freestone, M. C., Wilson, K., Jones, R., Mikton, C., Milsom, S., Sonigra, K., & Campbell, C. (2015). The impact on staff of working with personality disordered offenders: a systematic review. *PloS one*, *10* (8), 1-18.

Fremouw, W. J., Westrup, D. & Pennypacker, J. (1997). Stalking on campus: the prevalence and strategies for coping with stalking. *Journal of Forensic Sciences*, *42*, 666-669.

Godwin, C. D., & Helms, J. L. (2002). *Violence risk assessment of youth*. In N. G. Ribner (Ed.). *Handbook of juvenile forensic psychology* (pp. 318-342). San Francisco: Jossey-Bass.

Gottfredson, M. R., & Gottfredson, D. M. (1988). *Decision making in the criminal justice: Toward the rationale exercise of discretion* (2nd Ed). New York: Plenum.

Gralton, E. (2011). *Forensic Issues in Adolescents with Developmental Disabilities* (Eds.). London: Jessica Kingsley Publishers.

Gretton, H. M., McBride, M., Hare, R. D., O'Shaughnessy, R., & Kumka, G. (2001). Psychopathy and recidivism in adolescent sex offenders. *Criminal Justice and Behavior*, *28*, 427-449.

Grubin, D. (2004). The risk assessment of sex offenders. *Research highlights in social work*, 91-110.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18 (1), 59-82.

Gunther, A. C., Bolt, D., Borzekowski, D. L., Liebhart, J. L., & Dillard, J. P. (2006). Presumed influence on peer norms: How mass media indirectly affect adolescent smoking. *Journal of Communication*, 56 (1), 52-68.

Harmon, R., Rosner, R., & Owens, H. (1998). Sex and violence in a forensic population of obsessional harassers. *Psychology, Public Policy and Law*, 4, 236–249.

Harris, J. (2000). *An evaluation of the use and effectiveness of the Protection from Harassment Act 1997* (Home Office Research Study 203). London, UK: Home Office.

Hart, S. D., & Logan, C. (2011). Formulation of violence risk using evidence-based assessments: The structured professional judgment approach. (pp.83-106). In P. Sturmey, & M. McMurrin (Eds.), *Forensic case formulation*. Chichester, UK: Wiley-Blackwell.

Her Majesty's Inspectorate of Constabulary (HMIC) & Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI). (2017, July). *Living in fear – the police and CPS response to harassment and stalking. A joint inspection by HMIC and HMCPSI*. Retrieved from <http://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/living-in-fear-the-police-and-cps-response-to-harassment-and-stalking.pdf>

Higgins, J. P., & Green, S. (2008). *Cochrane handbook for systematic reviews of interventions* (Eds. Vol. 5). Chichester: Wiley-Blackwell.

Hills, A. M., & Taplin, J. L. (1998). Anticipated responses to stalking: Effect of threat and target-stalker relationship. *Psychiatry, Psychology and Law*, 5, 139-146.

Hoeve, M., Slot, N. W., van der Laan, P. H., & Loeber, R. (Eds.). (2013). *Tomorrow's Criminals: The development of child delinquency and effective interventions*. Farnham, Ashgate.

Hoge, R., & Andrews, D. (2002). *The Youth Level of Service/Case Management Inventory*. Toronto, ON, Canada: Multi-Health Systems.

Home Office (2011). Consultation of Stalking. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157898/consultation.pdf.

Home Office. (2012, October 16). A change to the Protection from Harassment Act 1997: introduction of two new specific offences of

stalking. Home Office circular 018/2012. Retrieved from <https://www.gov.uk/government/publications/a-change-to-the-protection-from-harassment-act-1997-introduction-of-two-new-specific-offences-of-stalking>.

Howitt, D., & Cramer, D. (2008). *Introduction to research methods in psychology (2nd ed.)*. Harlow, England: Prentice Hall.

James, D. V., & Farnham, F. R. (2003). Stalking and serious violence. *Journal of the American Academy of Psychiatry and the Law Online*, 31(4), 432-439.

Johnson, M.C., & Kercher, G. A. (2009). Identifying predictors of negative psychological reactions to stalking victimization. *Journal of Interpersonal Violence*, 24, 886-882.

Kahn, K., Kunz, R., Kleijnen, J. & Antes, G. (2003) *Systematic reviews to support evidence-based medicine: How to review and apply findings of healthcare research*. London: Royal Society of Medicines Press.

Kamphuis, J. H., & Emmelkamp, P. M. G. (2001). Traumatic distress among support-seeking female victims of stalking. *American Journal of Psychiatry*, 158, 795-798.

Kamphuis, J. H., Emmelkamp, P. M., & 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.

Kennedy, K. P. (2010). *The Impact of Post-Intimate Stalking on the General Sexual and Relational Life of Victims*. Doctoral dissertation: University of Central Lancashire, UK.

Khan, K. S., Ter Riet, G., Glanville, J., Sowden, A. J., & Kleijnen, J. (2001). *Undertaking systematic reviews of research on effectiveness: CRD's guidance for carrying out or commissioning reviews (No. 4)*. NHS Centre for Reviews and Dissemination.

Kienlen, K. K. (1998). Developmental and social antecedents of stalking. In J. R. Meloy (Ed.), *The psychology of stalking: Clinical and forensic perspectives* (pp. 51–67). New York: Academic Press.

Kienlen, K. K., Birmingham, D. L., Solberg, K. B., O'Regan, J. T., & Meloy, J. R. (1997). A comparative study of psychotic and nonpsychotic stalking. *Journal of the American Academy of Psychiatry and Law*, 25, 317–334.

Korkodeilou, J. (2016). 'No place to hide': Stalking victimisation and its psycho-social effects. *International Review of Victimology*, 1, 1-16.

- Kropp, P. R., Hart, S. D., & Lyon, D. R. (2008). *Guidelines for Stalking Assessment and Management (SAM): User Manual*. Proactive-Resolutions Incorporated: Vancouver.
- Kropp, P. R., Hart, S. D., Lyon, D. R., & Storey, J. E. (2011). The development and validation of the guidelines for stalking assessment and management. *Behavioral Sciences & the Law*, 29 (2), 302-316.
- 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.
- Kuehner, C., Gass, P., & Dressing, H. (2012). Mediating effects of stalking victimization on gender differences in mental health. *Journal of Interpersonal Violence*, 27(2), 200-221.
- Laner, M. R. (1990). Violence or its precipitators: Which is more likely to be identified as a dating problem? *Deviant Behavior*, 11(4), 319-329.
- Levy, T., & Orlans, M. (2000). Attachment disorder as an antecedent to violence and antisocial patterns in children. *Handbook of attachment interventions*, 1-26.
- Lodewijks, H. P. B., Doreleijers, T. A. H. and de Ruiter, C. (2008a). SAVRY risk assessment in relation to sentencing and subsequent recidivism in a Dutch sample of violent juvenile offenders. *Criminal Justice and Behavior*, 35, 696–709.
- Lodewijks, H. P. B., Doreleijers, T. A. H., de Ruiter, C. and Borum, R. (2008b). Predictive validity of the Structured Assessment of Violence Risk in Youth (SAVRY) during residential treatment. *International Journal of Law and Psychiatry*, 31, 263–71.
- Loeber, R. & Farrington, D. P. (2001). The significance of child delinquency. In R. Loeber & D. P. Farrington (eds) *Child Delinquents: Development, intervention and service needs*, pp.1-24, Thousand Oaks, CA: Sage.
- Logan, C., (2016). Risk formulation: The new frontier in risk assessment and management. In D.R. Laws and W.T. O'Donohue (Eds), *Treatment of Sex Offenders: Strengths and weaknesses in assessment and intervention*. New York: Springer.
- Logan, T. K., & Walker, R. (2009). Partner stalking: Psychological dominance or "business as usual"? *Trauma, Violence, & Abuse*, 10, 247–270.

Logan, T. K., & Walker, R. (2010). Toward a deeper understanding of the harms caused by partner stalking. *Violence and victims, 25*(4), 440-455.

Lyndon, A. E., Sinclair, H. C., MacArthur, J., Fay, B., Ratajack, E., & Collier, K. E. (2012). An introduction to issues of gender in stalking research. *Sex Roles, 66* (5-6), 299-310.

Lyons, K. (2016, April 18). Tiny proportion of stalking cases recorded by police, data suggest. *The Guardian*, p.32.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. *Journal of consulting and clinical psychology, 64* (1), 64-73.

MacInnes, D., Beer, D., Keeble, P., Rees, D., & Reid, L. (2011). Service-user involvement in forensic mental health care research: Areas to consider when developing a collaborative study. *Journal of Mental Health, 20*(5), 464-472.

MacKenzie, R. (2006). *The systematic assessment of stalkers: can typology enhance management?* Unpublished DPsych thesis: Monash University.

MacKenzie, R. D., & James, D. V. (2011). Management and treatment of stalkers: problems, options, and solutions. *Behavioral Sciences & The Law, 29*(2), 220-239.

McCann, J. T. (1998). Subtypes of stalking (obsessional following) in adolescents. *Journal of Adolescence, 21*, 667-65.

McCann, J. T. (2000). A descriptive study of child and adolescent obsessional followers. *Journal of Forensic Science, 45* (1), 195-199.

McCann, J. T. (2002). The phenomenon of stalking in children and adolescents. In J. Boon & L. Sheridan (Ed.), *Stalking and psychosexual obsession: Psychological Perspectives for Prevention, Policing and Treatment*, (pp. 181-199). Chichester: John Wiley & Sons.

McEwan, T. E., Mullen, P. E., MacKenzie, R. D., & Ogloff, J. R. (2009). Violence in stalking situations. *Psychological Medicine, 39* (9), 1469-1478.

McEwan, T., Mullen, P. E., & Purcell, R. (2007). Identifying risk factors in stalking: A review of current research. *International Journal of Law and Psychiatry, 30*(1), 1-9.

McKeon, B., McEwan, T. E., & Luebbers, S. (2015). "It's Not Really Stalking If You Know the Person": Measuring Community Attitudes

That Normalize, Justify and Minimise Stalking. *Psychiatry, Psychology and Law*, 22(2), 291-306.

Meloy, J. R. (1998). The psychology of stalking. In J. R. Meloy (Ed.), *The psychology of stalking: clinical and forensic perspectives* (p. 1-23). New York: Academic Press.

Meloy, J. R. (1996). Stalking (obsessional following): A review of some preliminary studies. *Aggression and Violent Behavior*, 1(2), 147-162.

Meloy, J. R. (1999). Stalking: An old behavior, a new crime. *Psychiatric Clinics of North America*, 22 (1), 85-99.

Meloy, J. R., Davis, B., & Lovette, J. (2001). Risk factors for violence among stalkers. *Journal of Threat Assessment*, 1 (1), 3-16.

Meloy, J. R. & Gothard, S. (1995). A demographic and clinical comparison of obsessional followers and offenders with mental disorders. *American Journal of Psychiatry*, 152, 258-263.

Meyers, J., & Schmidt, F. (2008). Predictive Validity of the Structured Assessment for Violence Risk in Youth (SAVRY) with Juvenile Offenders. *Criminal Justice and Behavior*, 35 (3), 344-355.

Mikulincer, M., & Shaver, P. R. (2012). An attachment perspective on psychopathology. *World Psychiatry*, 11 (1), 11-15.

Ministry of Justice, (2016). Corporate report: Single department plans for 2015 to 2020. Retrieved from <https://www.gov.uk/government/publications/moj-single-departmental-plan-2015-to-2020/single-departmental-plan-2015-to-2020>.

Ministry of Justice, (2015). *Working with offenders with personality disorder: A practitioners guide*. NHS England and National Offender Management Service: UK.

Minster, J., & Knowles, A. (2006). Exclusion or concern: lawyers' and community members' perceptions of legal coercion, dangerousness and mental illness. *Psychiatry, Psychology and Law*, 13, 166-173.

Moher, D., Tetzlaff, J., Tricco, A. C., Sampson, M. & Altman, D. G. (2007). Epidemiology and Reporting Characteristics of Systematic Reviews. *PLoS Medicine*, 4 (3), e78.

Moja, L. P., Telaro, E., D'Amico, R., Moschetti, I., Coe, L., & Liberati, A. (2005). Assessment of methodological quality of primary studies by systematic reviews: results of the metaquality cross sectional study. *The British Medical Journal*, 330 (7499), 1053-1058.

Mullen, P. E., Pathé, M., & Purcell, R. (2009). *Stalkers and their Victims*. (2nd Ed) Cambridge: Cambridge University Press.

Mullen, P. E., Pathé, M., Purcell, R., Stuart, G. W. (1999) Study of stalkers. *American Journal of Psychiatry*, 156, 1244–1249.

Mullen, P. E. & Path, M. (2006, August 25). Stalkers and their Victims. *Psychiatric Times*. Retrieved from <http://www.psychiatristimes.com/articles/stalkers-and-their-victims>

Narud, K., Friestad, C., & Dahl, A. A. (2014). Stalking experiences and associated factors—A controlled population-based study from Norway. *Nordic Journal of Psychiatry*, 68(5), 347-354.

National Institute for Health and Clinical Excellence, (2013). Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management. Retrieved from <http://guidance.nice.org.uk/CG158>.

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.

Nikupeteri, A., & Laitinen, M. (2015). Children's everyday lives shadowed by stalking: postseparation stalking narratives of Finnish children and women. *Violence and Victims*, 30(5), 830-845.

Nobles, M. R., Fox, K. A., Piquero, N., & Piquero, A. R. (2009). Career dimensions of stalking victimization and perpetration. *Justice Quarterly*, 26 (3), 476-503.

Ogilvie, E. (2000). *Stalking: Legislative, policing and prosecution patterns in Australia*. Research and Public Policy Series No. 34. Canberra: Australian Institute of Criminology.

Olver, M. E., Stockdale, K. C., & Wormith, J. S. (2009). Risk assessment with young offenders a meta-analysis of three assessment measures. *Criminal Justice and Behavior*, 36 (4), 329-353.

Onwuegbuzie, A. J., & Collins, K. M. (2007). A typology of mixed methods sampling designs in social science research. *The Qualitative Report*, 12(2), 281-316.

Onwuegbuzie, A. J., & Johnson, R. B. (2004). Mixed method and mixed model research. In R. B. Johnson & L. B. Christensen, *Educational research: Quantitative, Qualitative, and Mixed Approaches* (pp. 408-431). Massachusetts: Allyn & Bacon.

Otto, R.K., & Douglas, K.S. (eds.) (2010). *Handbook of violence risk assessment tools*. Milton Park, UK: Routledge.

Owens, H., Rosner, R., & Harmon, R. B. (1995). Obsessional harassment and erotomania in a criminal court population. *Journal of Forensic Science*, 40 (2), 188-196.

Oxman, A. D., & GRADE Working Group. (2004). Grading quality of evidence and strength of recommendations. *The British Medical Journal*, 328 (19), 1490-1494.

Palarea, R. E., Zona, M. A., Lane, J. C., & Langhinrichsen-Rohling, J. (1999). The dangerous nature of intimate relationship stalking: Threats, violence, and associated risk factors. *Behavioural Sciences & the Law*, 17 (3), 269-283.

Pallant, J. (2016). *SPSS survival manual: A step by step guide to data analysis using SPSS* (6th ed.). Maidenhead: Open University Press.

Pathé, M., & Mullen, P. E. (1997). The impact of stalkers on their victims. *The British Journal of Psychiatry*, 170(1), 12-17.

Pathé, M., & Mullen, P. (2002). The victim of stalking. In J. Boon & L. Sheridan (Ed.). *Stalking and psychosexual obsession: Psychological perspectives for prevention, policing and treatment*, (pp. 1-22). Chichester: John Wiley & Sons.

Patton, C. L., Nobles, M. R., & Fox, K. A. (2010). Look who's stalking: Obsessive pursuit and attachment theory. *Journal of Criminal Justice*, 38 (3), 282-290.

Petch, E. (2002). Anti-stalking laws and the Protection from Harassment Act 1997. *The Journal of Forensic Psychiatry*, 13(1), 19-34.

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.

Popay, P., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews*. A product from the ESRC Methods Programme. Lancaster: Institute of Health Research.

Prochaska, J.O. & DiClemente, C.C. (1984). *The transtheoretical approach: crossing traditional boundaries of change*. Homewood, IL: Down-Jones-Irwin.

- Purcell, R., Moller, B., Flower, T. & Mullen, P.E. (2009). Stalking among juveniles. *British Journal of Psychiatry*, 194, 451-55.
- Purcell, R., Pathé, M., & Mullen, P. E. (2000). The incidence and nature of stalking victimisation. *Paper presented at the Stalking: Criminal Justice Responses Conference convened by the Australian Institute of Criminology, Sydney, 7 – 8 December.*
- Ravensberg, V., & Miller, C. (2003). Stalking among young adults: A review of the preliminary research. *Aggression and Violent Behavior*, 8 (4), 455-469.
- Reyns, B. W., & Englebrecht, C. M. (2010). The stalking victim's decision to contact the police: A test of Gottfredson and Gottfredson's theory of criminal justice decision making. *Journal of Criminal Justice*, 38(5), 998-1005.
- Reyns, B. W., & Englebrecht, C. M. (2014). Informal and formal help-seeking decisions of stalking victims in the United States. *Criminal Justice and Behavior*, 41(10), 1178-1194.
- Richards, L. (2009). Domestic Abuse, Stalking and Harassment, and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model.
- Richards, L. (2011, November 10). Stalking and Harassment – The Victim's Voice. *Protection against Stalking*. Retrieved from <https://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/victim-survey.pdf>.
- Roberts, L. (2008). Jurisdictional and definitional concerns with computer-mediated interpersonal crimes: an analysis on cyber stalking. *International Journal of Cyber Criminology*, 2(1), 271-285.
- Rogers, R. (2000). The uncritical acceptance of risk assessment in forensic practice, *Law and Human Behavior*, 24, 595–605.
- Rosenfeld, B. (2004). Violence Risk Factors in Stalking and Obsessional Harassment A Review and Preliminary Meta-Analysis. *Criminal Justice and Behavior*, 31 (1), 9-36.
- Rosenfeld, B., Galietta, M., Ivanoff, A., Garcia-Mansilla, A., Martiez, R., Fava, J., et al. (2007). Dialectical behavior therapy for the treatment of stalking offenders. *International Journal of Forensic Mental Health*, 6, 95–103.
- Rosenfeld, B., & Harmon, R. (2002). Factors associated with violence in stalking and obsessional harassment cases. *Criminal Justice and Behavior*, 29 (6), 671–691.

- Schultz, A. S., Moore, J., & Spitzberg, B. H. (2014). Once upon a midnight stalker: A content analysis of stalking in films. *Western Journal of Communication* 78 (5), 612–635.
- Scott, A. J., Lloyd, R., & Gavin, J. (2010). The influence of prior relationship on perceptions of stalking in the United Kingdom and Australia. *Criminal Justice and Behavior*, 37 (11), 1185-1194.
- Scott, A. J., Rajakaruna, N., Sheridan, L., & Sleath, E. (2014). International Perceptions of Stalking and Responsibility: The Influence of Prior Relationship and Severity of Behavior. *Criminal Justice and Behavior*, 41 (2), 220-236.
- Scott, A. J., & Sheridan, L. (2011). 'Reasonable' perceptions of stalking: the influence of conduct severity and the perpetrator–target relationship. *Psychology, Crime & Law*, 17 (4), 331-343.
- Scott, C. L., Ash, P., & Elwyn, T. (2007). Juvenile aspects of stalking. In D. L. Pinals (ed.), *Stalking: Psychiatric Perspectives and Practical Approaches*. Oxford: Oxford University Press, pp. 195–211.
- Sentencing Council (2017, March 30). *Sentencing Council publishes new guidelines on intimidatory offences and domestic abuse*. Retrieved from <https://www.sentencingcouncil.org.uk/news/item/sentencing-council-publishes-new-guidelines-on-intimidatory-offences-and-domestic-abuse/>
- Sheridan, L. P., Blaauw, E., & Davies, G. M. (2003). Stalking knowns and unknowns. *Trauma, Violence, & Abuse*, 4 (2), 148-162.
- Sheridan, L., Davies, G., & Boon, J. (2001). The course and nature of stalking: A victim perspective. *The Howard Journal*, 40 (3), 215–234.
- Sheridan, L., Davies, G. M., & Boon, J. C. (2001). Stalking perceptions and prevalence. *Journal of Interpersonal Violence*, 16(2), 151-167.
- Sheridan, L., Gillet, R., Davis, G. M., Blaauw, E., & Patel, D. (2003). 'There's no smoke without fire': Are male ex partners perceived as more 'entitled' to stalk than acquaintance or stranger stalkers?. *British Journal of Psychology*, 94(1), 87-98.
- Sheridan, L. P., & Grant, T. (2007). Is cyberstalking different?. *Psychology, Crime & Law*, 13(6), 627-640.
- Sheridan, L., & Lyndon, A. E. (2012). The influence of prior relationship, gender, and fear on the consequences of stalking victimization. *Sex Roles*, 66 (5-6), 340-350.

Sheridan, L. P., North, A. C., & Scott, A. J. (2014). Experiences of stalking in same-sex and opposite-sex contexts. *Violence and Victims, 29*(6), 1014-1028.

Sijtsema, J. J., Kretschmer, T., & Van Os, T. (2015). The Structured Assessment of Violence Risk in Youth in a large community sample of young adult males and females: The TRAILS study. *Psychological assessment, 27* (2), 669.

Singh, J. P., Grann, M., & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and meta-regression analysis of 68 studies involving 25,980 participants. *Clinical psychology review, 31*(3), 499-513.

Smallbone, S. W., & Dadds, M. R. (2000). Attachment and coercive sexual behavior. *Sexual Abuse: A Journal of Research and Treatment, 12*(1), 3-15.

Snyder, J. (2002). Reinforcement and coercion mechanisms in the development of antisocial behavior: Peer relationships. In J. B. Reid, G. R. Patterson and J. Snyder. (Eds.), *Antisocial Behavior in Children and Adolescents: A developmental analysis and model for intervention*, (pp. 101–22), Washington, DC: American Psychological Association.

Snyder, J. and Stoolmiller, M. (2002). Reinforcement and coercion mechanisms in the development of antisocial behavior: The family. In J. B. Reid, G. R. Patterson and J. Snyder. (Eds.), *Antisocial Behavior in Children and Adolescents: A developmental analysis and model for intervention*, (pp. 65–100), Washington, DC: American Psychological Association.

Spitzberg, B. H. (2000). Forlorn love: Attachment styles, love styles, loneliness, and obsessional thinking as predictors of obsessive relational intrusion. In *National Communication Association Conference, Seattle, WA*.

Spitzberg, B. H. (2002). The tactical topography of stalking victimization and management. *Trauma, Violence, and Abuse, 3*, 261-288.

Spitzberg, B. H., & Cupach, W. R. (2002). The inappropriateness of relational intrusion. In R. Goodwin & D. Cramer (Eds.), *Inappropriate relationships*. Mahwah, NJ: Erlbaum.

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.

Spitzberg, B. H., & Cupach, W. R. (2007). The state of the art of stalking: Taking stock of the emerging literature. *Aggression and Violent Behavior, 12* (1), 64-86.

Spitzberg, B. H., & Rhea, J. (1999). Obsessive relational intrusion and sexual coercion victimization. *Journal of Interpersonal Violence, 14* (1), 3-20.

Sturmey, P., & McMurrin, M., (Eds.) (2011). *Forensic Case Formulation*. Chichester: Wiley-Blackwell.

Tashakkori, A., Teddlie, C., & Sines, M. C. (2012). Utilizing Mixed Methods in Psychological Research. In J. A. Schinka & W. F. Velicer (Eds.), *Research Methods in Psychology*, (pp.428-450). New York: Wiley.

Thompson, C. M., & Dennison, S. M. (2008). Defining relational stalking in research: Understanding sample composition in relation to repetition and duration of harassment. *Psychiatry, Psychology and Law, 15* (3), 482-499.

Tjaden, P., & Thoennes, N. (1998). *Stalking in America: Findings from the National Violence Against Women Survey*. Washington, DC: US Department of Justice.

Webster, C. D., Douglas, K. S., Eaves, D., & Hart, S. D. (1997). *HCR-20: Assessing risk of violence* (Version 2). Vancouver, British Columbia, Canada: Simon Fraser University, Mental Health Law and Policy Institute.

Weller, M., Hope, L., & Sheridan, L. (2012). Police and public perceptions of stalking: The role of prior victim-offender relationship. *Journal of Interpersonal Violence, 28*(2), 320-339.

Welsh, J. L., Schmidt, F., McKinnon, L., Chattha, H. K., & Meyers, J. R. (2008). A comparative study of adolescent risk assessment instruments - Predictive and incremental validity. *Assessment, 15* (1), 104-115.

Westrup, D. (1998). Applying functional analysis to stalking behavior. In J. R. Meloy (Ed.), *The psychology of stalking: Clinical and forensic perspectives* (pp. 275-294). San Diego: Academic Press.

Westrup, D., Thompson, R. N., Lewis, S. F., & Fremouw, W. J. (1999). The psychological impact of stalking on female undergraduates. *Journal of Forensic Science, 44*(3), 554-557.

Wittink, M. N., Barg, F. K., & Gallo, J. J. (2006). Unwritten rules of talking to doctors about depression: integrating qualitative and quantitative methods. *The Annals of Family Medicine, 4* (4), 302-309.

Wylie, N. (2013). *An exploration of females who use socially intrusive behaviours: from psychological characteristics to treatment*. Unpublished DForenPsy thesis: University of Nottingham, UK.

Yang, M., Wong, S. C., & Coid, J. (2010). The efficacy of violence prediction: a meta-analytic comparison of nine risk assessment tools. *Psychological Bulletin, 136* (5), 740-767. Zarrett, N., & Eccles, J. (2006). The passage to adulthood: Challenges of late adolescence. *New Directions for Youth Development, 111*, 13-28.

Zarrett, N., & Eccles, J. (2006). The passage to adulthood: Challenges of late adolescence. *New Directions for Youth Development, 111*, 13-28.

Zeng, X., Zhang, Y., Kwong, S. W., Zhang, C., Li, S., Sun, F., Niu, Y. & Du, L. (2015). The methodological quality assessment tools for preclinical and clinical studies, systematic review and meta-analysis, and clinical practice guideline: a systematic review. *Journal of Evidence-Based Medicine, 8* (1), 2-10.

Zona, M. A., Sharma, K. K. & Lane, J. (1993). A comparative study of erotomanic and obsessional subjects in a forensic sample. *Journal of Forensic Science, 38* (4), 894-903.

Appendices

2.a. Participant Consent Form

PARTICIPANT CONSENT FORM

Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

Study ID - 177303

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

Name of Participant:

Please initial box

- 1. I confirm that I have read/had read to me* (delete as appropriate) and understand the information sheet version numberdated..... for the above study and have had the opportunity to ask questions.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.
- 3. I understand that relevant sections of my data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. 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.
- 4. I understand that the interview will be recorded and that anonymous direct quotes from the interview may be used in the study reports.
- 5. I understand that information about me recorded during the study will be kept in a secure database. If the data is transferred it will be made anonymous. Data will be kept for 7 years after the study has ended.
- 6. I understand that all information provided during the study will remain confidential, however, the researcher will have to follow child protection laws and hospital/school policy if I disclose information about harming myself or others. The appropriate individuals will be informed of the information disclosed
- 7. I agree that my demographic information can be accessed and used in the study.
- 8. I agree to take part in the above study.

Name of Participant*

Date

Signature

Name of Person taking consent

Date

Signature

2 copies: 1 for participant, 1 for the project notes.

2.b. RC Capacity Declaration Form

**RESPONSIBLE CLINICIAN CAPACITY DECLARATION FORM
Final version 3.1: 19/05/15**

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

**Study ID - 177303
NRES ref: 15/EM/0115**

Name of Researcher: Amy Mckechnie

To be filled in by the patient's responsible clinician:

Name of Participant:

Please initial if agree

- I confirm that the above patient has capacity to make an informed decision regarding their involvement in the research stated above.
- I agree that the patient is suitable for inclusion in this research.

Please sign below:

Name:

Relationship to patient:

Signature:

Date:

2 copies: 1 for Responsible Clinician, 1 for the project notes.

2.c. Invitation Letter for Community Sample

INVITATION LETTER FOR PARTICIPANT

Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

Study ID - 177303

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

Name of Participant:

Dear participant,

You are receiving this invitation letter as a result of your shown interest in taking part in the research study, which is named above. The study is being done as part of the researchers' university course, a Doctoral programme, at the University of Nottingham. Ethical approval has been given by NRES ethics committee for the research to go ahead and your establishment have also provided approval that they allow the research to take place here.

The research taking place is looking at young males, aged 16 to 18 years old, views' of intrusive behaviours when the individual is seeking a relationship with an ex-partner. If you are not sure what intrusive behaviour means, it is somebody who is invading personal space and is trying to get too close without being invited by the other person. It will also look at what behaviours are viewed/conducted in order to rekindle the past relationship and why young males do these behaviours (motives) towards an ex-partner.

You will be provided with an information sheet which will give you more information on the study and tell you what you will be asked to do during it. You will also be able to ask any questions you may have about the study. Once you have shown a further interest in taking part you will also be asked to complete a demographic information sheet, which will ask questions such as your age or whether you have any convictions. This will help the researcher to see whether you meet the study's criteria. Additionally, you will be required to provide written consent to take part in the research in order to document that you agree to take part. Your participation will only occur if you provide written consent.

Thank you for taking the time to read/listen to this letter.

Amy Mckechnie (Researcher)



2.d. Invitation Letter for Forensic Sample

INVITATION LETTER FOR PARTICIPANT

Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

Study ID - 177303

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

Name of Participant:

Dear participant,

You are receiving this invitation letter as a result of your shown interest in taking part in the research study, which is named above. The study is being done as part of the researchers' university course, a Doctoral programme, at the University of Nottingham. Ethical approval has been given by NRES ethics committee for the research to go ahead and your establishment have also provided approval that they allow the research to take place here.

The research taking place is looking at young males, aged 16 to 18 years old, views' of intrusive behaviours when the individual is seeking a relationship with an ex-partner. If you are not sure what intrusive behaviour means, it is somebody who is invading personal space and is trying to get too close without being invited by the other person. It will also look at what behaviours are viewed/conducted in order to rekindle the past relationship and why young males do these behaviours (motives) towards an ex-partner.

You will be provided with an information sheet which will give you more information on the study and tell you what you will be asked to do during it. You will also be able to ask any questions you may have about the study. The researcher will also access your electronic files to look at your personal information to see whether you meet the study's criteria. This will only happen when you have given your written consent (point seven on the consent form). Additionally, your written consent is required in order for you to take part in the research. This will also document that you agree to take part. Your participation will only occur if you provide written consent

Thank you for taking the time to read/listen to this letter.

Amy Mckechnie (Researcher)



2.e. PIS for Community Sample

Participant Information Sheet Final version 3.1: 19.05.15

Title: Investigating male adolescents obsessive relational intrusive behaviours, motives and perceptions.

Study ID – 177303

Name of Researcher(s): Amy Mckechnie

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what you will be asked to do. One of our team will go through this information sheet with you and answer any questions you may have. Ask us if there is anything you don't understand or want to know more about. You can also talk to other people about the study if you wish.



Just ask!

What is the purpose of the study?

This research is being done for the researchers' university course, a doctoral programme. The study is looking at young males' thoughts and views of intrusive behaviour. As well as, if the behaviour is similar to adult males when wanting to get back with an ex-partner. If you are not sure what intrusive behaviour means, it is somebody who is invading personal space and is trying to get too close without being invited by the other person. Reasons why (motives) young men do these intrusive behaviours towards an ex-partner will also be looked at. The study will also be looking at whether young males with a history of offending and a diagnosis of a mental illness are more likely to engage in intrusive behaviours when trying to get back with an ex-partner.

Why have I been invited?

You are being invited to take part because you are a male adolescent between the ages of 16-18. We are inviting 66 participants like you to take part. There will be some participants recruited your college and from a secure unit, all of whom will meet the study's' criteria (explained further down).





Do I have to take part? It is up to you to decide whether or not to take part.

If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form so other people know you chose to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason. This would not affect your legal rights.



What will happen to me if I take part?

If you want to take part in the study, a time will be arranged to meet with the researcher if you have shown an interest. During the arranged meeting you will be provided with an information sheet (what you are reading/listening to now), a demographic form (personal information) and a consent form in order to provide your written consent. Once consent is provided and you meet the criteria, the study will begin.

You will have to spare 30 minutes of your time to take part in the study's tasks. You will be asked to do three different tasks, which are described below:

- 1) Listen to a recorded tape which is about a made up intrusive scenario, then answer a number of questions about what you have just heard. Your answers will be written on a scale of 1 to 5.
- 2) Two little tasks will happen next, where you will have to mark an 'X' on a piece of paper you are given. You will be given different instructions for each task.
- 3) A short interview will then happen between you and the individual doing the study with you. You will be asked to answer all of the questions you are asked. The interview will be recorded so the researcher can hear everything that you share.



During your slot, three people will be present in the room. The administrator of the study, the participant (you) and a member of staff from the place you were recruited from such as a teacher/teaching assistant.

You need to be aware that the researcher will some need personal information, such as any diagnosis's you may have or if you have a criminal record. This information will be provided by yourself, prior to beginning study, by answering questions on a form (demographic).

It is important you attend the scheduled visits and take part in the study honestly and openly. In order for the researcher to gain all the data, you will need to answer all the questions that the researcher asks and complete the tasks that are given to you.

Do I get paid to take part?

You will not be paid to take part in the study. You will be visited by the individual doing the study and so no travel expenses will be offered for any visits you have as a result of taking part.

What are the possible disadvantages and risks of taking part?

Your welfare is very important to the researcher and so, the study should not cause you any problem as your participation is voluntary and visits have been arranged at a time you have chosen.



I just want to tell you that some parts of the tasks may be of a sensitive nature to some participants as it is looking at potential harassment and stalking behaviours. This may lead to some participants experiencing a negative affect and possible feelings of distress and discomfort. Therefore, when you are taking part in the study, appropriate members of staff will be told you have chosen to take part so they can provide the appropriate support and supervision usually available to you. If you do feel uncomfortable or distressed during the study, please let the person know and they will ask whether you want to continue or stop.

Participants taking part in the study from the college will fit the criteria below:

- Male adolescent aged 16 - 18 years old.
- No diagnosis of a Mental Health Problem.
- Non-offenders.
- Adolescents aged 16 years and over, who have given informed consent.



Participants will not be asked if they fit the criteria below:

- Male adolescents who are over 19 years of age and adolescents 15 years old and younger.
- Adolescents aged 16 years and over, who have not given informed consent.
- Individuals on the ASD spectrum.
- Female adolescent participants.



What if I am unaware of a mental health condition?

You will be asked to fill in a form (demographic information sheet) to the best of your knowledge before you take part in the study. This information will tell the researcher your personal details which are needed to know whether you meet the criteria of the study. It will include your age, whether you have a conviction and whether you have a diagnosis of a mental illness.

If, in the unlikely event, it becomes apparent during the study there is a possibility of a mental health condition you or your parent/care provider are unaware of, the administrator will stop the study and your participation end. This will result in your information not being used in the data collection. You would be offered support and supervision from appropriate staff members, if you required it. The researcher will then inform the appropriate people of their concerns regarding a possibility of a mental health condition. This will include members of staff at your school, in order for them to follow appropriate procedures.

What are the possible benefits of taking part?

All information that is collected in the study helps other individuals understand what intrusive behaviours young males do, why young males think they do them (motives) and what young males think intrusive behaviours are when trying to get back together with an ex-partner.

It may also help develop a treatment programme for young males who carry out intrusive behaviours towards an ex-partner which makes them more aware of the issue and gives them a greater understanding of the behaviours.

Findings may also give the public and law enforcements, like the policemen/women or judges, a greater insight and help increase their knowledge on behaviours that are engaged in a lot which is, at the moment, not really researched or fully understood.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. The researchers contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you should then contact the Ethics Committee Administrator, Mrs Louise Sabir, Division of Respiratory Medicine, D Floor, South Block, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail louise.sabir@nottingham.ac.uk."



Will my taking part in the study be kept confidential?

The individuals involved in the study will follow ethical and legal practice and all information about you will be handled in confidence. All information you disclose during the study will also be kept **strictly confidential** and nobody will know what the information you give, apart from the person in the room, as it your data will be **anonymous**.

The researcher would like to stress to you that information you tell the person during the study will not result in you being labelled as an individual who conducts intrusive behaviours. Additionally, the information will not be used in any clinical formulations of you. The information you tell the person in the room with will not affect any aspect of your education, as all information remains confidential.

However, if you disclose any information during the study that the two individuals (person asking you the questions and the member of staff) present in the room deem as being obvious signs of intrusive behaviours that raise concern and/or you are presenting as a risk to yourself and/or others, this will have to be disclosed to appropriate individuals. Therefore, this information will **not remain confidential**. These individuals will include the researchers' academic supervisor and members of staff at the school for them to take the correct action and follow policies. In the unlikely event this were to happen it may be that social services and/or the police may be told what you have disclosed. The same procedures will also be followed if you disclose any information that raises concern about your welfare as the researcher has a duty of care to all participants. Participation will stop if these disclosures or signs were to occur.

If you do the study, some parts of your data collected for the study will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

All information which is collected about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database. Any information about you which leaves the institution will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised from it.

Your personal data (school address, telephone number) will be kept for a year after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All other data (research data) will be kept securely for 7 years. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

What will happen if I don't want to carry on with the study?

You chose whether you want to take, as participation is voluntary, and you are free to withdraw at any time, without giving any reason and you will not be penalised if you wish to do so. Information will not be included in the study and will be destroyed.

What will happen to the results of the research study?

As the research study is being conducted as part of a researchers' university studies, doctoral programme, all information and results will be written up in a thesis and will be discussed in their research viva. It is also possible the results may be published in the future. You **will not** be identified in any of the report and the information you provide will not be traced back to you.



Who is organising and funding the research?

It is expected that the costs of this study will be minimal as the majority of future participants are at the researchers' current placement. However, the researcher will fund all the materials needed.

Who has reviewed the study?

All research in the University of Nottingham is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by NHS and the University of Nottingham's Research Ethics Committee.

Further information and contact details

If you have any further questions or would like to have a question answered in the future please contact:

Chief Investigator: Dr Simon Duff
Phone: 0115 823 2213
Email: Simon.Duff@nottingham.ac.uk

Researcher: Amy Mckechnie
Email: lwakm@nottingham.ac.uk

2.f. PIS for Forensic Sample

Participant Information Sheet Final version 3.1: 19.05.15

Title: Investigating male adolescents obsessive relational intrusive behaviours, motives and perceptions.

Study ID – 177303

Name of Researcher(s): Amy Mckechnie

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what you will be asked to do. One of our team will go through this information sheet with you and answer any questions you have. Ask us if there is anything you don't understand or want to know more about. You can also talk to other people about the study if you wish.



Just ask!

What is the purpose of the study?

This research is being done for the researchers' university course, a doctoral programme. The study is looking at young males' thoughts and views of intrusive behaviour. As well as, if the behaviour is similar to adult males when wanting to get back with an ex-partner. If you are not sure what intrusive behaviour means, it is somebody who is invading personal space and is trying to get too close without being invited by the other person. Reasons why (motives) young men do these intrusive behaviours towards an ex-partner will also be looked at. The study will also be looking at whether young males with a history of offending and a diagnosis of a mental illness are more likely to engage in intrusive behaviours when trying to get back with an ex-partner.

Why have I been invited?

You are being invited to take part because you are a male adolescent between the ages of 16-18. We are inviting 66 participants like you to take part. There will be some participants recruited from the establishment you are currently at and a college, all of whom will meet the study's criteria (explained further down).





Do I have to take part? It is up to you to decide whether or not to take part.

If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form so other people know you chose to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason. This would not affect your legal rights.



What will happen to me if I take part?

If you want to take part in the study, a time will be arranged to meet with the researcher if you have shown an interest. During the arranged meeting you will be provided with an information sheet (what you are reading/listening to now) and a consent form in order to provide your written consent. Once consent is provided the study will begin.

You will have to spare 30 minutes of your time to take part in the study's tasks. You will be asked to do three different tasks, which are described below:

- 1) Listen to a recorded tape which is about a made up intrusive scenario then answer a number of questions about what you have just heard. Your answers will be written on a scale of 1 to 5.
- 2) Two little tasks will happen next, where you will have to mark an 'X' on a piece of paper you are given. You will be given different instructions for each task.
- 3) A short interview will then happen between you and the individual doing the study with you. You will be asked to answer all of the questions you are asked. The interview will be recorded so the researcher can hear everything that you share.



During your slot, three people will be present in the room. The administrator of the study, the participant (you) and a member of staff, such as a nurse or healthcare assistant.

You need to be aware that the researcher will sometimes need personal information, such as any diagnosis's you may have or if you have a criminal record. The researcher will get this information from your electronic files. This information will only be accessed if you have given your written consent (point seven on the consent form). This is so the researcher can check you meet the study's criteria (explained further down).

It is important you attend the scheduled visits and take part in the study honestly and openly. In order for the researcher to gain all the data you will need to answer all the questions that the researcher asks and complete the tasks that are given to you.

Do I get paid to take part?

You will not be paid to take part in the study. You will be visited by the individual doing the study and so no travel expenses will be offered for any visits you have as a result of taking part.

What are the possible disadvantages and risks of taking part?

Your welfare is very important to the researcher and so, the study should not cause you any problem as your participation is voluntary and visits have been arranged at a time you have chosen.



I just want to tell you, that some parts of the tasks may be of a sensitive nature to some participants as it is looking at potential harassment and stalking behaviours. This may lead to some participants experiencing a negative affect and possible feelings of distress and discomfort. Therefore, when you taking part in the study, appropriate members of staff will be told you have chosen to take part so they can provide the appropriate support and supervision usually available to you. If you do feel uncomfortable or distressed during the study please let the person know and they will ask you whether you want to continue or stop.

Participants taking part in the study from your establishment will fit the criteria below:

- Male adolescent aged 16 - 18 years old.
- Mental Health Problems.
- Offenders.
- Adolescents who have been deemed by their Responsible Clinician to have capacity to give informed consent to participate in the study.
- Adolescents aged 16 years and over who have given informed consent.



Participants will not be asked if they fit the criteria below:

- Male adolescents who are over 19 years of age and adolescents 15 years old and younger.
- Adolescents who have been deemed by their Responsible Clinician not to have capacity to give informed consent to participate in the study.
- Adolescents aged 16 years and over who have not given informed consent.
- Individuals on the ASD spectrum.
- Female adolescent participants.



What if I am unaware of a mental health condition?

Your demographic information will be gained from your electronic files, once you have agreed to take part in the study. The information on your files will tell the researcher your personal details. This information is needed to know whether you meet the criteria of the study and it will include your age, whether you have a conviction and whether you have a diagnosis of a mental illness.

If, in the unlikely event, it becomes apparent during the study there is possibility of a mental health condition you or your parent/care provider are unaware of, the administrator will stop the study and your participation end. This will result in your information not being used in the data collection. You would be offered support and supervision from appropriate staff members, if you required it. The researcher will then inform the appropriate people of their concerns regarding a possibility of a mental health condition. Including members of staff at the hospital, in order for them to follow appropriate procedures.

What are the possible benefits of taking part?

All information that is collected in the study helps other individuals understand what intrusive behaviours young males do, why young males think they do them (motives) and what young males think intrusive behaviours are when trying to get back together with an ex-partner.

It may also help develop a treatment programme for young males who carry out intrusive behaviours towards an ex-partner which makes them more aware of the issue and gives them a greater understanding of the behaviours.

Findings may also give the public and law enforcements, like the policemen/women or judges, a greater insight and help increase their knowledge on behaviours that are engaged in a lot which is, at the moment, not really researched or fully understood.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. The researchers contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you should then contact the Ethics Committee Administrator, Mrs Louise Sabir, Division of Respiratory Medicine, D Floor, South Block, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail louise.sabir@nottingham.ac.uk."



Will my taking part in the study be kept confidential?

The individuals involved in the study will follow ethical and legal practice and all information about you will be handled in confidence. All information you disclose during the study will also

be kept **strictly confidential** and nobody will know what the information you give, apart from the person in the room, as it your data will be **anonymous**.

The researcher would like to stress to you that information you tell the person during the study will not result in you being labelled as an individual who conducts intrusive behaviours. Additionally, the information will not be used in any clinical formulations of you. The information you tell the person in the room with will not affect any aspect of your treatment as all information remains confidential.

However, if you disclose any information during the study that the two individuals (person asking you the questions and the member of staff) present in the room deem as being obvious signs of intrusive behaviours that raise concern and/or you are presenting as a risk to yourself and/or others, this will have to be disclosed to appropriate individuals and therefore, this information will **not remain confidential**. These individuals will include members of staff at the hospital for them to take the correct action and follow policies. In the unlikely event this were to happen it may be that social services and/or the police may be told what you have disclosed. The same procedures will also be followed if you disclose any information that raises concern about your welfare as the researcher has a duty of care to all participants. Participation will stop if these disclosures or signs were to occur.

If you do the study, some part of your data collected for the study will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

All information which is collected about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database. Any information about you which leaves the institution will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised from it.

Your personal data (hospital address, hospital telephone number) will be kept for a year after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All other data (research data) will be kept securely for 7 years. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

What will happen if I don't want to carry on with the study?

You chose whether you want to take as participation is voluntary and you are free to withdraw at any time, without giving any reason and you will not be penalised if you wish to do so. Information will not be included in the study and will be destroyed.

What will happen to the results of the research study?

As the research study is being conducted as part of a researchers' university studies, doctoral programme, all information and results will written up in a thesis and will be discussed in their research viva. It is also possible the results may be published in the future. You **will not** be identified in any of the report and the information you provide will not be traced back to you.



Who is organising and funding the research?

It is expected that the costs of this study will be minimal as the majority of future participants are at the researchers' current placement. However, the researcher will fund all the materials needed.

Who has reviewed the study?

All research in the University of Nottingham is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by NHS and the University of Nottingham's Research Ethics Committee.

Further information and contact details

If you have any further questions or would like to have a question answered in the future please contact:

Chief Investigator: Dr Simon Duff
Phone: 0115 823 2213
Email: Simon.Duff@nottingham.ac.uk

Researcher: Amy Mckechnie
Email: lwakm@nottingham.ac.uk

2.g. Demographic Sheet for Community Sample

DEMOGRAPHIC INFORMATION SHEET FOR PARTICIPANT

Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

Study ID - 177303

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

Name of Participant:

Dear Participant,

You are receiving this demographic information sheet as a result of your shown interest in participating in the research study, which is named above. The study is being conducted as part of the researchers' university course, a Doctoral programme, at the University of Nottingham. Ethical approval has been given by NRES ethics committee for the research to go ahead and Aquinas College have also provided approval that they allow the research to take place within the establishment.

As you are above the age of 16, you are ethically eligible to provide your own informed consent to voluntarily participate in the study. However, I would just like to summarise the study, which is titled above, for you, as you have shown an interest in taking part. The research taking place is looking at young males, aged 16 to 18 years old, views' of intrusive behaviours when the individual is seeking a relationship with an ex-partner. If you are not sure what intrusive behaviour means, it is somebody who is invading personal space and is trying to get too close without being invited by the other person. It will also look at what behaviours are viewed/conducted in order to rekindle the past relationship and why young males do these behaviours (motives) towards an ex-partner.

Below are some questions the researcher is asking you to complete. It is important that you complete the form to the best of your knowledge and you answer each question honestly. Completing this form tells the researcher whether you meet the criteria of the study. For more information on the inclusion criteria and why these characteristics are being examined please look at the information sheet or ask the administrator.

Please complete the following questions to the best of your knowledge. Please be completely honest and open with your details:

1) Participant's Full Name:

2) Participant's Age:

3) Participant's Gender:

4) Participant's Ethnicity:

5) Does the participant have a criminal record? (A criminal record means a person has committed and been charged for a crime) **(please tick correct response)**

Yes

No

If 'yes', please provide further detail in the space below. Please include *all* convictions, cautions, reprimands and final warnings:

6) Does the participant have a diagnosis of a mental illness? **(Please tick correct response)**

Yes

No

If 'yes', please provide further detail in the space below: Please include *all* diagnoses:

Thank you for taking the time to read and complete this demographic information form.

Amy Mckechnie (Researcher)

2.h. Hypothetical Stalking Vignette

PARTICIPANT HYPOTHETICAL ORI VIGNETTE

Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

Study ID- 177303

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

Lily is a 16 year old teenager from London, doing her GCSE's at school. She works part time in her corner shop near where she lives in order to get some pocket money. Lily has enjoyed her time at school, and plays on the school netball team. Jimmy goes to the same school and is the same year as Lily. Jimmy enjoys playing in the park with his friends. Lily and Jimmy met at school and have known each other for 5 years now. They dated for about a year, then Lily broke up with Jimmy after deciding the relationship wasn't working. Jimmy wants to get back with Lily. Since then Jimmy has been contacting Lily each day by text messages and has tried to call Lily at work and at her home on several occasions. Lily no longer replies or answers the calls. For the past six weeks, Jimmy has waited for Lily after work in order to try and strike up a conversation with her. Lily has told a friend that she is uncomfortable with Jimmy's behaviour and that she doesn't want to be in contact with Jimmy.

2.i. Participant Questionnaire

PARTICIPANT Questionnaire

Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

1) Where does Lily work?

2) Where did Jimmy and Lily meet?

3) How likely do you think the police need to be involved?

1	2	3	4	5
Not likely at all				Very likely

4) How dangerous do you perceive this situation?

1	2	3	4	5
Not likely at all				Very likely

5) Where does Jimmy like to play?

6) How likely do you think Lily should be worried about her safety?

1	2	3	4	5
Not likely at all				Very likely

7) How long did Jimmy and Lily date?

8) How likely do you think Jimmy needs help from a hospital for his mental health?

1	2	3	4	5
Not likely at all				Very likely

9) How likely do you think Lily is to blame for this situation?

1	2	3	4	5
Not likely at all				Very likely

10) How likely do you think Jimmy is to blame for this situation?

1	2	3	4	5
Not likely at all				Very likely

11) How likely do you think Lily could stop this situation from happening again?

1	2	3	4	5
Not likely at all				Very likely

12) Where is Lily from?

13) How likely will somebody be injured?

1	2	3	4	5
Not likely at all				Very likely

14) How likely would you suggest this is stalking?

1	2	3	4	5
Not likely at all				Very likely

2.j. Interview Schedule

Participant Interview Schedule Final version 3.1: 19/05/15

Title of Study: Investigating male adolescents obsessive relational intrusive behaviour, motives and perceptions.

Study ID- 177303

NRES ref: 15/EM/0115

Name of Researcher: Amy Mckechnie

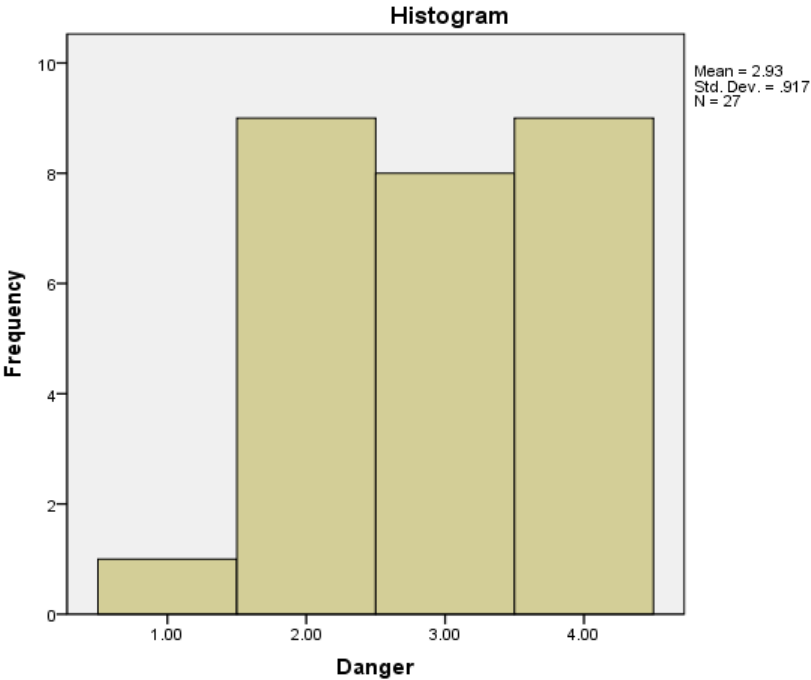
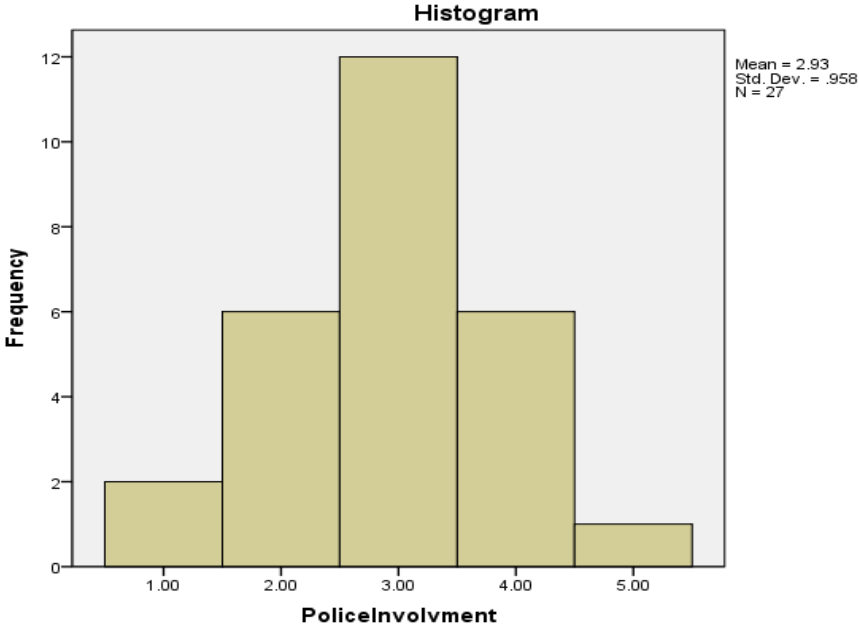
- 1) If you were Jim and you wanted to try and win Lily back, what would you do? Would you send texts like Jim did? Or send gifts? What would you do?
- 2) If Lily was not responding to your texts or calls, how would you get her to speak to you? Would you contact anybody else to get her to speak to you? Such as her friends/family?
- 3) What would you do to let Lily know that you still liked her and wanted to be in a relationship?
- 4) Have you ever been in a similar situation? Where you broke up with a partner and you wanted to get back together? If yes, what did you do to show them you wanted to get back together?
- 5) Why do you think Jim wants to get back with Lily?
- 6) Do you think Jim wants control and power over Lily? Or do you think he is wanting a relationship because he is obsessed with her?
- 7) Why did you want to get back with your ex-partner?
- 8) How do you think Jim feels about the situation?
- 9) How do you think Lily feels?
- 10) How did you feel when your ex-partner broke up with you? How did you feel towards them?
- 11) Do you think young people want to get back with their ex-partners to control that person?
- 12) Do you think jealousy is a reason why young males want to get back with their ex-girlfriends?

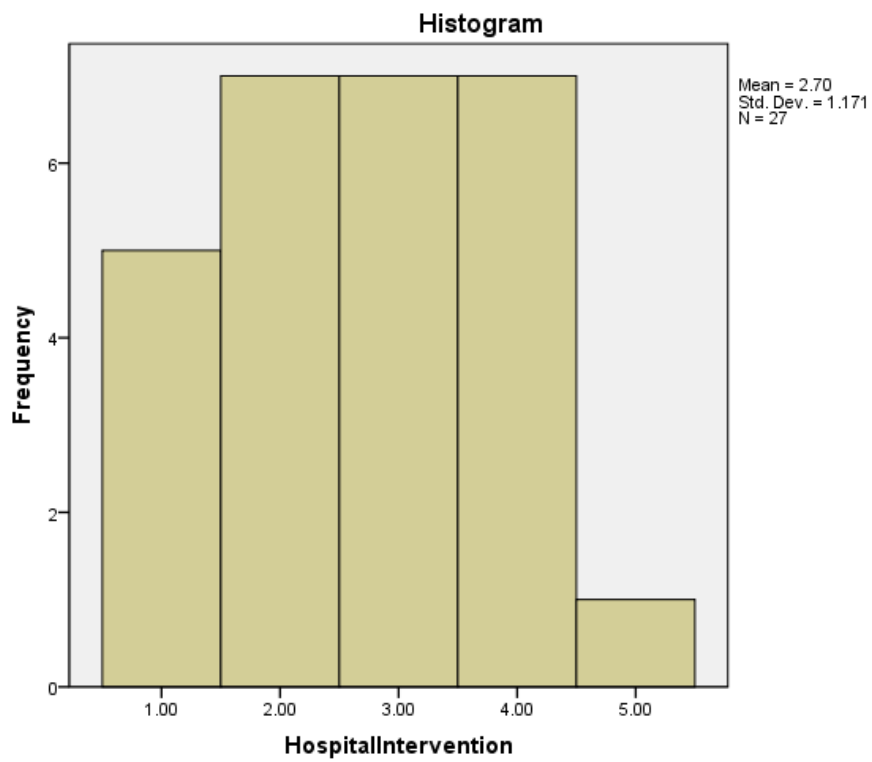
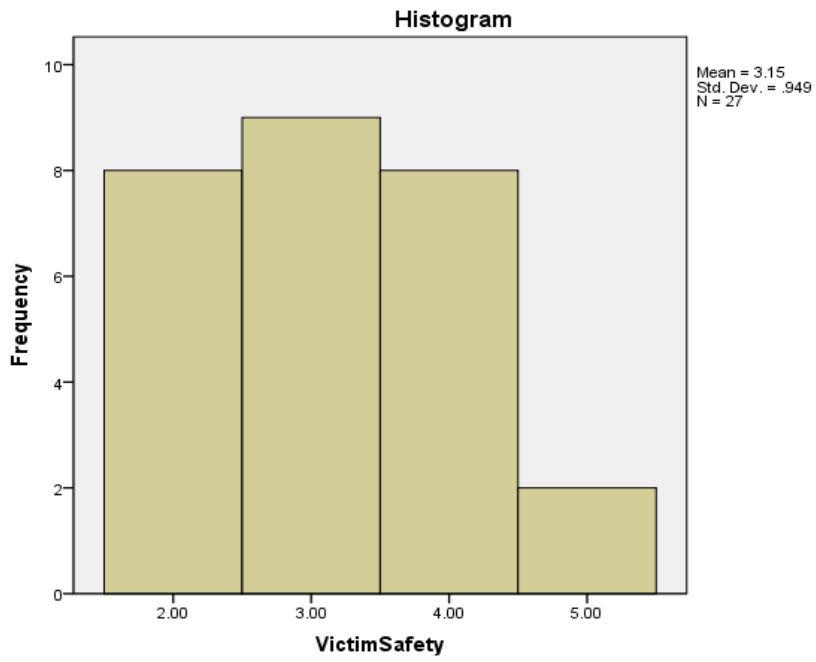
2.k. SPSS output

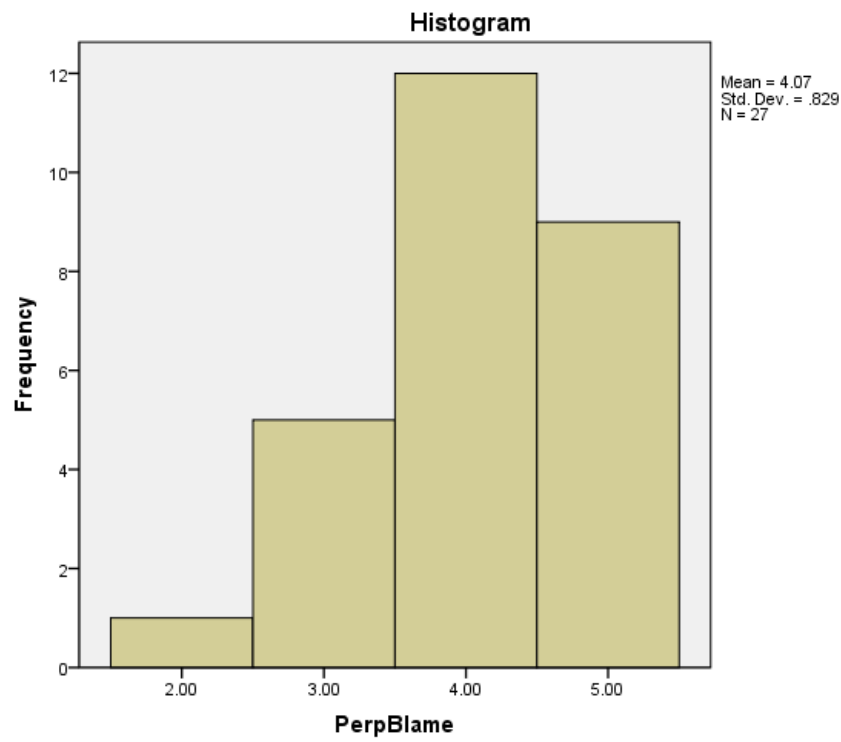
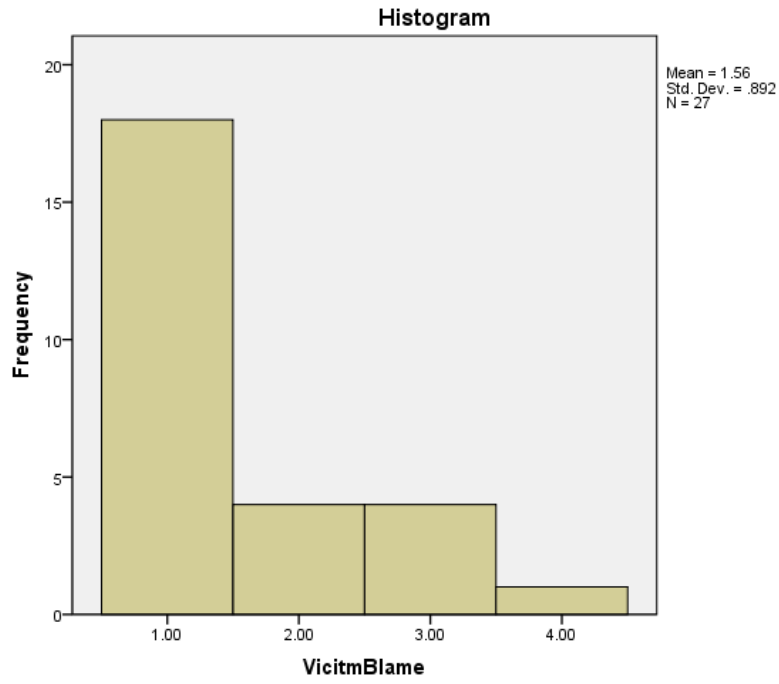
Table 4.1. Mann-Whitney U-test findings for each of the nine dependent variables

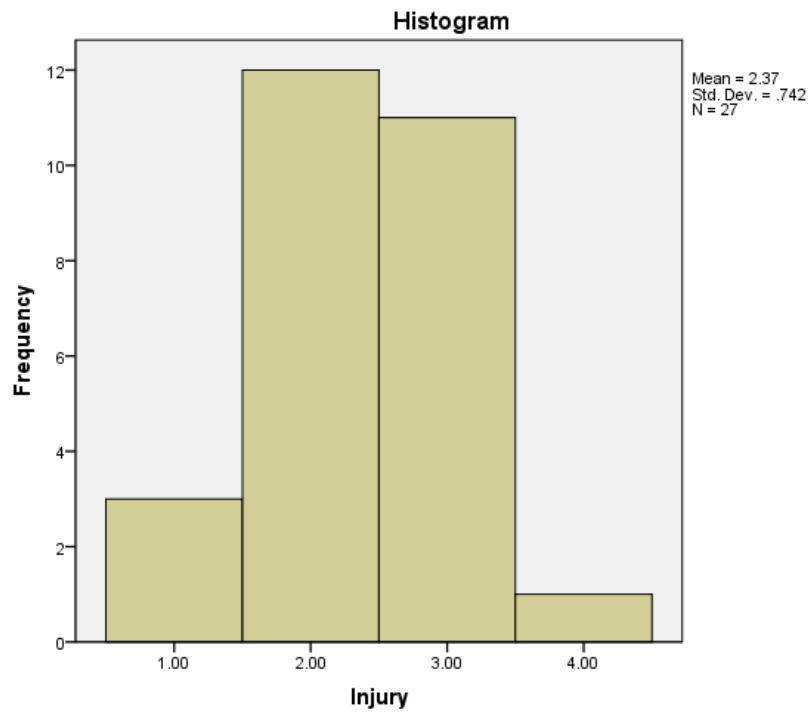
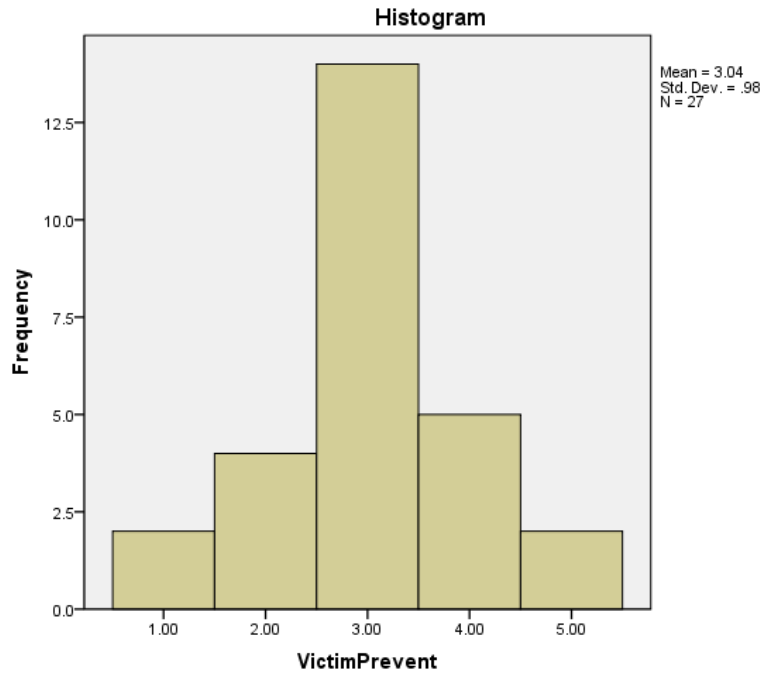
	<i>Mann-Whitney U</i>	<i>Z</i>	Exact Sig (P)	<i>r</i>
Police Involvement	30	-1.16	.30	0.2
Danger	26	-1.44	.19	0.3
Victim Safety	41.5	-.32	.77	0.06
Hospital intervention	44	-.14	.92	0.02
Victim blame	43	-.25	.87	0.05
Perpetrator blame	31	-1.13	.30	0.2
Victim prevention	41.5	-.33	.77	0.06
Injury	43.5	-.19	.87	0.04
Stalking	43.5	-.18	.87	0.04

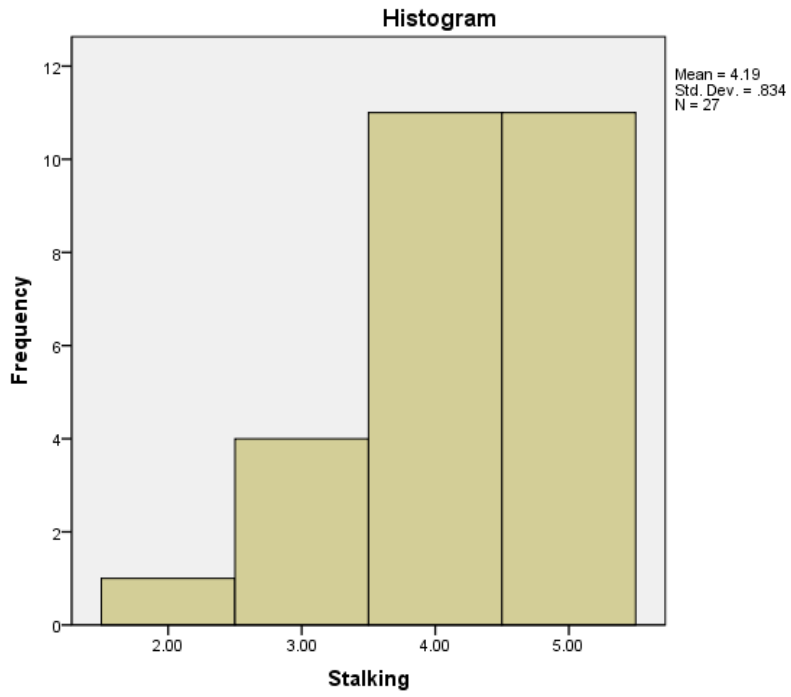
2.1. Visual representation of means for each dependent variable









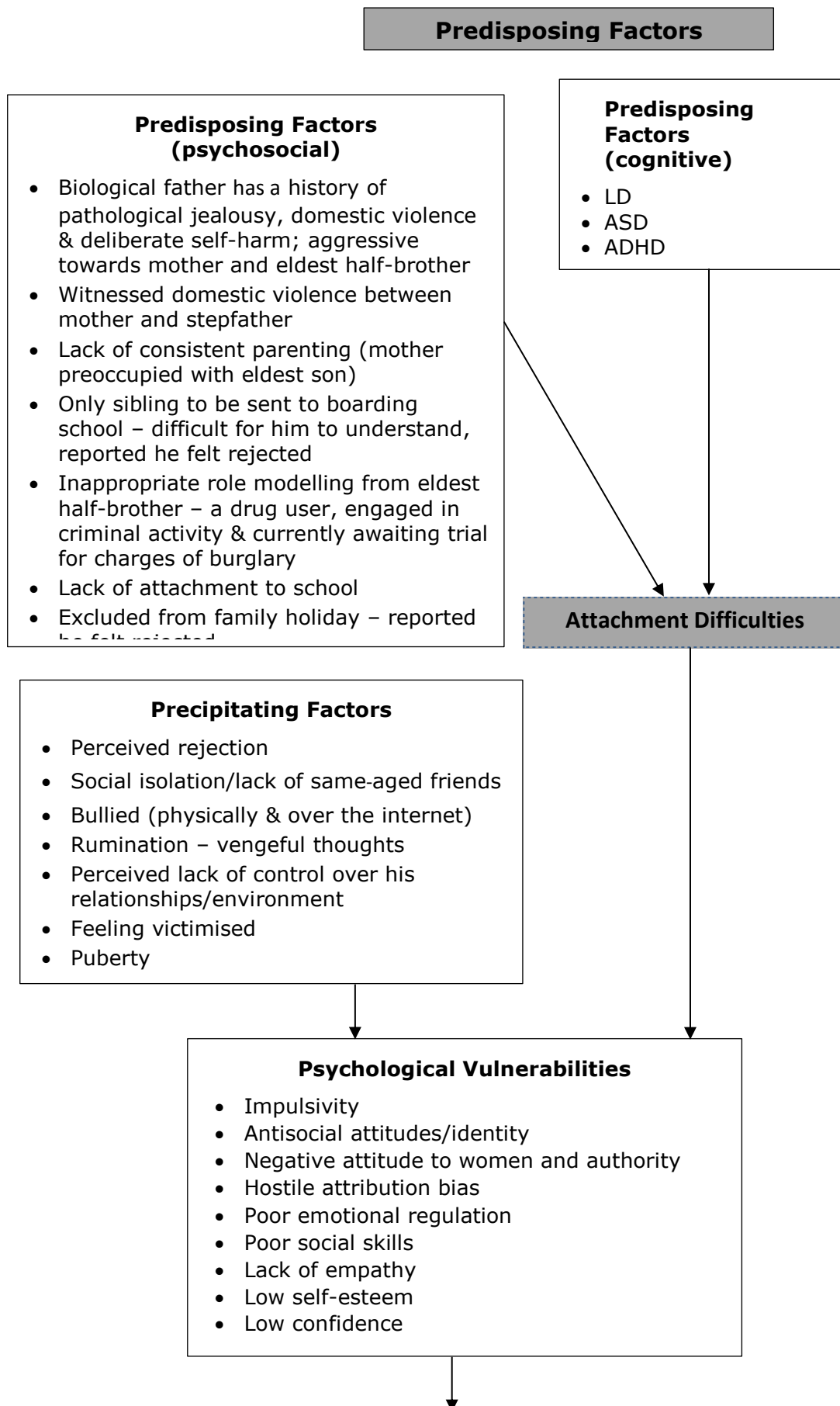


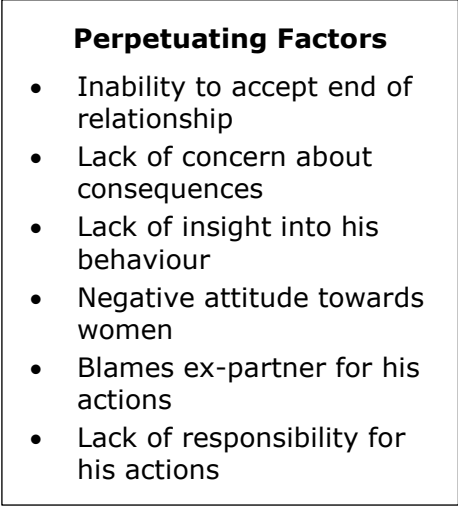
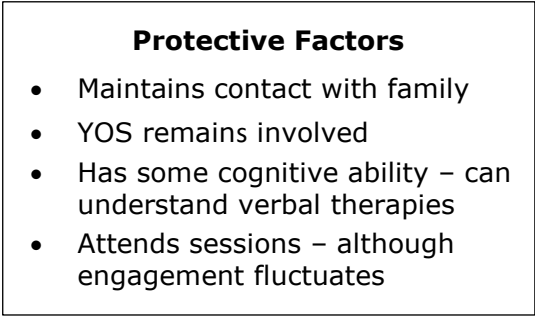
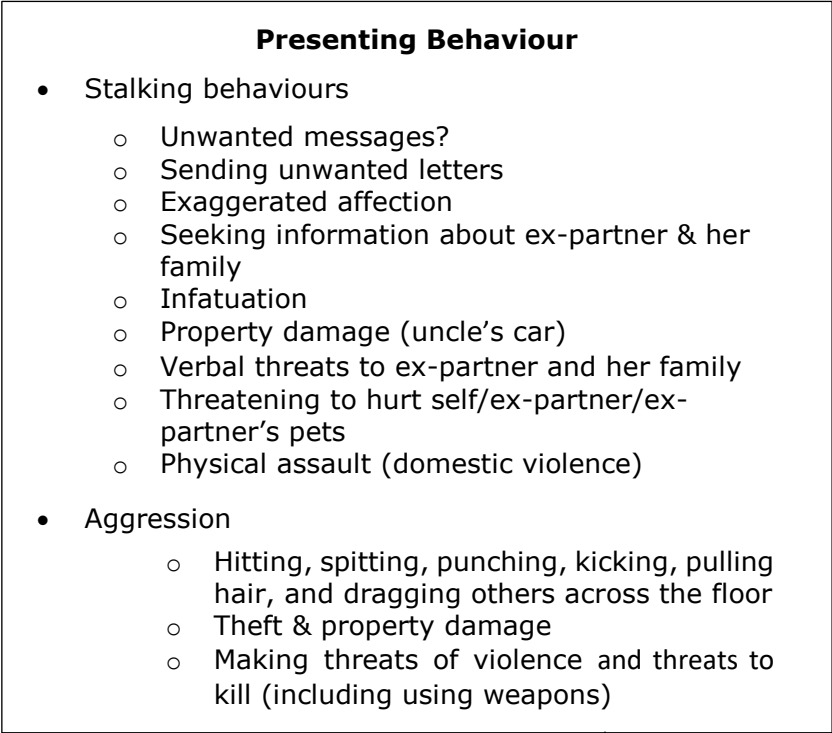
3.a. Summary of SAVRY risk items

Dynamic Risk items	Rating (April 2014)
<i>Historical Risk Factors</i>	
History of violence	<i>High</i>
History of non-violent offending	<i>High</i>
Early initiation of violence	<i>High</i>
Past supervision/intervention failures	<i>High</i>
History of self-harm or suicide attempts	<i>High</i>
Exposure to violence at home	<i>Moderate</i>
Childhood history of maltreatment	<i>Moderate</i>
Parent/caregiver criminality	<i>Low</i>
Early caregiver disruption	<i>High</i>
Poor school achievement	<i>High</i>
<i>Social/Contextual Risk Factors</i>	
Stress & poor coping	<i>High</i>
Poor parental management	<i>Moderate</i>
Peer rejection	<i>High</i>
Peer delinquency	<i>Moderate</i>
Lack of personal/social support	<i>Moderate</i>
Community disorganisation	<i>Unable to rate</i>
<i>Individual/Clinical Risk Factors</i>	
Negative attitudes	<i>High</i>
Anger management	<i>High</i>
Low empathy/remorse	<i>High</i>
Risk-taking/impulsivity	<i>High</i>
Poor compliance	<i>High</i>
Attention deficit/ hyperactivity difficulties	<i>High</i>
Substance-use difficulties	<i>Low</i>
Low interest commitment to school	<i>Moderate</i>

<i>Additional Factors</i>	
Cognitive functioning	
Acquired brain injury	
<i>Protective Factors</i>	
Prosocial involvement	<i>Absent</i>
Strong social support	<i>Present</i>
Strong attachment and bonds	<i>Partially Present</i>
Positive attitude towards intervention and authority	<i>Absent</i>
Strong commitment to school	<i>Present</i>
Resilient personality traits	<i>Absent</i>

3.b. Diagrammatic risk formulation





3.c. Letter of consent from RC

3.d. Letter of consent Mr A

5.a. Search Syntax

The searches were conducted on seven different bibliographic databases between 03rd June 2016 and 23rd June 2016. No search parameters were included in relation to the year of publication as this was not highlighted as a concern during the protocol phase.

The search terms, which are described below, generated the following number of 'hits':

1. Pubmed = 908
2. PsychInfo = 72
3. OVID = 105
4. BJPsych = 13
5. APAPsych = 16
6. Cochrane = 3
7. SSRN = 146
8. Campbell Collaboration = 0

Pubmed, PsychInfo, BJPsych, APAPsych, SSRN & OVID

Identical search terms were used across the six electronic databases: searching title, abstract and keyword. Search terms were as follows:

(stalk*) OR (harass*) OR (intrusive behaviour) OR (obsessive relational intrusion) OR (intrusion) OR (unwanted contact) OR (follow*)

AND

(impact*) OR (consequence*) OR (effect*)

AND

(emotion*) OR (psycholog*) OR (occupant*) OR (social*) OR (interpersonal difficulties) OR (mental* health) OR (cop*)

AND

(victim*) OR (female) OR (male) OR (adolescent)

Cochrane & Campbell Libraries

The Cochrane Library search was conducted in the 'title, abstract or keywords' function. The Campbell Library search was directed in the 'all text' function.

The following search terms were used for both searches:

(stalk* OR harass* OR intrusive behaviour OR obsessive relational intrusion OR intrusion OR unwanted contact OR follow*) AND (impact* OR consequence* OR effect*) AND (emotion* OR psycholog* OR occupant* OR social* OR interpersonal difficulties OR mental* health OR cop*) AND (victim* OR female OR male OR adolescent)

Grey Literature

ProQuest - Search refined to "the impact of stalking" 0 results.

The British Library – search refined to "the impact of stalking" 2 results, one excluded on title, one excluded no permitted access.

DART – search refined to "the impact of stalking" 0 results.

OpenGrey – search refined to "victims of stalking" 1 result, 1 excluded no permitted access.

5.b. Screening Tool

PECO inclusion and exclusion criteria screening tool

	Inclusion	Exclusion
<u>P</u>opulation	Victims of stalking: <ul style="list-style-type: none"> • Female • Male • Adolescent • All ages 	Professionals who have reported stalking victimisation perpetrated by patients or ex-patients who they have had contact with through their occupation
<u>E</u>xposure	Experienced direct stalking behaviours over a period of two weeks and longer	Indirect stalking e.g. cyberstalking. Stalking experiences under a two week period.
<u>C</u>omparator	Individuals who do not experience negative outcomes of stalking victimisation, differences between male and female victims or no comparator	Impact of other crimes on victims e.g. victims of sexual offending
<u>O</u>utcome	The consequences victims of stalking encounter as a result of their victimisation	Studies that solely focus on the consequences perpetrators of stalking encounter. Studies that do not examine the impact of stalking on victims.
Study Designs	Prospective and retrospective studies. Experimental and quasi-experimental studies. Qualitative and quantitative research.	

5.c. Data Extraction Form

General Information	
Date of extraction	
Data extraction completed by	
Study number	
Author(s)	
Title	
Type of publication (e.g. journal, book chapter, published, unpublished)	
Year of publication	
Country of origin	
Study Characteristics	
Aims/objectives	
Design	
Inclusion/exclusion	
Describe in full	
Participant Characteristics	
Number in sample	
Number of Males	
Number of Females	
Age range	
Ethnicity	
Victims of stalking	
Relationship between perpetrator and victim	
Exposure	
Direct stalking activities experienced	
Duration of victimisation	
Outcome	
Effects of stalking	
How was the victimisation reported	
Full description of effects	

5.d. CCAT