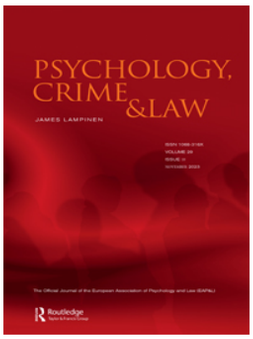

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Treating and managing stalking offenders: findings from a multi-agency clinical intervention

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ABSTRACT

The Multi-Agency Stalking Intervention Programme (MASIP), piloted in three police forces in England, delivered a range of risk management interventions, including bespoke psychological treatment to a subset of convicted stalkers. The interim aim was to equip offenders with tools to address their behaviour, as well as to support their transition towards full desistance. This study explores how offender-related interventions were conceived and implemented by stakeholders in this multi-agency partnership and examines whether the personal journeys of stalking offenders involved fulfilled the intended aims. Semi-structured interviews conducted with six clinicians, who delivered direct interventions, and six stalking offenders, who received such interventions, were analysed thematically. Clinicians conveyed that the multi-agency partnership working informed risk assessment, and design and delivery of bespoke therapeutic interventions. Offenders reported improvements in their own reflective, problem-solving, and decision-making skills. Additionally, therapeutic interventions assisted them in recognizing the seriousness of their behaviour; its impact on their own lives and their victims; in developing motivations to desist; and self-regulating with learned coping mechanisms. These findings are discussed and give rise to important considerations for practitioners with regards to targeted treatment and risk management of stalking offenders.

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Stalking; risk management; treatment evaluation; psychological interventions; multi-agency

Introduction

Stalking has emerged as a significant source of concern for many criminal justice and mental health professionals over the past two decades. This concern has been reflected in the passage of anti-stalking legislation in many countries, and has stimulated innovative policing strategies and forensic psychological research worldwide (Abelvik-Lawson & Bermingham, 2018; Rosenfeld et al., 2007). While some studies have focused on the experiences of victims of stalking (Jerath et al., 2020; Korkodeilou, 2015; Logan &

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Walker, 2010; Pathé et al., 2004), fewer have looked at stalking offences from the perspective of offenders (Birch et al., 2018; Civilotti et al., 2020; Wheatley, 2019). The published research on stalking offenders is limited in that it has mainly focused on risk factors and recidivism rates (McEwan et al., 2017; 2019) and lacks an exploration of the work pertaining to the treatment of stalking offenders (Purcell & McEwan, 2018). Key areas yet to be fully explored in the literature are how stalking offenders understand their own behaviour, ways in which their lives are affected by stalking, and how their fixation and associated behaviours can be addressed through psychological intervention.

Stalking has been described as a complex, heterogeneous phenomenon that varies in form, motivation, impact and psychological profile of the offender (Davis & Chipman, 2001; Mullen et al., 2009; Rosenfeld, 2000). Criminal justice responses to stalking typically include police involvement, legal sanctions, victims self-managing risks (Cleaver et al., 2019) and psychological intervention for stalkers (Rosenfeld et al., 2007). Ostermeyer et al. (2016) emphasized the importance of the latter due to the uncertainty and inability of legal sanctions to address underlying causes of stalking, with sanctions sometimes exacerbating the problem. To have any long-term bearing on preventing recidivism, psychological fixations and motivations driving stalking behaviours need to be addressed appropriately (MacKenzie & James, 2011; Purcell & McEwan, 2018).

This study explores the experiences of a select group of stalking offenders who engaged in psychological therapy, delivered by professionals working as part of a multi-agency team, who aimed to address the stalker's obsession where clinically indicated. This study was part of a larger evaluation of the Multi Agency Stalking Intervention Programme (MASIP), piloted in three police force areas in the UK. The MASIP had three main aims; to effectively classify stalking offences, to offer strong support to victims and to provide treatment for stalking offenders where indicated (Tompson et al., 2020). The focus on stalking offenders was to reduce the risk to victims, which has been demonstrated to have efficacy in preventing recidivism in other areas (Gannon et al., 2019; MacKenzie & James, 2011). Particularly, this paper examines stalking offenders' experiences with the psychological treatment delivered to them through the MASIP, and the perceived effect it had on their own behaviour. These include their key reflections pertaining to significant aspects of the rehabilitative process. We situate the findings within the framework of a multi-agency approach to tackling stalking and conclude by considering future practicalities around the management of stalking offenders.

Criminal justice responses to stalking

One of the main challenges in ensuring that people who stalk receive necessary risk management and psychological treatment is the fact that they are poorly identified within the criminal justice system. Without effective identification of stalking offenders by police and courts, many people who need treatment for their behaviour are not able to access it. Stalking presents itself heterogeneously and can involve a wide range of behaviours, contributing to definitional ambiguities. The resulting vagueness makes it difficult to identify it accurately and prosecute it successfully in a court of law (Korkodeilou, 2015; Taylor-Dunn et al., 2018). The legal definition of stalking in England and Wales is characterized by unwanted, repeated contact from one person to another which is '… intrusive, causing fear of violence, alarm and distress' (Protection from Harassment Act, 1997;

Protection of Freedoms Act, 2012). A unique aspect of this definition is that it is reliant on how victims experience stalking acts as well as offenders' state of mind while committing acts. Put otherwise, offenders must be aware that their actions are likely to cause fear and anxiety. This is an imperative element of stalking crimes, known as the 'Mens Rea' or 'guilty mind' which must be proven to secure a conviction in an English and Welsh court (CPS, 2018).

However, the severe attrition through the criminal justice system means that convictions for stalking are a drop in the ocean. For example, the Crime Survey for England and Wales (CSEW) estimates over one million self-reported victims of stalking each year[1] (Office of National Statistics, 2017). Around the same timeframe, 10,334 incidents of stalking were recorded by the police for 2017/18[2], indicating that only an exceedingly small proportion of incidents are reported. Increased police awareness of stalking has led to more than 10,214 stalking charges in the UK over the last three years, although only 2,209 cases resulted in prosecution (Abelvik-Lawson & Bermingham, 2018; CPS, 2019). The marked discrepancy between police-recorded stalking incidents and convictions of stalkers is indicative of the problems faced by the criminal justice system when dealing with stalking cases. These problems include correctly classifying stalking, securing victim engagement, and gathering evidence for a successful prosecution.

Legally, correct identification of stalking initially falls to the police when a case is reported to them by a victim or another agency (e.g. probation/corrections). A variety of reasons have been identified in the literature why this is difficult to do, for example recognizing the mechanisms around stalking (Brandt & Voerman, 2020), legal classification of the offence (Brady & Nobles, 2017) and inconsistent enforcement practices across jurisdictions (Backes et al., 2020). Specific to England and Wales, the Protection of Harassment Act 1997 recognizes the heterogeneous nature of stalking but does not explicitly define behaviours that are associated with stalking. Similarly, guidance from the Crown Prosecution Service (2018) provides a non-exhaustive list of behaviours, but confusingly, many of these resemble harassment. Since police officers base their decision-making on this legislation and guidance, it is unsurprising that reported stalking offences have ended up being charged as the less serious offence of harassment for many years (Taylor-Dunn et al., 2018). Consequently, victims feel frustrated as harassment does not reflect the gravity of the offence (see Jerath et al., 2020).

Notably, it is challenging for the police to identify whether obsessive fixation is present, which is the primary distinction between stalking and harassment in England and Wales (CPS, 2018; James & Farnham, 2003). Instruments such as the Screening Assessment for Stalking and Harassment (SASH) have been introduced to try to improve awareness of this dimension of stalking behaviour and to respond to victims, and the risks they face, appropriately (McEwan et al., 2017). Despite these developments, research indicates that there is a distinct lack of understanding on the part of officers around the severity and gravity of harms to victims posed by stalking (Korkodeilou, 2015; Logan & Walker, 2010; McKeon et al., 2015; Stefanska et al., 2021). It becomes one among many other complex reasons that victims can be reluctant to engage with the police to support the investigation. Police outcome data gathered for the broader MASIP evaluation revealed that a lack of victim engagement was the norm, rather than the exception (Tompson et al., 2020).

Even when the victim supports the investigation, the level of evidentiary proof required is challenging for the police to meet. Cyber-enabled stalking, which is common and poses investigative challenges, requires police organizations to have specialist skills in evidence retrieval (Jerath et al., 2020). Paucity of digital forensic skills can be particularly difficult for authorities to detect online behaviour after the fact, given that stalkers can create multiple accounts from various locations and devices, and delete data shortly after contact with their victim. Moreover, the police need to gather evidence to show that the stalking offender knew, or ought to have known, that their behaviour was causing fear of violence, alarm, and distress, beyond a reasonable doubt to allow for a prosecution (CPS, 2018).

If prosecution or conviction seem unlikely, the police can recommend that the victim seek a civil injunction or protection order from the courts (CPS, 2020). However, the literature on protection orders in various countries and on interpersonal crime types more broadly is discouraging. Studies have shown that in general, injunctions and restraining orders are not always enforced properly by police officers (Benitez et al., 2010). However, when they are, they have been seen to reduce recidivism for domestic violence (Cordier et al., 2019). For stalking victims, unenforced violations of protection orders can fail to protect the victims and, in some cases, further aggravate offenders, leading to heightened stalking behaviours and criminal justice proceedings (Benitez et al., 2010; MacKenzie & James, 2011; Mullen et al., 2006; Pathé, 2002; Pathé et al., 2004).

In recognition of this, Stalking Protection Orders (SPOs) were recently introduced in England and Wales. The main aims of SPOs are to prevent stalking behaviours from escalating through early intervention. SPOs place specific restrictions on suspects on a case-by-case basis, but typically consist of prohibitions such as contacting a potential victim, and mandate attending an intervention treatment programme, in parallel with any criminal proceedings. Breaches of SPOs can result in imprisonment of up to five years (CPS, 2020). These are unusual civil remedies, for they oblige offenders to take responsibility for their own risk-management by engaging with appropriate psychological services, before any verdict is reached in a criminal case.

While the intentions of SPOs are to provide early intervention measures to stalking victims, they may blur the lines of between civil and criminal law in the subsequent prosecution process (Kelly, 2020). On the one hand, the level of proof required for issuance of a SPO (balance of probabilities) is lower than that required for establishing guilt in a court of law (beyond a reasonable doubt), and therefore, a SPO may imply guilt of the offender before a criminal trial is conducted. On the other hand, it is a precautionary legal step securing early protection of victims. Whilst the effectiveness of SPOs remains to be tested, they nevertheless underscore the importance of psychological assessment in the treatment of stalking offenders.

Psychological interventions

Mental health experts have frequently been relied on to conduct psychological risk assessments to guide sentencing decisions or recommend appropriate treatment paths as part of parole. Such guidance has typically been available for cases which involve extreme stalking behaviour, or when the offender has been reported to have pre-existing mental-health conditions (MacKenzie & James, 2011). Since there is growing evidence that

stalking recidivism is higher for offenders who have personality disorders and mental-health conditions, (McEwan et al., 2017; Nijdam-Jones et al., 2018; Ireland et al., 2018; McEwan et al., 2019), psychological assessment and treatment of stalking offenders may be crucial to prevent recidivism.

Despite growing concerns around stalking management, research on psychological treatments for stalking offenders is scarce. To date, only a handful of studies have attempted to describe a treatment model for stalking behaviours (Rosenfeld et al., 2007; Rosenfeld et al., 2019; Warren et al., 2005; Wheatley & Kuss, 2020) and fewer still have evaluated such treatments. This is surprising considering that the range of stalker recidivism rates reported by research are broad and noteworthy, (see McEwan et al., 2019; Tompson et al., 2020). However rigorous evaluations of treatment for stalkers ought to measure recidivism over a lengthy follow-up period, which is resource-intensive and rare, thus partially explaining the evidence gap in this area. Moreover, and mentioned above, is that stalkers are poorly identified in the criminal justice system, and even when they are identified it is rare that treatments are readily available. The criminalization of stalking and evolution of risk assessment tools is also a recent development that requires further evaluation to inform targeted treatment initiatives.

To date, the only two empirical evaluations of therapeutic stalking interventions in relation to recidivism outcomes were conducted by Rosenfeld and colleagues. Their first study in 2007 evaluated a six-month treatment programme which involved the delivery of Dialectical Behaviour Therapy (DBT) to target emotional control in 29 male stalkers. Participants received a combination of group and individual sessions on a weekly basis and were followed up for 12 months, post completion. All 14 offenders who completed the programme were reported to have refrained from reoffending in the follow-up period compared to four of the 15 offenders who reoffended after dropping out of the programme, indicating some value of the DBT component. With such small samples, caution is needed to temper optimism in this treatment method, however the results appear encouraging.

A more recent study which included the sample from the 2003 study (Rosenfeld et al., 2019) focused on a randomized control trial involving 109 stalking offenders who received one of two treatments; DBT modified for stalking offenders or Cognitive Behavioural Therapy (CBT) anger management for stalking. Participants completed a self-report questionnaire before and after the treatment and recidivism was monitored for 12 months after the programme. Interestingly, the recidivism rates seemed to be lower compared to stalking populations who had not received treatment, although these are not notably lower than the 2003 study.[3] Treatment effects did not vary over the type of treatment delivered, or completion of the programme which means many questions about treatment efficacy remain unanswered. However, these studies in combination suggest that therapeutic interventions which target underlying behavioural problems in stalking offenders may interrupt the causal mechanisms involved in recidivism. It is not though yet clear how they achieve these results (Purcell & McEwan, 2018).

There is some indication that therapeutic remedies may disrupt recidivism by treating a wide range of underlying psychological problems (MacKenzie & James, 2011; Purcell & McEwan, 2018; Rosenfeld et al., 2019). The literature on stalking typology differentiates types of stalkers and their motivations (Mullen et al., 1999). However, many academics insist that there are fundamental psychological traits and deficits that all stalkers

possess, which need to be the target for treatment (MacKenzie & James, 2011; Purcell & McEwan, 2018; Reavis et al., 2008; Rosenfeld, 2003; Storey et al., 2009). A systematic review by Wheatley and Kuss (2020) suggests that a higher prevalence of mental disorders is not ubiquitous within stalkers. Instead, common characteristics appear to be an insecure attachment style and a non-specific personality disorder from the seven studies they synthesized. While the treatment of mental disorders is challenging, treatments for specific disorders may be more developed than specialist treatments for stalking behaviours (MacKenzie & James, 2011). For example, it may be reasonable to adopt a therapeutic approach which has shown to tackle erotomania in stalker populations who have been identified as Intimacy Seekers (Mullen et al., 2009).

Many treatments are compatible with the Risk-Needs-Responsivity (RNR) model, which is a recidivism-targeted framework, often employed for offender populations (Andrews & Bonta, 2010). The first element of the model, *Risk,* refers to intensity of treatment to match the level of risk that an individual may pose to others or themself. *Needs* directly related to recidivism, such as substance abuse, unemployment, have been shown to be high in stalking populations should be targeted. *Responsivity* involves matching the most appropriate form of treatment to offenders' characteristics and circumstances for a high level of engagement. Considerable evidence has emphasized the importance for interventions to adhere to RNR principles to reduce recidivism in various offender populations (Andrews & Bonta, 2010; Prendergast et al., 2013; Hilton & Ennis, 2020). The integration of RNR principles in offender treatment programmes has been encouraged and adapted, especially for offenders with mental illnesses (Rosenfeld et al., 2019; Tomlinson, 2018).

While treatments vary according to stalker motivation, clinicians have been encouraged to assume a multidisciplinary approach to stalking management and employ treatment methods tailored to each stalker's risk level and needs (MacKenzie & James, 2011; Warren et al., 2005). Andrews and Bonta (2010) emphasize that the best outcomes regarding recidivism can be achieved when treatment addresses specific criminogenic risk factors and delivers cognitive behavioural therapies which take the offender's personal characteristics and situations into account. Purcell and McEwan (2018) have highlighted certain areas of psychological vulnerability that could be targeted for treatment and suggested specific treatment for stalking behaviours matching the Stalking Risk Profile (SRP), which is a professional psychological judgement tool for assessing and managing risk in stalking cases (MacKenzie et al., 2009).

Over the years, there have been several attempts in various jurisdictions, to address the challenges of assessing risk, and managing stalking cases, by introducing measures to better recognize stalking and safeguard victims (Brandt & Voerman, 2020). The counselling and treatment of stalking offenders, has been of particular interest to practitioners dealing with stalking cases. In Germany, a prevention initiative called Stop Stalking was introduced in 2008 which provided appropriate psychosocial and therapeutic assistance to offenders at a community level (Siepelmeyer & Ortiz-Müller, 2020). Similar initiatives have been implemented elsewhere, such as the Problem Behaviour Program in Australia and the Danish Stalking Centre which aim to treat stalking offenders by assessing their level of risk, criminogenic needs and responding with appropriate counselling provision to prevent recidivism (Chan & Sheridan, 2020). The bespoke treatment offered through

MASIP is based on these models to further advocate the importance of stalking prevention.

Hence, the literature to date reveals that psychological treatments may be effective in prompting behaviour change in stalkers, so that desistance is achievable. This is, however, difficult to implement if the population of stalking offenders is unknown, or there are few opportunities to mandate treatment when sentencing such offenders. In addition, there exist large gaps in understanding about what treatments are effective for whom, and in what circumstances. And the offender's perspective on treatment experience is largely absent from the literature. The present study aims to contribute to filling this gap in dissecting the experiences of stalking offenders undergoing psychological treatment and triangulating this with the experiences of the clinicians providing the treatment. The purpose of this paper is thus to (1) describe the delivery of multi-agency informed, bespoke interventions to a specific group of stalkers, through the accounts of the MASIP stakeholders and (2) explore the perspectives of offenders regarding their therapeutic journey within a multi-agency response framework. The overarching research question is: 'What can a multi-agency intervention approach offer to stalking offenders, in terms of addressing their needs and encouraging desistence?'

Methods

A qualitative approach was adopted to explore perceptions of stakeholders and offenders on their experience of being involved in the MASIP. Semi-structured interviews were conducted to explore themes regarding the impact of multi-agency working, the process of designing and delivering bespoke interventions with stakeholders; and the experience of offenders engaging with the MASIP.

The MASIP (Multi-Agency Stalking Intervention Programme)

This study is a component of an evaluation of the Multi-Agency Stalking Intervention Programme (MASIP), piloted in three English police force areas. The MASIP aimed to support the detection, treatment and prevention of stalking by providing targeted support and interventions for victims and offenders. The premise of MASIP hinged on the collaborative partnership between health, social care, criminal justice agencies and victim advocacy services to manage the risks posed by stalking offenders and to reduce recidivism. A distinctive aspect of the MASIP was a focus on the desistance process of medium- to high-risk stalking offenders, by providing bespoke rehabilitative interventions delivered by clinicians. The goal of therapeutic treatment was to address fixations which contributed to the furtherance of offending. In a small proportion of cases, when clinically assessed and indicative of viable consideration for MASIP involvement, customized psychological interventions for offenders were designed and implemented.[4] Interventions offered by the MASIP included regular psychological therapy sessions delivered weekly or fortnightly, tailored to individual needs and severity of case. These used combinations of Cognitive Behavioural Therapy, Interpersonal Therapy, Emotion-Focused therapy and Occupational Therapy. A significant proportion of the interviewed offenders had pre-existing mental health conditions and were previously under treatment. The MASIP health practitioners accounted for these underlying conditions and provided appropriate

support. The multi-agency design of MASIP allowed for a free exchange between various stakeholders who had information on each case, (police, probation, health services, etc).

Sample & recruitment

Semi-structured interviews were conducted with six MASIP health practitioners, to supplement the offenders' interviews; to provide more specific information on the multi-agency set-up, process regarding risk assessment and underlying issues addressed through the treatment programmes designed for stalking offenders. All health practitioners involved in directly delivering treatment were interviewed at the start of and towards the end of the MASIP evaluation. The sample of health practitioners consisted of two male and four female participants. Their clinical characteristics are presented in Table 1.

Stalking offenders who described their experiences with the MASIP, consisted of six males between the ages of 24 and 55, identifying as White-British. Table 2 describes the offender sample's demographic and clinical characteristics. The sample size is consistent with recommendations from phenomenological research (Creswell & Creswell, 2017).

Clinicians interviewed in the three pilot sites included clinical and forensic psychologists. Three of them had previous experience of working with stalking offenders and three were psychologists, under the supervision of these stalking specialists. All offender interviewees had engaged with the therapeutic component of MASIP after being referred into the service through their probation officers, post sentencing. Participation in the intervention process was entirely voluntary. Out of the 43 offenders treated through the MASIP over a period of 12 months, only eight were deemed to have progressed adequately in their therapeutic journey[5] by their clinician for an interview referral, of which six agreed to participate.

Data collection

Interviews with clinicians were carried out at two points; once at the start of December 2018 and towards the end of the pilot study in January 2020. Offender interviews were conducted between March and December 2019, when they were almost at the end of their treatment. Since this research was conducted with sensitive participants, part of the conditions of getting ethical approval from the University Ethics Committee was that only those considered by appropriate qualified professionals to be mentally fit and

Table 1. Summary of Clinician Interviewees.

Identifier	Gender	Profession	Site	Clinical Experience	Involved in Treatment of Offenders
C1	F	Forensic psychologist – Stalking Specialist	London	10 + years	O6
C2	M	Clinical Psychologist	London	7 + years	O4
C3	F	Forensic Psychologist – Stalking Specialist	Hampshire	10 + years	O4,O5, O6
C4	F	Clinical Psychologist	Cheshire	5 + years	O1, O2, O3
C5	M	Forensic Psychologist-Stalking Specialist	Cheshire	10 + years	O1, O2, O3
C6	F	Assistant Psychologist	Cheshire	3 + years	O1, O2, O3

Table 2. Summary of Offender Interviewees.

Identifier	Relationship to Victim	Known for	Charge	Previous Conditions
O1	Former Partner/ Mother of Child	12 yrs	2A Stalking	Alcoholism, Depression
O2	Former Partner/ Mother of Child	6 yrs	Breached restraining order	Previous Domestic Violence Charge
O3	Old Acquaintance	8 yrs	S.2 Harassment	None
O4	Former Partner/ Mother of Children	10 yrs	Stalking 2A	Diabetes, Depression, Anxiety, OCD
O5	Online Acquaintance	2 yrs	S.2 Harassment, Prohibited Weapon, Common Assault	Previous Stalking Charges, Various Mental Health issues, Institutionalization
O6	Former Partner/ Mother of Child	8 yrs	Stalking 2A	Previous Convictions (Violent & Non-Violent), Drug Abuse, Alcohol Addiction, Borderline Personality Disorder. Bipolar Disorder

stable to participate were recruited. Offenders were sought through referrals from the health practitioners within the MASIP team, who had assessed and treated each participant. On behalf of the evaluation team, these practitioners invited stalking offenders who had completed or were near completion of their treatment (which typically lasts 6–12 months), to participate in face-to-face interviews.

Information sheets and consent forms were distributed to those who conveyed willingness to participate, and interviews were arranged at supervised probation and health facilities. Informed consent was obtained for participating voluntarily and for the interview to be audio recorded prior to the interviews. To mitigate any possible risks, personal contact details of the researchers were omitted, and instead contact details were provided of the NGO managing the project. Two researchers conducted each interview which lasted between 20 and 60 minutes. Throughout the interviews, notes were taken by the researchers. Occasionally, participants required additional prompting to elaborate on their descriptions and experiences.

Data analysis

All interviews were anonymized, professionally transcribed, analysed using qualitative software NVIVO. The data was coded by one member and checked by another member of the evaluation team.

Thematic analysis was chosen as the most appropriate method for analysing the interview data (Braun & Clarke, 2006). Themes were identified based on the overall aims of MASIP which were focused on offender management and support for desistence.

Specific themes were inferred prospectively, aimed at understanding stakeholder perspectives on designing and delivering multi-agency interventions and deconstructing the experiences of stalking offenders after being referred to the MASIP. The focus on offender experience included the impact of their stalking motivations and behaviours, challenges with their treatment, highlighting aspects of treatment which they felt assisted with recovery and desistence, as well as support mechanisms in place to prevent future recidivism.

Results

The first part of this section presents the purpose, process, intended outcomes, and important aspects of the delivery of interventions described by the stakeholder clinicians. This is to provide a clear picture of how the intervention was designed and implemented from the viewpoint of the providers as background to the perceptions of the offenders themselves, which is the focus of this paper. Next, analysis of offender interviews documents reflections on their journey through the MASIP. The results are presented chronologically to set up the foundation of MASIP and how the service was delivered to the offenders, followed by how it was received.

Offenders enrolled in the treatment programme acknowledged that therapy provided a space to reflect on their own behaviours. They were able to explore the root of their behaviour and realize the effect that it had on their own lives, as well as the victims. This further motivated them to engage with the MASIP intervention and work towards desisting from future offending. Lastly, the impact of MASIP is discussed with regards to how it provided offenders with an awareness of the gravity of their offence(s), a glimpse into the deep-rooted causes of their behaviour, related criminogenic needs, and risk-management tools to self-regulate their future behaviours.

Multi-agency approach

Clinician interviewees highlighted the value of a multi-agency set-up and how the information gathered and discussed through the initial meetings with relevant agencies, contributed to a holistic approach to designing bespoke interventions. Accessing external information about offenders made them aware of pre-existing mental health conditions, criminal history, family issues, etc., which in turn, provided a wider context around offender behaviour and treatment pathways. This multi-agency evidence-base seemed useful for the preparatory stage of the intervention process.

> I think the interesting aspect is that real psychological difficulty that an offender might be encountering, that previously has been not necessarily accounted for as part of that whole picture. They might have presented separately at GPs or within custody and spoke to health workers and it's been picked up but linking that into the case (in MASIP) is really interesting. And what that will then do is, by working with them on those things, can have a knock-on effect on lots of other things … . (Clinician 1)

The psychological risk assessment (conducted once the case was recognized by the MASIP clinicians as suitable for direct intervention), served to explicate the relationship dynamics between the offenders and victims, identify motivations and fixations driving stalking offenders' behaviour and use the relevant information to design an appropriate risk-management plan.

> We need to understand what makes stalkers tick, what motivates them, what are they trying to achieve and it's only then we begin to understand that individual under that circumstance with that relationship with that victim around what's their psychology … we talk about stalking being a behavioural manifestation of an underlying distorted cognitive relationship that the offender has with the victim and understanding what feeds into that relationship will allow you to begin to put together a hypothesis that informs what you need to do to manage the risk of that individual. (Clinician 5)

Health practitioners who delivered the therapy to offenders noted that stalking offenders often needed assistance to build pro-social connections in various aspects of their lives. This was believed to help detract from their focus on stalking. One pilot area made an occupational therapist available to offenders for the sole purpose of providing them with specific tools to rethink their life goals and strategies. This service was delivered in conjunction with psychological treatment and assisted offenders with specific needs to improve crucial aspects of their lives.

> It's about behaviour change in the sense that stalking is a very meaningful thing for the offenders … it gives them a sense of purpose and a sense of direction … So it's about replacing their sense of purpose with something that's more prosocial and something that's going to give them more meaning and more value in their life … it's looking at improving the psychosocial wellbeing of the offenders, it's looking at giving these individuals skill development opportunities and any sort of psychological therapy that they need to improve their lives. (Clinician 4)

Four clinicians expressed that the first few sessions of treatment were spent on building a rapport with offenders, to establish trust and respect. This allowed for a smoother exploration of underlying issues that needed to be treated. Initially, many offenders came to treatment with housing, employment or addiction issues that needed solving. However, the empathetic acknowledgement of these external factors as important by clinicians, followed by a discussion, allowed further exchanges between the offender and clinician at the consultation stage. The engagement at this stage, built therapeutic alliance (see Wheatley, 2019) and slowly opened up dialogue with offenders, leading them to address their stalking behaviours.

> A lot of that has been the value of that therapeutic relationship and establishing that rapport, and that almost in itself in some cases has been the intervention, having that outlet for someone who's perhaps never spoken to their family before, never mind a professional, about the type of things they've been talking about, getting them to reflect on thoughts, feelings and emotions, how that links to their behaviours, having that outlet and place to do it and therapeutic relationship to feel able to do that. (Clinician 6)

Engaging in meaningful conversations about offenders' practical and psychological needs allowed clinicians to draw links between the two and tailor specific therapy as part of the risk-management plans for each offender. Each treatment plan was devised based on multiple therapeutic approaches and included self-reflection exercises, decision-making activities, discussion around emotions, and aggression management. This was recognized by practitioners we spoke to early in the project as necessary to address the diverse and complex needs of each stalking offender.

> Our model very much is from the initial assessment and using the SRP to help think about the motivators, drivers and the treatment needs. There are going to be CBT elements to it … there are going to be DBT elements, in terms of emotional regulation, distress tolerance, cognitive flexibility. So maybe more some attentional training elements to it … the treatment is going to be quite individually tailored. (Clinician 2)

Psychological treatment was typically delivered for twelve sessions, increasing if more sessions were necessary and valuable for the offender. This decision depended on the risk level of the offender, as well as a mutual agreement between the clinician and offender, that further treatment would be beneficial.

Offenders and their stalking

Offenders who engaged in the service expressed that treatment delivered though the MASIP gave them space to reflect on their stalking behaviours. This section highlights the effects of stalking on offenders' own lives, motivations to disengage with stalking and engage with the MASIP, followed by the offenders' recognition of the impact of psychological therapy on their own lives.

Motivations driving stalking behaviours

The interviews began with a discussion of the relationship between the participant and the victim and what might have prompted the obsession or stalking behaviours. It became clear that the length and strength of prior association between the offender and their victim was indicative of how strong their fixation was. For example, four offenders were ex-intimate partners who had children with their victims and stated that this was a major factor in their attempts to reignite a romantic relationship. They generally fitted the profile of a 'rejected stalker' in the SRP whose main motivator is reconciliation or revenge (Mullen et al., 1999).

> I was hoping that we could work it out … I wanted to be loved, I wanted to be cared for, I wanted to be needed. That was the overall thing, just to be back together and know that it would be the right thing to do. (O4)

> We had a child together, we had an emotional attachment, we had dreams and stuff. No, she's not getting the board rubber and scrubbing that. That is how I felt. (O6)

Two of the interviewees expressed motivations matching the SRP profiles of both the 'intimacy-seeker' (O3) and 'incompetent suitor'(O5) (see MacKenzie et al., 2009) in that they were attempting to form a relationship with their victim, and after a certain stage were under the mistaken impression that they were receiving indirect encouragement from their victims. As one participant explained,

> It was alright at first because we were mates, but I wanted more and I believed she wanted more … I thought I loved her because I thought we were meant to be together and all that fairy-tale stuff … It was just me buying stuff and buying her love. (O3)

It was clear that the interviewee was aware at some level that perhaps his expectations of the relationship were unrealistic, yet he persevered.

Another interviewee said,

> I struggled to communicate and socialize; I was socially awkward, so there was a bit of a barrier there … I wanted something more out of it in my mind, and I thought the only way I'm going to get it was to sort of make it happen (by repeatedly contacting and following her). (O5)

In this case, the interviewed offender became aware only following therapy that perhaps his tactic of persevering his pursuit of the victim in the hope of reciprocal affection was misguided, one-sided and could cause fear.

The various motivations to stalk resulted in both electronic and/or physical stalking. Social media was the most common form of communication in each case, since technology made it easy to stalk victims with the help of tracking apps, social media information,

and mobile phones. Typical forms of repeated communication included sending threatening and abusive text messages, abusive phone calls and voice messages, and viewing or liking social media posts (which automatically would alert the victim of the offender's online activity). Two offenders displayed drunk and disorderly conduct on a regular basis outside their victim's house. The other four were physically watching, loitering and attempting entry to their victim's home as well as showing physical displays of affection through notes and gifts. These activities occurred during the day and at odd hours of the night, typically escalating to more aggressive behaviour, resulting in the victim contacting the police.

Impact of stalking behaviours on offenders

Although two participants found it difficult to recall their past, four of them were able to describe their behaviours in detail and admitted that at the time, they were not always cognizant of the severity of the effect their actions had on the victim. Two offenders intended to instil a sense of fear and discomfort to their victims, but all simply overlooked the possibility of their behaviours could be interpreted as criminal. They were conscious of the fact that their behaviour would cause the victims distress, yet they underestimated the level of impact that their fixation would have on their own lives; mentally, physically and socially.

While in treatment, some realized that stalking had compromised their health. One offender explained that his desperation to get back together with his ex-wife inhibited his ability to function as all his time revolved around stalking behaviours. This in turn affected his ability to retain employment, added to his pre-existing anxiety conditions and caused immense sleep deprivation. He described his situation in the following words,

> I was disappearing at all hours of the night and no one knew that I was just appearing at various places … I wasn't sleeping properly; I had no concept of time. Like if I ring someone at half past midnight, they are likely to be in bed. The overall scale of the obsession was not realized until I was here … I would literally drop everything to like phone her, text her, and I was also physically getting worse in myself (O4)

Another offender mentioned that his obsession with stalking his victim resulted in a state of complete disillusionment. He failed to realize that he was willing to go to extreme lengths to maintain contact with his victim and in carrying out his stalking missions, he was committing other serious violent crimes. These added to his list of offences and resulted in him being sectioned as well as further legal restrictions and penalties being imposed.

> I think I was aware that it would cause distress, but I didn't care. Because I think on a level, in a weird way, I was distressed myself, and I just wanted to get my emotional needs met. I was thinking about it so much, like every day, day in day out, that it was almost like a reprieve to … Obviously, breaking into someone's house is serious, but that alone was enough to keep me going for a few more weeks; it sort of sustained me, I felt like I got some sort of contact, and I desperately needed contact. (O5)

Other offenders also mentioned similar issues whereby they found themselves spending most of their time and money on stalking activities. Additional problems caused by stalking fixations included alienation of family members and friends who tried to

intervene, deteriorating health conditions, financial issues, and involvement with the criminal justice system (CJS). These accord with reports from clinicians working with stalkers (Wheatley, 2019).

Reasons to engage with treatment

An important theme explored in the offender interviews were the motivators driving them to engage with the MASIP intervention and take ownership of their risk management. While all offenders had reasons to persist with their stalking, involvement with the CJS prompted them to realize the seriousness of their behaviour and find reasons to desist from further offending. Along with a universal desire to avoid imprisonment, interviewees were motivated to undergo treatment for a range of reasons.

For ex-intimates who had children with their victim, limited contact with their children was an adequate threat, as some of them expressed concern around access and rights to see their children. Interviewees were made aware that if they were in prison or deemed to be unfit due to criminal behaviour, the time spent with their children could be supervised and/or limited due to the involvement of social care. Some offenders revealed that they did not want their children's wellbeing to be affected further by the stalking episodes involving their mother. There was a recognition that the distress caused to their victim, could inadvertently harm their children and they wanted to avoid such a situation.

> I don't want to go back there (jail) … I've got my kids there and stuff so I don't want to go back to all that. (O1)

> At the end of the day, I don't want my son's mother to be … worried and frightened. Because he senses it, there is that little worry in a little body growing up, all because of his … No. I don't want that. I want him to feel totally happy and at ease. (O6)

As Wheatley (2019) reports in her in-depth study with seven adult male stalkers, two of the interviewees were particularly distraught that they were being labelled as a stalker, or a criminal, and faced the possibility of serving prison time. Thus, their willingness to engage with therapy was because they wanted to evade any future likelihood of being stigmatized by deviant labels.

> When you get classed as a stalker … Stalker is the main word. People know what you say when … 'I was harassing her,' but when you become classed as a stalker … That is why I want the [therapist] to help because I don't want it to happen again. (O3)

Another significant motivator to engage with the MASIP and refrain from reoffending seemed to be the desire to lead a healthy and crime-free lifestyle. The ability to engage with a service which would provide offenders with appropriate guidance on how and where to divert their energy to be productive members of society was particularly appealing to some interviewees who were generally exhausted by their chaotic lives. One interviewee said,

> In all honesty, I was tired of feeling the way that I was feeling and I wanted to … I've never ever been in trouble with the police or the law before and, with all due respect, I never want to be again … just want to be able to address those issues and move forward in a healthy way. (O4)

Another interviewee echoed the sentiment of wanting to move on,

> I want to have a normal life. I want to have something which I can say is mine, and work for something, and hopefully get a decent job. I don't want to be stuck in the system forever. (O5)

All offenders who sought the MASIP intervention expressed a strong willingness to change their lifestyle and said they believed in the possible benefits of therapeutic intervention.

Stalking offenders' experiences with the MASIP

Stalking offenders who engaged in the MASIP identified three aspects of their treatment to be very helpful: it enabled them to understand why their stalking behaviours were considered criminal; it provided them with a safe space to address underlying issues contributing to their fixations; and they received specialist advice to equip them with risk-management tools to prevent future stalking behaviour.

As aforementioned, many offenders interviewed did not realize that their stalking behaviours constituted an offence until the authorities got involved. Once placed within the MASIP, clarification of the offence was an important part of the process. One offender claimed that his engagement with the MASIP really helped him to understand how his behaviour could be interpreted as stalking in the eyes of the law, and this consequently allowed him to manage his actions better.

> At no point in my life have I ever stalked a girl but I understand in black and white … I keep on breaching restraining orders, there's a reason for it … (Clinician 1) helped me more practically than anybody else, so I actually understand what a restraining order is; what I'm allowed to do, what I'm not allowed to do, what I should do in certain situations. I've been asking those questions to people in probation for years and just after a couple of months of speaking to (Clinician 1) I've got more answers. (O2)

Most recognized that they had deep-rooted personal and childhood issues related to their stalking behaviours. Interviewees recognized that therapeutic treatment allowed them to uncover those issues and deal with those emotions, upon grave reflection. One offender said,

> I felt like I was able to understand why I did what I did, accept that what I did was not right and realized that I had a lot of underlying issues that I hadn't thought about that were causing my behaviour in that way and it's been really helpful to recognize that … I am able to manage my emotions better. (O4)

Another interviewee was able to trace the origins of many of his problems to trauma and abuse suffered in childhood,

> My behaviour as an adult has always been controlling, manipulative … Although I am an offender, I have realized that I was also the victim as a child. There were so many things that therapy uncovered that made me think. (O6)

The MASIP intervention also provided the interviewees with skills and awareness needed to monitor their own behaviour and manage their own risk of recidivism. This was evident through various activities which interviewees said compelled them to

formulate the appropriate reaction to a tempting or provocative situation which may arise in the future.

> If it happens again, I have to put my phone away or say, 'If you want to be friends, be friends. If you don't want to be friends, enjoy the rest of your life.' If I don't, I will just be back here again … I might not be back here. I might be even in prison if I start harassing and ringing people again. (O3)

This indicated that at least at the time of the interview, the interviewee was aware that the consequences of a relapse into stalking behaviours would be serious. Another interviewee explained that the therapy had shown him that there were other healthier ways to deal with some of the situations that prompted their fixated behaviour,

> What [Clinician 3] has taught me is there are options, there are other ways to deal with stuff, … I think I am about 85 percent of where I need to be. I don't think she is going to do the 15 per cent … because all it (MASIP) has done is put the fire out –– dragged me away from the fire and now I am going to have to patch up my own burns, but at least I have got enough to work with.– (O6)

As a result of MASIP intervention, all the offenders said that they were confident in their ability to refrain from further offending. The biggest compliment they paid the intervention was their recognition and appreciation of the fact that their treatment was customized to match their individual needs.

Discussion

This study is unique in that it attempts to explore the impact of therapy on the offenders' understanding of their own motivations, behaviour and the subsequent impact of that behaviour. This therapy occurred within the MASIP – a multi-agency initiative that sought to holistically prevent stalking. This study draws from interviews with six clinicians who were involved in delivering that therapy and six stalking offenders. Our findings lend some support to the notions that multi-agency risk assessment, information sharing, and integrated programmes for offenders, may reduce risk and improve outcomes (Cleaver et al., 2019; Wilson et al., 2018). We discuss these findings in relation to the risk-needs-responsivity model principles that are at the core of offender treatment.

Multi-agency response: a holistic approach to stalking

The process of risk assessment and management through the MASIP was primed by stakeholders who worked together to access appropriate information which guided treatment plans for offenders willing to engage with the programme. Clinicians believed that the rich information that was generated by the multi-agency partnership allowed them to identify the intensity of treatment needed to deal with each offender's risk level and specific aspects of their lives which needed attention. This collectively enabled a holistic approach to designing effective treatment plans. This chimes with broader research that notes that a multi-agency approach to risk-management can provide higher levels of effective and adequate responses to crimes (Home Office, 2013; Robinson & Payton, 2016). MASIP clinicians expressed their approaches to be

effective due to the rapid access to a range of relevant information, which was a valuable contribution to the risk assessment and management process.

The bespoke interventions were delivered after consideration of offender risks, needs and responsivity, which has been noted as crucial in offender treatment (Andrews & Bonta, 2010). Fox and Marsh (2016) argued that key considerations for effective offender treatment include: developing appropriate choice and flexibility about how interventions are delivered; ensuring that a wide range of interventions are available; and providing access to enabling resources based on individual needs for support. Such tailored approaches to risk management have been encouraged by academics who believe that stalking offenders would benefit from individual, comprehensive psychopathology and responsivity assessments (Wheatley, 2019). By acknowledging every offender's risk level, motivations and criminogenic needs, clinicians can fully understand their treatment and responsivity needs (Cavezza & McEwan, 2014; Nijdam-Jones et al., 2018; Rosenfeld et al., 2019).

As indicated from clinician interviews, the multi-agency framework and offender engagement allowed various therapeutic approaches to be explored and delivered to match individual offender risk levels, criminogenic needs, learning styles and treatment plans. The initial therapeutic dialogue between clinicians and offenders enabled external risk factors to be detected and checked with the MASIP team. Stalking motivations were identified and challenged to compel behavioural change, providing offenders with legitimate needs and goals, which reflected their motivations to desist. Often these motivations seemed to link directly with the challenges that offenders faced in understanding why their actions were considered criminal and how to manage their emotions and align their behaviour accordingly. These were prominent needs which were addressed through the MASIP to engender a stronger offender response to treatment.

Challenging connotations of stalking

A recurring theme throughout this study has been understanding what constitutes stalking and how stalkers make sense of their criminal behaviour, considering typical connotations associated with the label conform to misleading stereotypes of stalkers (Wheatley, 2019). Several offenders expressed the need to understand how their behaviours could be legally construed as stalking. While all offenders were aware upon arrest that their behaviour might be unlawful, often they did not understand why their behaviour is wrong, why it was necessary to reform and how to address the temptation to reoffend. Providing a perspective and treatment informed by a joint approach may facilitate a better understanding of appropriateness and legality.

Many of the ex-intimate offenders were surprised when they were charged with stalking, as their actions would have not been considered as such, had their victims responded positively to their actions. If a repeated set of actions can cause somebody to interpret it as intrusive and distressing, it may be enough to render a stalking charge. This may contradict many beliefs which are still socially present and pertain to romanticizing stalking behaviours such as persistence and aggressiveness to attain relationships (Ireland, et al., 2018). Nonetheless, potential offenders may have to become more mindful of their

actions as sensitivity towards privacy grows societ ally, and the legal stance on stalking is strengthened.

For potential offenders, understanding legal limits and the potential impact of their actions on victims, is a crucial criminogenic need to inform their own risk-management of stalking. This is not necessarily a costly intervention, but certainly an important message which needs to be relayed to potential offenders, for whom the stigma of being classed as a stalker or convict is enough to refrain from offending behaviour. Compared to the numerous costs of stalking to victims, the costs involved in clarifying stalking behaviour would be justifiable if it contributed to offender self-regulation and long-term desistance (Tompson et al., 2021).

Need to self-regulate and risk manage

The findings suggest that, while noting the impact they had on victims was important to understand the legal aspects of stalking, offenders' willingness to desist from stalking stemmed from personal reasons such as avoiding incarceration or limited contact with their children. Once participants realized that they had valid reasons to change, and that personal benefits of desistance would outweigh the motivation(s) for stalking, they were able to engage with the therapeutic process and equip themselves with tools to avoid regressing back to stalking behaviour. This is consistent with past literature, which emphasizes the importance of addressing criminogenic and non-criminogenic needs of offenders for the purposes of rehabilitation (Ogloff & Davis, 2004; Ward, 2002). The MASIP clinicians directed stalking offenders to concentrate on distinct aspects of their lives to improve their overall well-being and learn methods to better manage their emotions and temptations to stalk.

The tailored nature of the MASIP therapy to address individuals' needs was seen in sharp contrast to the generic treatment offenders had previously encountered with state mental health providers. For many of the stalking offenders, their behaviour stemmed from an inability to manage their emotions in an appropriate capacity, and the primary goal of the intervention was to provide them with coping mechanisms which would allow them to redirect displaced aggression to a more suitable outlet. For example, a risk-management plan may require offenders to focus on prosocial distractions (Wheatley, 2019) such as building a healthy lifestyle or concentrating on employment, as opposed to pursuing the revival of a relationship. Having post-treatment strategies in place could enable offenders to continue a crime-free lifestyle on their own, requiring more self-regulation and less criminal justice risk-management.

There is a degree of self-awareness that comes with therapeutic intervention and facilitating reflective learning in stalking offenders may enhance their ability to respond well to needs-based interventions. Most intervention exercises in the final stages required offenders to anticipate situations that might tempt them to slide back into stalking behaviour and manage their personality characteristics and decisions accordingly. Practicing emotional and behavioural self-regulation seemed to be valuable for offenders who would otherwise act impulsively when provided with a criminal opportunity. The MASIP's goal of dealing with distinct individual problems related to stalking behaviour, through tailored treatment, builds on Purcell and McEwan (2018) and Rosenfeld and colleagues' (2019) recent findings that intensive treatment focused on problematic

behaviours may have a positive effect on stalking prevention, regardless of the modality of treatment. We argue that meeting a bulk of stalking offenders' individual needs, triggers a positive response from those willing to change and desist from engaging in further stalking.

Limitations

The present study is a step forward in furthering knowledge about multi-agency intervention approaches which could aid the rehabilitative process for stalkers, but some limitations should be noted. Firstly, this study relied on self-report data which suffers from well-known limitations (Creswell & Creswell, 2017). Furthermore, we acknowledge that the clinicians who participated in the study were ideologically committed to the multi-agency approach and had a vested interest in demonstrating the value of the project. This might have biased their opinions about the perceived success of the approach.

The sample size of the study also represents another source of concern. All the clinicians involved in the treatment participated, however out of the 43 stalking offenders treated through the MASIP, only eight were available for the recruitment of the study, of which six participated. The possibility of double selection bias cannot be denied in the sampling method, first, in the decision to approach only those offenders who had agreed to and subsequently engaged with the interventions; and in the second instance, by including only those who were willing to engage with the research when asked by the same clinicians who had provided the therapy. Furthermore, the sample of offenders who participated were all White-British males who likely do not represent the diverse population of stalking offenders in England and Wales (although this is predominantly male – see Tompson et al., 2020). This affected the reliability of the findings and calls for larger sample sizes, along with follow-up data, to confirm the positive impacts of MASIP-style treatments. Nonetheless, the accounts of participants are important in providing suggestions for how therapeutic interventions can facilitate desistence in stalkers. Given the limitations of the self-report data, and the very small, possibly biased sample, these findings should be interpreted with some caution.

Our results have useful implications for multi-agency initiatives aimed at addressing stalking behaviour. While offenders who engaged in MASIP psychological treatment identified benefits and value to the programme, interventions pose many challenges. Firstly, only certain stalking offenders will decide to engage in therapeutic treatment if they believe it may help; those who decide not to engage may still be in conflict with the criminal justice system. Therefore, having a multi-agency set-up will only serve a purpose for self-selected individuals, ready for change. Secondly, delivering bespoke interventions to all stalking offenders may not be sustainable for the long-term due to the heterogeneity of stalking and variation in stalker types. The professional expertise required to plan such treatment is relatively niche and delivering appropriate therapy is resource intensive. Treating high-risk offenders who exhibit more severe forms of stalking for instance, could take a considerable amount of time due to bespoke treatment planning. There is, however, potential to treat low-risk offenders within a multi-agency set up, who may require swift and certain short-term treatment to address their needs. Considering this, a multi-agency service could be strongly linked with a forensic mental health service provider who can deliver treatment in the high-risk stalking cases where

it is needed most. Lastly, to account for any tangible and intangible benefits of multi-agency interventions, those who engage in therapeutic treatment as well as the programme itself, need to be monitored and evaluated over the long-term.

Conclusion

The findings from this study both corroborate previous research and provide new insights into specialist interventions for stalking prevention. The multi-agency framework guided psychological treatment of offenders and clinicians described a heavy reliance on the information accessed through the MASIP for treatment development. Most offenders reported their therapeutic treatment experiences to be positive, and this helped them to reflect on the nature of their behaviour, recognize the associated negative consequences, understand the legality of their actions and address their individual criminogenic needs. Finally, the offenders relayed that receiving a bespoke treatment which provided them with appropriate tools and coping mechanisms to deal with their emotions made them more responsive and willing to reform.

The involvement of mental health clinicians is beneficial in effective risk assessment, design and delivery of risk management plans for stalkers within a criminal justice context. Offenders were appreciative of the specialist practitioners who could make legal and psychological advice accessible to them. Training for such practitioners ought to be informed by specialist forensic knowledge about stalking due to the strong link between mental illness, vulnerable personality traits and stalking behaviours. This may prove difficult as delivering bespoke interventions for a heterogeneous population of stalkers is challenging and current financial burdens on public health services may discourage such strategies. This research suggests that offenders see the value of therapy in helping them to desist but further research, which includes tracking the progress of whole cohorts of offenders, comparing outcomes of those who engaged with therapy with those who did not, is necessary before any firm conclusions can be made regarding the effectiveness of multi-agency treatment programmes or likelihood of reducing recidivism in the medium and long term.

Our contention from this study is that the adoption of integrated specialist programmes, such as MASIP may be advantageous to overcome the shortcomings that currently exist in the management of stalking offenders. This joint approach can benefit all agencies involved, by expanding understanding of stalking within the CJS, and provide stalking offenders with long-term risk-management resolutions. Stalking offenders in this study believed treatment to be beneficial as it compelled them to address their behaviours, recognize the self-destructive nature of stalking, as well as harm to victims, manage their emotions and make pragmatic future decisions to abstain from further stalking. While there is some qualitative evidence to suggest the therapeutic value of specialist stalking interventions, more quantitative research on desistance and evaluation of multi-agency programmes is required to validate the findings of this study.

Notes

1. This may be an overestimate because the CSEW does not ask about a 'course of conduct' or put differently, if the behaviour occurred repeatedly, which is a characteristic of stalking.

2. Source: www.gov.uk/government/statistics/police-recorded-crime-open-data-tables
3. We are grateful to an anonymous reviewer for pointing this out.
4. Each MASIP service determined whether they could deliver direct psychological therapy to an offender in a case or if it would be more appropriate to refer the offender for treatment from another National Health Service (NHS) agency. All participants in this study received direct interventions from MASIP health practitioners.
5. If this had been too early in the journey, there was a risk that the interview would trigger a relapse in the fixated thinking that was perpetuating the behaviour.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author, KJ. The data are not publicly available due to information that could compromise the privacy of research participants.

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