**Abstract**

Stalking is a pattern of persistent and intrusive behaviours toward a target individual which causes significant distress.

*Purpose.* To provide practitioners with a brief but comprehensive review of the current evidence base for psychological treatment approaches used in the UK that may be useful for stalking therapies.

*Methodology.* A rapid evidence assessment was conducted on papers (post the UK Protection from Harassment Act, 1997) that discuss treatments of stalking (with or without a conviction) and associated offences/disorders. Therapies reviewed were Acceptance and Commitment Therapy, Cognitive Analytic Therapy, Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, and Schema Therapy. Searches for Mentalisation-Based Therapy and Psychodynamic Therapy in relation to stalking were also performed but yielded no results that met inclusion criteria.

*Findings.* There is currently a severely limited evidence base for the efficacy of the psychological treatment of stalking behaviours. Some interventions show promise although a multifaceted, formulation-based approach is likely to be required.

*Practical Implications.* Future research would benefit from robust studies focused on stalking with long-term efficacy follow-ups.

*Originality.* To our knowledge, this is the first rapid evidence review of psychological treatments that directly address stalking behaviour.

*Keywords:* stalking, psychological therapy, treatment approach, rapid evidence assessment

In the UK, the Protection from Harassment Act (1997) declared that those who engage in behaviours that amount to harassment of another are guilty of an offence. However, stalking behaviours were not specifically mentioned until 2012, where stalking is legally identified when two or more incidents are engaged in knowingly (or that should be known; Gowland, 2013). As outline by Gowland (2013), stalking can fall into one of three categories, 1) stalking (where harassment is associated with stalking), 2) stalking causing fear of violence (in at least two incidents), and 3) stalking causing serious alarm or distress (but not escalating to fear of violence). In the UK, a stalking conviction can lead to a maximum sentence of 10-14 years imprisonment depending on the nature of the offence (Ministry of Justice, 2017).

Stalking is commonly defined as a pattern of obsessive, persistent behaviour comprising unwanted communications that cause distress to the target (What is Stalking?, no date; Mullen and Pathe, 2002). The most common stalking behaviours reported are 'following', 'watching', and 'unwanted contact' (Baum *et al.*, 2009; Abelvik-Lawson and Bermingham, 2018). There is some overlap of observable behaviours between stalking and harassment, with both now falling under the same legislation, but the context and motivations surrounding these differ. Stalking is associated with greater fixation and persistence, and is more likely to impact the target's everyday life. Studies have consistently demonstrated the negative psycho-social effects of stalking victimization (Korkodeilou, 2017; Logan, 2020). These include everyday life changes such as routine deviation, job loss, reduced socialization, and, for some, relocation. There is a high prevalence of mental health problems associated with stalking victimization ranging from anxiety and distrust to, in severe cases, PTSD and suicidal ideation (Boehnlein *et al*., 2020; Korkodeilou, 2017). The Crime Survey for England and Wales (CSEW) recorded approximately 2.5 million adults in the UK had experienced stalking during the year ending March 2020 (Office for National Statistics, 2020) and the

Bureau of Justice Statistics reported approximately 3.8 million adults in the US experienced nonfatal stalking over a 12-month period in 2016 (Truman *et al*., 2021).

There is a distinct lack of homogeneity in those who engage in stalking behaviour (Nijdam-Jones *et al*., 2018; Wheatley *et al*., 2020). Men are more likely to be stalking perpetrators than women (and women more likely to be victims), and those who stalk often have an insecure attachment style (MacKenzie *et al*., 2008; Wheatley *et al*., 2020). MacKenzie *et al*. (2010) found stalkers to be of average intelligence although with common deficits in verbal intelligence. MacKenzie *et al*. (2010) noted a small subgroup of stalkers (intimacy seekers) often have higher intelligence levels but simultaneously frequently suffer with mental disorders. Various disorders have been associated with stalking behaviours (e.g., personality [most prevalent], Autism, delusional, or psychotic disorders; Wheatley *et al*., 2020). However, many individuals who engage in stalking (IES) do not have a disorder and having a disorder does not always increase the risk of stalking behaviours. The psychopathology of the stalker does, of course, have implications for treatment pathways, thus those who stalk typically undergo psychological assessment (Wheatley *et al*., 2020). However, as discussed by Spitzberg and Cupach (2014), stalking may develop from otherwise typical relationship pursuit and, in exacerbation of this, such extreme pursuit is romanticized within media portrayals (Anand, 2001). Thus, sociocultural influences and relational goal pursuit theory should be considered alongside a pathological model (Spitzberg and Cupach, 2014).

McEwan and Strand (2013) found that those who stalk a stranger or acquaintance are more likely to present with mental health issues than those that stalk ex-partners. Of those that stalk partners or ex-partners, Monckton-Smith *et al*. (2017) noted that threats made by non-psychotic individuals are those most likely to be carried out. Similarly, when examining the deaths of women in the UK as a result of male violence, Monckton-Smith *et al*. (2017)

found ex-partner stalking behaviours to have occurred in 94% of cases. The US National Coalition Against Domestic Violence (NCADV, 2015) found that 85% of women that had survived murder attempts had been stalked by partners first. McEwan *et al*. (2009) found those stalking ex-partners and with a history of previous violence are those at greatest risk of engaging in violence, and supporting evidence found 76% of women murdered by ex-partners had first been stalked (NCADV, 2020). However, it is argued that the determinants of this risk are unpredictable and variable depending on the stalking motivation (McEwan *et al*., 2009, 2012).

As with the heterogeneousness of stalkers psychopathology, there is variation in stalking motives and manifestations (Kropp *et al*., 2002; Wheatley, Winder and Kuss, 2020). Motivations include, but are not limited to, loneliness, resentment, intent to assault, and poor coping with rejection (Abelvik-Lawson and Bermingham, 2018; Wheatley *et al*., 2020) and presentation can vary greatly, e.g., from perpetration by strangers to ex-partners, from short to long-term persistence, and from unwanted communication to violence (Kamphuis and Emmelkamp, 2000; McEwan *et al*., 2009). As such, treatment and intervention is likely to be influenced by the motivation and psychological profile of the individual (Anand, 2001; Graham-Kevan and Wigman, 2009) and may include legal, medical, and victim-safety strategies. This is likely to require a multidisciplinary approach to prevent further stalking behaviours during treatment (Kropp *et al*., 2002). Enhancing psychosocial adjustment, treating psychopathology and addiction, and addressing nonclinical risk factors for stalking has been stressed (Rosenfeld, 2000; Kropp *et al*., 2002). Although legal interventions (e.g., protective orders) can cease a current stalking episode, they do not address underlying issues (e.g., stalking ideation, intellectual disabilities, mental health problems) that, if treated, may prevent future incidents. Birch, Ireland and Ninaus (2018) argue that a focus on victim-

strategies and the failure to address cognitions underpinning stalking may explain why, in some cases, legal measures can even exacerbate stalking behaviours.

Psychological approaches for stalking behaviour are intended to a) reduce the likelihood of recidivism, b) assist the IES in overcoming impairments, and c) provide prosocial alternative coping strategies (Kropp *et al*., 2002; Mackenzie and James, 2011). Whilst optimal treatment pathways may differ from case to case, based on an individual formulation (Kamphuis and Emmelkamp, 2000; Mackenzie and James, 2011), a clear understanding of the treatments available and their outcomes in relation to stalking and associated factors is needed to inform clinical practitioners of potentially beneficial routes to take. However, there is currently a dearth of research directly assessing the impact and effectiveness of psychological approaches to reducing stalking behaviour (Rosenfeld *et al.*, 2019) despite the existence of a number of studies that discuss treatment of offences and psychological vulnerabilities that have included or manifested as stalking.

The aim of this rapid evidence assessment is to examine the evidence base for psychological therapy provided to IES. The intention is to provide practitioner psychologists with a brief but comprehensive review of the current evidence base for psychological treatment approaches in relation to stalking.

## *Method*

### *Rapid Evidence Assessment*

A Rapid Evidence Assessment (REA) uses focused search terms and databases to allow the speedy identification and review of existing research on a specific topic (McMurran, 2012; Newman *et al.*, 2007). This method was adopted to deliver a timely review using available resources.

*Inclusion and Exclusion Criteria.* English language studies discussing the treatment (modality and outcomes) of any manifestation of stalking behaviour were included. Initially only empirical studies published in or after 1997 that directly assessed treatments of stalking behaviours were sought. However, the shortage of such studies led to a more general inclusion criteria being adopted i.e., studies examining treatments for individuals with offences and/or disorders directly associated with stalking. Published papers, book chapters, and studies undertaken as part of doctoral level postgraduate research were included within search parameters. Offences that can include stalking (as defined within current UK legislation) include sexual offences and intimate partner violence. Disorders considered associated with stalking herein are those that have substantial links within stalking literature (e.g., personality disorders) and/or have led to the manifestation of stalking behaviours.

*Search Strategy.* The search strategy was intentionally broad to maximize the identification of all relevant evidence in this nascent field. The search strategy combined 'psychological therapies' ("acceptance and commitment therapy", ACT, "Cognitive analy*", CAT, "cognitive behav*", CBT, dialectic*, DBT, MBT, "mentali* based" psychodynamic, "schema therap*", "schema focused therap*", ST, SFT, therap*, interven*, treat*) with terms related to stalking (stalk*, "socially intrusive behav*, "obsess* harass*"). An asterisk was used (where possible) to allow derivatives of words to be displayed (e.g., stalk* would allow stalk(s), stalker(s), stalking, and behav* and mentali* would allow UK or US spellings of behaviour and mentalisation). Quotation marks were used for search terms of more than one word to ensure the term was searched altogether. The databases Google Scholar, PubMed, Cochrane, ProQuest, and Web of Science were searched, which include Medline and PsychINFO. All titles were screened for obvious exclusions then abstracts followed by full text were assessed, and references checked for additional papers. Seven forensic researchers (based in Sweden, the UK, the Netherlands, Australia, and the US) with work on stalking

were contacted by email to identify any unpublished works that may be relevant. No additional research was identified through these contacts.

### *Search Results*

In total, 356 papers were identified, with 20 remaining after title screening and removing duplicates. Reference checking led to identification of one other potentially relevant paper which met inclusion criteria. After screening to ensure inclusion of stalking, 12 more papers were removed, leaving a total of 9 papers included in the review (see Figure 1).

#### *Excluded Studies*

Papers that were not relevant to the review topic were immediately excluded based on their title (for example, derivatives of "stalking" [stalk] led to some agricultural and biological treatment studies appearing in results). Papers that were literature reviews rather than primary studies and/or referred to legal rather than psychotherapeutic stalking interventions were excluded. There were two German language and one Portuguese language papers that appeared in results despite search parameters. An additional paper was inaccessible due to being subject to a 'pay to view' restriction. The study authors were contacted with a paper request, but no response was received at the time of writing. Consequently, this paper was not included in the review.

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**INSERT FIGURE 1**

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*Included Studies*

Of the 9 included papers, two were experimental designs and five were case studies that directly assessed a psychological therapy for use in the treatment of stalking behaviour. The remaining two studies discussed treatment of individuals in relation to other offences/disorders where stalking was noted but was not the focus of the intervention. MBT and psychodynamic therapy searches did not yield any relevant results. Given the diversity of methods within the included studies, it was decided not to adopt a specific measure or measures of research quality to apply to the included research. Instead, a narrative approach has been adopted with comments on the methods presented alongside findings.

It should be noted that stalking within a relationship is classified as an intimate partner violence (IPV) offence under UK law (rather than stalking), but is recognised as a stalking offence in US law. Herein, instances of stalking within relationships have been included in analysis as, regardless of legal nomenclature, stalking behaviours require intervention. However, when transferring research between the US and the UK, the relationship (and legal) status of the IES may need attention.

## ***Results***

Overall, the research indicates a severely limited evidence-base for the treatment of stalking behaviours. Studies that have cited stalking within the context of associated offence/disorder treatments and recent studies targeting stalking behaviours directly have demonstrated the promise of some therapeutic approaches. The methodological approaches of

these studies vary. Two of the 9 studies were controlled therapeutic trials (although only one was randomised) which are considered highly methodologically robust where generalization to other individuals or settings is the aim. Of the remaining seven studies, two used statistical analysis of standardized measures only, two used both quantitative and qualitative methods, and three used qualitative analysis only. Two of the qualitative analyses did not report method of analyses nor use post-treatment standardized measures (Brillhart, 2017; Savoja *et al*., 2011). The following section examines the evidence base for specific therapies, first presenting therapies that have directly targeted any stalking behaviour, followed by those with an indirect relationship to stalking, based on the studies summarized in table 1.

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**INSERT TABLE 1**

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*Cognitive Analytic Therapy*

Cognitive Analytic Therapy (CAT) combines cognitive and psychoanalytic techniques (Ryle and Kerr, 2002) in a time-limited semi-structured therapy typically delivered on an individual basis. Two studies from the same research group have been reported which have sought to directly address stalking within the context of morbid jealousy. Both studies have adopted a single case experimental design which is recognised as a highly appropriate and robust method where novel treatments are being implemented or where individual treatment is being provided (e.g., Davies *et al*., 2007).

Kellett and Totterdell (2013) reported a matched single-case study of two females in committed relationships with severe morbid jealousy (including stalking behaviour as part of "hypervigilance"). Patients had no convictions and had voluntarily sought psychological treatment to improve their relationships. One participant received CAT and the other CBT with both therapies following the same broad protocol of three assessment sessions, 17 treatment sessions, and one follow up after three months. CAT followed the treatment model for neurotic problems and was provided once a week whilst the CBT intervention was twice weekly; the reasoning behind this difference in treatment frequency is not stated. Although the treatment was for morbid jealousy in general, stalking type hypervigilance ("I have been watching/observing today") was a measured target behaviour. Both treatment modalities had a substantive impact on hypervigilance (reported effect sizes of $d$ =.56 for CBT and .80 for CAT), suggesting both were effective therapies (though CAT more so). An Autoregressive Integrated Moving Average Model (ARIMA, used for time series analysis; Ho and Xie, 1998) showed a significant reduction in self reported hypervigilance behaviour in the CAT patient over time, but not the CBT patient. The authors argue the lack of significance for CBT may be due to the conservative nature of the ARIMA, which can remove therapy-induced variance. The observed reductions during treatment were better maintained at follow up in the CAT patient than in the CBT patient.

In a second published CAT study, Curling, Kellett and Totterdell (2018) reported three single-case studies, of which two clients had engaged in stalking their partners (P2 [female] and P3[male]). No stalking convictions are listed, with treatment being provided as part of routine NHS care. Stalking behaviours included spying and checking behaviours (e.g., the whereabouts of the target individual, their phone use). Before the study, all participants had been unresponsive to anxiolytic and antidepressant use. P2 had previously received a CBT based intervention which had been deemed ineffective. P3 had not received any prior

psychological treatment. Each client had three assessment sessions, 13 treatment sessions (over 13.5 weeks for P2 and 25 weeks for P3), and one follow up session (20.5 weeks post treatment for P2 and 13 weeks post treatment for P3). For both clients, a significant reduction in jealousy was reported between baseline and follow up with no further incidents of stalking occurring for either during this time. Whilst visual analysis suggested reductions in jealousy in both clients over time, this was only statistically significant for P3.

*Conclusion.* Studies of CAT for stalking behaviour are limited, however, the case studies reported here provide encouraging signs that this approach may be of use, at least with IES in the context of morbid jealousy within relationships. Whether these results can be achieved in a convicted, non-voluntary population, and in IES outside of relationships, remains to be tested. The initial findings need to be replicated outside of this current research group and examined more widely with IES.

### *Dialectical Behaviour Therapy*

Dialectical behaviour therapy (DBT) was originally developed to treat borderline personality disorder (Linehan, 1993) and has been applied within forensic and non-forensic populations for BPD and treatment of various risky behaviours linked to recidivism (Ivanoff and Marotta, 2018; Reyes-Ortega *et al*., 2020). Three studies have examined the use of DBT for stalking behaviours.

Rosenfeld *et al*. (2007) conducted a non-randomised trial assessing a DBT treatment programme developed for 29 male IES with a wide range of diagnoses. Participation in this treatment programme was voluntary, but most participants were mandated to engage in treatment, (if not this programme, they would be assigned to another). Treatment comprised of 24 weekly group and individual sessions. Follow-up data were collected from official

records at around 19.1 months from initial contact (average 12.2 months from treatment completion) for treatment completers and 22.5 months from initial contact for those who dropped out. Treatment completers were significantly less likely to commit another stalking offence when compared to those who dropped out (0/14 vs 4/15) although there was no statistically significant difference between groups for non-stalking offences (2/14 vs 5/15). Comparatively, published stalking recidivism rates (for any stalking offence) range from around 40-56% (Rosenfeld, 2003; Eke *et al*., 2011; Bendlin, Sheridan and Johnson, 2020). It is important to note the small sample size, particularly given the high dropout rate (over half the initial sample) and the lack of an active comparison group as limitations of this study, although published recidivism data was used to provide a benchmark for a "treatment as usual" group.

A second study by the same group (Rosenfeld *et al*., 2019) reported a randomised controlled study of stalking-focused treatment with two active conditions – 24 weekly group and individual sessions of 'stalking-focused DBT' versus 18 weekly individual sessions of 'enhanced' CBT-based anger management. Participants were 105 males and 4 females that had been charged with stalking offences and referred to treatment by criminal justice services. The authors found no significant difference between treatment modalities, with treatment completers in both conditions being less likely to engage in further stalking offences compared to those who dropped out of therapy. Rosenfeld *et al*. (2019) note this may reflect the usefulness of *any* individually tailored stalking-focused therapy. No benefits of treatment were found for non-stalking offences.

Finally, Wylie (2013) reports a case study, as part of a doctorate thesis, of a woman with BPD who had been convicted of multiple stalking offences towards older females in positions of authority; a teacher, her neighbour, nursing staff within psychiatric services, and male and female members of her community care team. The patient was being held within a

low security hospital which referred her for intervention due to increasing socially intrusive behaviours towards hospital staff and self-harm. Individual DBT sessions were provided over the course of a year. Whilst psychometric analysis revealed significant improvement in anger recognition and management, and observational analysis noted better emotion expression, no direct measure of stalking behaviours post-treatment was reported.

*Conclusion.* Although limited in number and scope, with two studies coming from the same research group, the studies supporting the use of DBT for stalking have several methodological strengths and provide evidence for the use of adapted DBT interventions for stalking behaviours. However, it is important to note that the RCT study also showed support for an anger management-based CBT programme in the treatment of stalking behaviour. Further research should examine reasons for drop-out and how to combat this, and further assess the benefits of any tailored intervention versus DBT and anger management-based CBT.

### *Cognitive Behavioural Therapy*

Cognitive Behavioural Therapy (CBT) uses cognitive and behavioural techniques to address emotional distress and modify cognitions and behaviours (Sheldon, 2011). CBT is widely used within forensic settings and forms the basis for many individual and group-based interventions. In addition to the two CBT interventions described above (i.e. single case study, Kellett and Totterdell, 2013; enhanced individual CBT based intervention, Rosenfeld *et al*., 2019), two further studies have examined the use of CBT with IES.

Lindsay *et al*. (1998) report the use of CBT with two males with intellectual disabilities who had been convicted of stalking offences and were mandated to attend

treatment. Mr. X had engaged in stalking over 6 months (including exposure) whilst Mr. Y had engaged over a 4-year period (including vandalism of the targets' partners' car). Mr. X received CBT group therapy for individuals who have engaged in sexual offences alongside learning various self-help skills. Mr. Y received CBT for 9 months in individual sessions alongside learning social skills, however this was ended by a further stalking offence which resulted in his incarceration. Stalking behaviours, such as following, watching the target's home, uninvited visits, and repeated solicitation, were targeted during sessions for both participants. Attitudes consistent with offending, (e.g., positive perceptions of rape), were lowered in both participants over the course of treatment, though considerably more so for Mr. X. After a 60-month follow up, Mr. X had not reoffended and, although his attitude scores had risen, they had not returned to his baseline levels.

In a second study, Savoja *et al*. (2011) report a case of a female with Bipolar Disorder and Personality Disorder (Not Otherwise Specified) who had committed a stalking offence during a manic phase. Although mood stabilising pharmacological treatment stopped stalking behaviours, the participant engaged again during a brief period of drug non-adherence approximately one month into treatment, following which there were no further incidents (treatment was ongoing at the time of publication and there was no follow-up paper available). CBT to address attachment issues was provided on a weekly basis, beginning July 2009 (alongside medication) to challenge underlying stalking ideation. This was ongoing when the paper was published in 2011 and had not yet proven successful.

As discussed above within the contexts of DBT and CAT, CBT proved effective at decreasing stalking in both treatment mandated convicted IES ($n$ = 109, as effectively as DBT; Rosenfeld *et al*., 2019) and in non-convicted voluntary patients (although these effects were not as well maintained over time as were CAT effects; Kellett and Totterdell, 2013).

*Conclusion.* The evidence base for CBT applied specifically to stalking behaviour draws on the work of several different research teams. The research conducted to date suggests that CBT based interventions may have an impact on stalking behaviour. Future research should assess the most effective CBT-based approach to use (e.g., group versus one-on-one, anger management based) and whether this is person-specific, and further examine the efficacy of CBT in comparison to other approaches, ensuring analysis of long-term follow-ups.

### *Acceptance and Commitment Therapy*

Acceptance and Commitment Therapy (ACT) is a 'third wave' CBT approach that seeks to teach acceptance rather than experiential avoidance of unwanted thoughts and feelings (which is detrimental to functionality; Hayes, Follette and Lineham, 2004), whilst providing alternative coping mechanisms (Orengo-Aguayo, 2016). Ergo, the goal is not symptom reduction, but better symptom management.

There is no research directly assessing the use of ACT for stalking behaviours, however two ACT intervention studies have included stalking behaviour alongside other (primary) treatment needs. Orengo-Aguayo (2016) examined the impact of ACT with 33 individuals who were incarcerated for IPV offences and mandated to attend treatment where stalking was a featured behaviour. Whilst there is a vast literature discussing therapeutic interventions for IPV (e.g., Condino *et al*., 2016; Stephens-Lewis *et al*., 2019; Santirso *et al*., 2020), this study identified stalking behaviour specifically and trialled a treatment approach for this. Treatment was given in 12 group sessions over one month. Although data from a control group receiving TAU based on the Duluth model was collected, the authors deemed their data unreliable and thus did not analyse or report it. Whilst qualitative data showed

ACT to be viewed favourably by the participants, no quantitively significant improvements between pre- and post-measures were reported. Further, the sample size was small and there was no long-term follow up to assess recidivism.

Brillhart (2017), in a wider report of the use of ACT for individuals who have engaged in sexual offences, included a case study of an individual whose offending pattern included stalking and violation of a stalking protective order. This male had committed various sexual offences and had been engaged in an ACT-based group treatment for over two years whilst incarcerated. It was concluded that the individual had gained "psychological flexibility" that reduced psychological distress and promoted prosocial behaviour choices. However, there was no empirical measurement reported to demonstrate this flexibility and associated gains in relation to stalking, nor was there a follow up measure of behaviour or recidivism. It is unclear if the positive developments observed extended beyond the therapy room and therefore, what impact the intervention had on stalking behaviour outside of incarceration.

*Conclusion.* The evidence in relation to ACT for stalking behaviour is extremely limited and does not provide support for the use of ACT for IES at this time. However, ACT appears well-met by participants and promotes valued living (Dereix-Calonge *et al*., 2019), which support further assessment of ACT within a forensic population.

### *Schema Therapy*

Schema therapy (ST) is a medium to long term therapy which draws on a range of therapeutic approaches (Keulen-de Vos, Bernstein and Arntz, 2013; Bernstein, Clercx and Keulen-De Vos, 2019). It seeks to identify and address maladaptive schemas, dysfunctional coping, and schema 'modes' through understanding their origins and current 'presentation'

(Keulen-de Vos and Bernstein, 2017). A case example reported by Bernstein *et al.*(2007) outlines how schemas can logically explain the cognitive process that leads to stalking behaviours. However, as yet there are no published empirical studies examining the impact of ST on stalking behaviour.

*Conclusion.* There is currently no direct evidence of the effectiveness of ST in relation to stalking although a theoretical explanation of the development of stalking using a ST framework has been discussed (Bernstein *et al*., 2007; Siepelmeyer and Ortiz-Muller, 2020). There is evidence to support the use of ST for patients with personality disorders within forensic settings, including significant reductions in recidivism (Bernstein *et al*., 2019; Siepelmeyer and Ortiz-Muller, 2020). As a therapy that is being increasingly used within forensic settings, and that can be incorporated within other approaches (such as CBT), ST warrants consideration when developing a treatment plan for stalking behaviour.

## *Discussion*

There are few studies that focus on the treatment of stalking behaviour as a standalone issue (Mackenzie and James, 2011; Birch *et al*., 2018), with most research in this area including stalking as a secondary treatment target. To date, the research has included men and women who have engaged in stalking and has used a range of appropriate research designs (from single case methods to RCT based approaches). However, measurement approaches have been limited (often relying on self report) and post treatment follow up has tended to be brief. There are some potentially promising treatment options emerging within these articles, specifically CAT, CBT and DBT. Firstly, however, CAT has only been assessed in non-convicted IES, voluntarily attending treatment, thus there is no evidence to determine its effectiveness with convicted IES who are court-mandated to attend therapy. The

overall evidence-base for CAT in any context is somewhat limited (Calvert and Kellett, 2014), although a recent review suggests CAT shows promise for maintained improvements in interpersonal development (Hallam *et al*., 2021). Secondly, the case studies examining CBT provide limited insight, with one providing no conclusion or follow-up data, and two involving intellectual disabilities that are not typical among those who stalk (MacKenzie *et al*., 2010). Finally, where DBT demonstrated successful outcomes in an RCT, the relevance of treatment approach was brought into question in a subsequent RCT in which CBT and DBT demonstrated equally successful outcomes. The research thus far appears to indicate that focusing on the needs of the individual and tailoring to these is likely more important than selecting any treatment approach over another.

Effective treatment may include individual and group-based approaches (Davies, 2019) and interventions that draw on different models, and include a range of other intervention and management features. It is likely that the multifaceted nature of stalking will necessitate a multifaceted approach for those who stalk with formulation being used to inform this process. For example, studies estimate that 30-50% of those who engage in stalking behaviour have a personality disorder (McEwan and Strand, 2013; Rosenfeld and Harmon, 2002), and there is a distinct difference in the prevalence of psychosis between those who stalk ex-intimate partners (11%) and those who stalk strangers or acquaintances (25%; McEwan and Strand, 2013; Mohandie *et al.*, 2006). However, these reports refer to clinical/forensic samples, thus prevalence may differ when also considering those without convictions. Thus, treatment is likely to need to account for a range of client specific needs. This also indicates that many who stalk do not have a mental health issue; further research is needed to understand how mental health and stalking interact and how to best proceed when both factors are present. Siepelmeyer and Ortiz-Muller (2020) outline Germany's Stop-Stalking programme which incorporates CBT, ST, and DBT to treat stalking in convicted and

non-convicted IES, with and without psychopathology. Whilst this is perhaps a prime example of the multidimensional individually tailored approach that may be most effective, there is currently a lack of empirical data available. Similarly, Henley *et al.* (2020) outline a UK-based stalking clinics' layered approach, but empirical data on outcomes is, again, lacking (hence these two chapters not being included in the review). In the absence of definitive direction from the evidence, practitioners would be wise to adopt an 'Evidence Directed Therapist' approach to working with those who engage in stalking; drawing on best practice whilst engaging in detailed case specific evaluation of outcomes (Davies and Nagi, 2017).

*Limitations*

As with any REA there is the possibility that papers were omitted due to the specificity of search terms, although a cautiously broader approach was adopted to avoid this. Publication bias is always a concern when reviewing evidence, but authors were contacted regarding unpublished works in an attempt to combat this. Finally, it is possible that assessments of alternative psychological treatments of stalking behaviour were overlooked. The risk of such is minimal given the overall dearth of *any* studies assessing treatments of stalking behaviour and the broader search conducted.

*Conclusion*

Research on the psychological treatment of stalking behaviour and relevant underlying factors remains in its infancy, although some interventions have emerging evidence to indicate their potential value for some clients. Treatment appears to be heading towards a multidimensional approach which may be optimal, though robust analyses of outcomes need to be conducted. Consequently, those providing psychological treatment to

IES should consult current best practice guides, then adapt treatment to the client as appropriate, and adopt an evidence directed therapeutic approach. Future research in this area should ensure that direct (e.g., stalking behaviours) and indirect (e.g., thoughts and attitudes) measurement is utilized, that the research designs adopted are robust, and that longer term follow up is incorporated. As mentioned, a focus on *any* tailored psychological approach may be key and this should be assessed in comparison to other systematic approaches. This, together with rigorous practitioner-based outcome studies will allow a greater understanding of what works for whom in relation to stalking.

*Implications for Practice*

- There is preliminary support for the use of CBT, CAT and DBT based interventions with individuals who have engaged in stalking behaviours.
- A stalking-focused, multifaceted approach, incorporating group and individual intervention that is tailored to meet the needs of the individual appears to be the most promising method of treating stalking behaviours
- More research is needed into all treatment approaches for stalking. Thus rigorous recording, analysis, and long-term follow-ups of outcomes is vital, with an additional focus on reasons for treatment drop out and how to minimise and overcome these.
- The prevalence and impact of psychological disorders among IES requires further investigation.

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**Table 1**

*Outline of Reviewed Studies*

| **Empirical Studies of Treatment for Individuals that have Stalked** | | | | |
|---|---|---|---|---|
| **Study** | **Design** | **Participants** | **Treatment** | **Primary Outcomes** |
| Lindsay et al., 1998 | 2 single-case studies | 2 male IES with low IQ | CBT<br><br>Mr. X – group sessions<br><br>Mr. Y – solo sessions | Qualitative analysis of self-report measures:<br><br>• Mr. X had lower risky attitudes post treatment and Mr. Y had lower risky attitudes post treatment (to a lesser degree than Mr. X)<br><br>Qualitative observation of reoffending rates:<br><br>• Mr. X did not reoffend. Mr. Y reoffended at nine months during treatment. |

| | | | | |
|---|---|---|---|---|
| Rosenfeld et al., 2007 | Non-randomized therapeutic intervention trial | 29 male IES (psychosis *N*=6, mood disorders *N*=2, substance abuse *N*=5, and PDs *N*=14) | DBT | Quantitative analysis of reoffending rates:<br>• Significantly less likely to reoffend in stalking if treatment completed as compared to those who dropped out (based on criminal justice records)<br>• No significant difference in non-stalking offences between treatment completers and dropouts<br>• Significantly less offending post-treatment (completed or partial) than typical averages<br>• No reoffending data |
| Savoja et al., 2011 | Case study | Female with bipolar disorder | CBT + pharmacological | Qualitative observation of reoffending rates: |

| | | | | |
|---|---|---|---|---|
| | | | | • Further offence (one episode) occurred during medication nonadherence |
| Kellett & Totterdell. 2013 | 2 matched single-case studies | 2 females with severe MJ* (no convictions, but engaging in stalking-like behaviors within relationships) | 1 CBT<br>1 CAT | Quantitative analysis of symptom diaries as self-report measures:<br>• Significant reduction in hypervigilance for CAT but not CBT patient (despite large effect size for both)<br>• CBT hypervigilance rising at follow up (as reported by patient) |
| Wylie, 2013 | Case study | Female with borderline PD*** | DBT | Quantitative analysis of self-report measures:<br>• Significant improvements in anger recognition and management<br>Qualitative observation of behavior: |

| | | | | |
|---|---|---|---|---|
| | | | | • Stalking behavior determined to be reduced because of observed improvement in emotional regulation |
| Curling, Kellett, & Totterdell, 2018 | 3 single-case studies (no convictions, only patients 2 and 3 with within relationship stalking behaviors) | 1 male, 2 females with obsessive MJ*<br>Only patients 2 (female) and patient 3 (male) are reviewed | CAT | Quantitative analysis of self-report measures:<br>• Significant reduction in jealousy (baseline to follow up)<br>Qualitative observation of reoffending rates:<br>• No reoffending at follow-up of 20.5 weeks (patient 2) and 13 weeks (patient 3) |
| Rosenfeld et al., 2019 | RCT | *N* = 109 (105 male) | DBT (*n* = 57)<br>TAU** (anger management CBT; *n* = 52) | Quantitative analysis of reoffending rates:<br>• Significantly lower recidivism rates post-treatment (partial or complete) compared to published averages |

| | | | | |
|---|---|---|---|---|
| | | | | • No significant difference in recidivism between treatment modalities<br>• No significant difference between treatment completers and dropouts reoffending rates over one year follow up |
| **Empirical Studies of Treatment for Offences and/or Disorders Associated with Stalking** | | | | |
| Orengo-Aguayo, 2016 | Mixed methods | 33 males incarcerated for IPV (stalking cited as present behavior) | ACT | Quantitative analysis of self-report measures:<br>• No statistically significant treatment gains<br>Qualitative analysis of feedback:<br>• Participants viewed ACT favorably |
| Brillhart, 2017 | Case Study | Male convicted of multiple sex | ACT | Qualitative analysis of session transcription:<br>• Psychological flexibility gained |

| | | |
|---|---|---|
| | offences (including stalking) | • No standardized measures or statistical analyses performed |

** Morbid Jealousy ** Treatment as Usual *** Personality Disorder*

**Figure 1**

*Flowchart (Based on PRISMA Diagram) of Review Process*