The Impact of Post-Intimate Stalking on the General Sexual and Relational Life of Victims.

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ABSTRACT.

The Impact of Post-Intimate Stalking on the General Sexual and Relational Life of Victims.

Background: Research to date indicates that intimate stalking is a significant public health problem. Studies illustrate the psychological, occupational and mental health impact on a victim's health. There appears to be a lack of research that has explored the impact of stalking behaviours on a victim's sexual or relational lives.

Aim: This exploratory study examined the impact of stalking victimisation on a victim's general, sexual and relational lives. The study examined the participant's service and social support networks in relation to how this affected post-stalking recovery. In addition, personal narratives of recovery were examined to ascertain whether participants were able to reflect on their story with a view to use such reflections to assist in future personal safety.

Methodology: The study utilised narrative inquiry that incorporated the use of a critical event hierarchy. Semi-structured interviews were specifically designed for the study. These collected data ethically with verbal reassurances at sensitive parts of the interview. A purposeful sampling technique recruited 14 participants. The critical events hierarchy helped to refine and present data analysis.

Results: Analysis of the data led to the emergence of six narratives, grouped into the following four themes; the acute recovery journey; emerging recovery; past, present sex and relationship factors, and reflective learning. Participants' narratives illustrated evidence of sexual and relational health recovery. Themes one and two illustrate an acute-reorganisation phase of recovery. Theme three depicts a phase of recovery where intimate and sexual cognitions were evident. A defensive survivorship modality was present in theme four, where participants sought intimate relationship and sexual interactions cautiously.

Conclusion: The study portrays the participants' recovery journey from stalking. In this study, participants who endured both domestic violence and stalking recovered slower than participants who endured stalking alone. Social support positively influenced the recovery journey for the participants. Future research could include the adaptation of the mental health recovery model for use by stalking victims. Moreover, a patient sexual safety checklist could be developed through the employment of qualitative and quantitative methods. If the results of this study are replicated in larger studies, mental health service providers will need to adapt existing organisational, clinical governance and risk systems to incorporate adequate responses to stalking victimisation. Educational and training programmes need to be developed to assist mental health professionals in understanding and working with both victims and stalkers.

DECLARATION.

The researcher has not submitted any part of this work referred to in this thesis for an application for another degree or qualification of this or any other university or any other learning institute.

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All of the supervision team has provided constructive and thoughtful comments throughout this thesis. These comments have been utilised in a way that has enabled the development of the researchers own writing style with qualitative research methods.

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ABBREVIATIONS.

CE: Critical Event
CSA: Child Sexual Abuse
DOH: Department of Health
NIMHE: National Institute for Mental Health England
NPSA: National Patient Safety Agency
NVAW: National Violence against women Study
OCD: Obsessive Compulsive Disorder
PFHA 1997: Protection from Harassment Act 1997
PA: Psychological Abuse
PMP: Psychological Maltreatment Partner
PO: Protection Order
PTSD: Posttraumatic Stress Disorder
STS: Stalking Trauma Syndrome
U.K: United Kingdom
U.S: United States
WHO: World Health Organisation

CHAPTER ONE: INTRODUCTION.

The purpose of this chapter is to provide a brief background to the problem addressed in this study, namely, the stalking victimisation of post-intimate (sexual) victims and its impact upon their general, sexual and relational health. In addition, the chapter will outline the importance and rationale for such an examination. The participants in the study are men or women who have experienced stalking victimisation by their ex-partner with whom they have had a prior sexual relationship. This introductory chapter will set a context for a broad review of the stalking literature necessary for the reader to conceptualise the social problem of stalking within the context of this studies exploration. This chapter consists of the following sub-sections:

1.1 Background to the problem.
1.2 Statement of the problem.
1.3 Rationale for the study.

1.1 BACKGROUND TO THE PROBLEM.

The literature on stalking is devoted primarily to descriptive studies. These studies detail clinical and demographic characteristics of the stalker (Harmon, Rosner & Owens, 1995; Meloy & Gothard, 1995) and compare sub-groups of stalkers (Harmon, Rosner & Owens, 1998; Kienlen, Birmingham & Solberg et al, 1997; Mullen, Pathé & Purcell, 1999). In addition, studies have focused on antecedents of violence (Brewster, 2003a; Meloy, Davis & Lovette, 2001; Rosenfeld, 2003). Stalking has been described as obsessional following (Meloy, 1996), unwanted pursuit behaviours (Langhinrichsen-Rohling, Palarea & Cohen et al, 2000), obsessional relational intrusion (Spitzberg & Cupach, 1998) obsessional harassment (Rosenfeld, 2003) and relationship terrorism (Spitzberg, 2002).

Stalking can encompass behaviours that at first appear unharmful to the innocent bystander; however, behaviours can be menacing, threatening and persistent. A series of behaviours over a period become much more concerning to the victim. Stalkers control the time, place and degree of pursuit with a victim. The pursuit or stalking of a victim is termed a 'course of conduct' that can last from a few weeks to many years (Hall, 1998). The stalking can escalate in frequency and intensity over time (Hall, 1998). This devastating social and public health problem has caused severe health consequences for non-intimate and intimate stalking victims. Research reviewed in section 2.2 illustrates the general, psychological and occupational health impact of stalking victimisation. Moreover, section 2.2 examines the sexual functioning and relational intimacy of adult survivors of child sexual abuse (CSA) and victims of rape in order to compare the qualitative results of this study to the nearest social phenomena. This is necessary because to the researcher's knowledge, there is no current research exploring the impact of stalking on the post-intimate (sexual) victim's sexual and relational lives.

1.2 STATEMENT OF THE PROBLEM.

There is a lack of research in how post-intimate (sexual) stalking victims recover 'holistically' from their ordeal. The lack of research missing from holistic health is the sexual and relational aspects of a victim's health. The study intends to explore how stalking victimisation impacts on the general, sexual and relational life of post-intimate victims of stalking. The 'general health' exploration was an essential part of this study: firstly; as a new qualitative piece of research and, secondly; it set an interview context that promoted the engagement and the storytelling of more delicate narratives such as the sexual and relational aspects of the participants' lives. Storytelling across relationship

contexts such as relationship initiation, relationship duration, separation and the initiation and cessation of post-intimate stalking was undertaken.

1.3 RATIONALE FOR THE STUDY.

The rationale for this qualitative study was to explore the impact of stalking on the general, sexual and relational life of post-intimate (sexual) victims. In addition, the study examines the role of social support in influencing the participant's health. Information is required for mental health and other healthcare professionals regarding how participants recover from stalking, and at what stages of recovery sexual and relational readiness emerges. In addition, the findings of this study may have important implications for service delivery and provision. Findings from this study will be useful in providing mental health and other healthcare professionals with insights into the intimate victim's sexual and relational health. Moreover, findings may apply to other stalking victims. Participant narratives could inform patient and staff safety issues concerning stalking. The study may have implications for Mental Health Service Providers organisational and clinical governance structures, clinical risk management and training and education. The implications may apply to other healthcare providers.

CHAPTER TWO: LITERATURE REVIEW.

This chapter will look at the broader stalking literature such as the nature and extent of stalking; social and legal development in this area; research definitions and prevalence; stalking characteristics, and stalker classifications. Stalking research more specific to this study is reviewed in some depth. This includes the impact of stalking on a victim's general, psychological and occupational health. An exploration is undertaken of the social phenomena of CSA and rape for sexual and relational impact, as these two phenomena are similar to stalking in psychological sequelae. This chapter discusses the following:

2.1 The nature and extent of stalking.

2.2 Review methodology.

2.3 A review of the health impact of stalking victimisation.

2.4 Review summary.

2.1 THE NATURE AND EXTENT OF STALKING.

Social development of stalking.

Pursuit of one person by another is probably as old as human relationships (Alcott, 1866) but is a relatively new crime (Meloy, 1996). Harassment or stalking consists of a constellation of behaviours that involve repeat and persistent attempts to impose unwanted communications and contacts in a manner that is likely to induce fear in a normal person (Meloy & Gothard, 1995; Pathé & Mullen, 1997). Stalking is now a recognised social and public health problem. Recognition of social problems evolves and becomes established through the following four interrelated phases (Parton, 1979): discovery; diffusion; consolidation and reification.

Discovery of stalking by modern society lies in the undertaking of national prevalence studies confirming that stalking is a widespread problem. Once society recognised stalking as a social problem with potentially lethal outcomes then the recognition of stalking as a social problem quickly *diffused*. Social diffusion means that the problem has influenced national and regional governments into formulating laws to deal with the issues, commencing in California in 1990. Moreover, *diffusion* was the process of how the public recognised that any person could experience stalking victimisation. *Consolidation* of stalking as a social problem comes when society and its social and service infrastructure takes responsibility through recognition of the needs of both the stalker and the victim to be afforded care and treatment. An example of this is the multi-agency clinic for stalking threat set up in Los Angeles (Zona, Sharma & Lane, 1993; Zona, Palarea & Lane, 1998). In the U.K, domestic violence has undergone the above social process but further social consolidation of services for domestic violence and stalking is still required.

Reification is the stage of social problem construction whereby society accepts the problem into the social landscape and further accepts that societal structures such as the Police Force, Social Services and other Local Authority organisations take responsibility to address the issues of stalking. Then reification is about how society takes action to resolve or manage the social problem (for more information on stalking as social problem see Mullen, Pathé & Purcell, 2000, pp. 18-25). Governments in the U.K and abroad are guided by a series of well-researched and related documents. The recommendations of documents from the World Health Organisation (WHO) can assist in the management of violence against women (WHO, 2003; WHO, 2005a; WHO, 2005b; WHO, 2007a; WHO, 2007b; WHO, 2008). The U.K has established a violence and victim's programme and is

set on ‘tackling the health and mental health effects of domestic and sexual violence’ of victims (Itzin, 2006; Department of Health, (DOH, 2006). In short, stalking has emerged as a serious social and public health problem with the words ‘stalking’ and ‘stalkers’ entrenched as common language due to regular use by the media and public. A large percentage of women (95%) and men (93%) recognise the term stalking and understand its implications regarding victims (Morris, Anderson & Murray, 2002).

It is extremely important that mental health professionals understand the social process of stalking as a serious public health problem because they will meet stalking victims. The process of discovery; diffusion; consolidation and reification has been necessary to highlight, criminalise and promote research into stalking victimisation. Reification, in the future may lead to the development of services for victims of stalking where specialist staff within such services might well be able to engage stalking victims in addressing sensitive sexual and relational health issues evident in this study.

Legal responses to stalking.

Mental health professionals need to understand the legal development and present state of stalking as a crime, so that they can assist victims in combating stalking victimisation through engaging with the criminal justice system. The crime of stalking is unique in criminal law as the subjective feelings of the victim, as opposed to physical injury, are central. The law tends to inquire to the responses of the victim rather than the behaviour of the stalker. According to Petch (2002) stalking is a ‘victim defined crime’ (p. 22) as legal processes such as the degree or level of charge depends on how the victim introspects regarding fearfulness. No other crime is subjectively gauged.

Nations developed and implemented stalking laws from as early as 1990. For example, California responded rapidly to the stalking of several celebrities by criminalising stalking. The laws quickly diffused to other U.S States. The Californian statute provides the following definition of stalking based on the definition formulated by the U.S National Institute of Justice (NIJ, 1993):

> "Any person who wilfully, maliciously, and repeatedly follows or harasses another person and who makes a credible threat with the intent to place that person in reasonable fear of death or great bodily injury of his or her immediate family is guilty of the crime of stalking" (Californian Penal Code 646.9 (a) 1993).

This definition was an attempt to standardise a legal definition of stalking throughout the U.S, but this failed, with many States having wide variations. In the U.K, stalking was criminalised by the enactment of the Protection from Harassment Act 1997 (PFHA, 1997), which came into force on the 16th of June 1997 making it a criminal offence, punishable by up to six months imprisonment, to pursue a course of conduct which amounts to harassment of another on two or more occasions.

According to Petch (2002), an advantage of the development of the PFHA 1997 was that it avoided the way Australian and New Zealand laws provided lists of stalking behaviours. He argued that stalkers adjusted their behaviours so that they fell outside of the lists, leading to a need for updating of their content. Hence, the PFHA 1997 was deliberately broad in nature, leaving it to the courts to decide if the stalker had caused any 'reasonable person' to feel fearful.

The PFHA 1997 created four criminal offences. The main two offences are criminal harassment (section, two) and an offence of putting people in fear of violence (section, four). Petch (2002) describes the components of these sections of the Act. The elements

of the section two and four offence are similar in structure, requiring that a course of conduct is present, harassment (section, two) or fear (section, four) is present, and that the stalker ought to know that the course of conduct amounts to harassment or fear of another person. In both section two and four, if a 'reasonable person' as decided by the courts feels harassed or fearful then an offence has taken place.

Victims need support to report the crime of stalking. However, such interventions may initially increase the level and duration of a course of conduct. In very serious and prolonged cases of stalking, criminal justice responses help to manage stalking. The victim's engagement or non-engagement with social support agencies such as the police, solicitors and victim support services are variables that may well influence how victims respond to stalking victimisation. Aspects of service support are central to the exploration of this study.

Clinical and research definitions.

Mullen, Pathé and Purcell (2000) suggest considering the following influences when utilising a definition of stalking: stalking is a wide array of unwanted intrusions; stalking is a predictor of future violence and early intervention is essential; and, in terms of numerical episodes of behaviour, more than once are less arbitrary than five or ten behaviours. Definitions of stalking can have a low or high threshold course of conduct. This means that the definition indicates an amount of behaviours experienced by the victim before stalking has taken place. Westrup (1998) provides a low threshold definition as 'one or more of a constellation of behaviours' (p. 276) that are directly repeated towards a specific individual, are experienced by the individual as unwelcome, and are reported to trigger fear or concern in the individual. Westrup's low numerical threshold

allows early intervention for stalking behaviours, as stalking could lead to lethal consequences after just one episode. However, a limitation of reacting to a low course of conduct could imply that a person walking past another in a public place several times means that the passer by could be viewed as a stalker. In contrast, a higher threshold may mean a longer period takes place before the victim gets help.

Mullen, Pathé and Purcell (1999) provide a high threshold definition proposing that a course of conduct should be at 'least ten separate accounts of behaviour over a period of four weeks' (p. 1245). This could create problems in those victims who fall short of this numerical or periodical definition because they may not receive the help they need by services. The victim is still at risk if intervention is unlikely to happen for a period of less than four weeks. Moreover, it gives the stalker time to entrench in stalking behaviours and thus create a course of conduct. A central concern for considering a definition of stalking is to remember the centrality of the victims affect in any definition. Professionals need to respond promptly to the first signs of risk and attempt to end the stalking campaign through intensive case management.

Stalking has a close cousin known as 'obsessional relational intrusion' (ORI). Cupach and Spitzberg (1998) define ORI as:

> "The repeated and unwanted pursuit and invasion of one's sense of physical or symbolic privacy by another person, either stranger or acquaintance, who desires and/or presumes an intimate relationship" (pp. 234-235).

ORI represents a form of disjunctive unwanted relating that does not involve the victim being fearful. ORI becomes stalking at any time the individual feels fearful. ORI appears to be a common experience with ORI activity defined above ranging from 5-40% of

College students (Coleman 1997; Cupach & Spitzberg, 1997; Gallagher, Harmon & Lingenfelter, 1994; Harmon, Rosner & Owens, 1995; Fremouw, Westrup, & Pennypacker, 1997; Spitzberg & Cupach, 1996). There are similarities between clinical and legal definitions:

- That both definitions consist of notions of long-term repeated harassment directed towards a victim and experienced as threatening.
- Definitions differ from the colloquial use of the term stalking, which suggests that the victim is unaware of pursuit (Meloy's and the California statute definition require the recognition of harassment).

Stalking behaviour and its antecedents are varied and complex in nature. McCann (2001) points out that such behaviour consists of 'disturbances of psychological function, including attachment, identity, thought disorder and cognitive distortion, affect regulation, interpersonal difficulties and behavioural problems' (p. 15). In short then, the differences between clinical and legal definitions of stalking lie in the clinical definitions representing the efforts of researchers and clinicians in exploring the above clinical variables. Moreover, legal definitions tend to focus on the behaviour and intent of the perpetrator rather than try to understand the reasons or cause it. Healthcare Professionals require an understanding of both research and clinical definitions of stalking and its similar constructs such as ORI as this will help them judge when they should intervene.

The extent of stalking.

Several studies of prevalence have been undertaken. Prevalence refers to that portion of the population who are experiencing stalking at a given time. Stalking prevalence may vary due to sample sizes and definitions of harassment or stalking used within studies (Kamphuis & Emmelkamp, 2000; Meloy, 1998). Studies have yielded lifetime prevalence rates between 12% and 32% among females, and 4% and 17%

among males. (Budd & Mattinson, 2000; Fremouw, Westrup & Pennypacker, 1996; Purcell, Pathé & Mullen, 2002; Sheridan, Davies & Boon, 2001; Spitzberg, 2002; Tjaden & Thoennes, 1997). Prevalence studies from Australia (Australian Bureau Statistics, (ABS), 1996; Purcell, Pathé & Mullen, 2002), U.S, (Basile, Monica & Swahn et al, 2006; Tjaden & Thoennes, 1998), U.K (Budd & Mattinson, 2000; Finney, 2004/5), Scotland (Morris, Anderson & Murray, 2002) and Sweden (Dovelius, Öberg & Holmberg, 2006) have been undertaken (see Figure 1).

Definitions of harassment and stalking.	**Australia.** Purcell, Pathé & Mullen (2002) 3,700 (Adults)				**United States.** Tjaden & Thoennes (1998) 8,000 Males & 8,000 Females*			
Prevalence in %	**Annual**		**Lifetime**		**Annual**		**Lifetime**	
1. Harassed 'persistent unwanted attention'	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
	4.1	7.3	12.8	32.4	-	-	-	-
2. Quite fearful/distress/upset sometimes	2.2	4.1	7.2	17.5	1.5	6	4	12
3. Very fearful sometimes	2.1	3.6	6.1	14.9	0.4	1	2	8

	England & Wales. Budd & Mattinson, (BCS, 1998)* Finney (2004/5)** 9,998* (Males & Females) 24, 498** (Males & Females)						**Scotland.** Morrison, Anderson & Murray (2002) 1,029 (749 Females, 280 Males)				**Sweden.** Dovelius, Öberg & Holmberg (2006) 4,000 Adults	
	Annual			**Lifetime**			**Annual**		**Lifetime**		**Annual**	**Lifetime**
	ADULT	**M**	**F**	**ADULT**	**M**	**F**	**M**	**F**	**M**	**F**	**ADULT**	**ADULT**
1.	2.9*	1.7*	4.0*	11.8*	6.8*	16.1*	2	5	7	17	2.9	9
2.	2.6* 8.9**	1.3*	3.7*	-	15.2 **	23.3 **	1	3	4	10	2	5.9
3.	1.9*	0.9*	2.7*	-	-	-	-	-	-	-	1	3

Figure 1: National Prevalence Rates for Stalking.

Definitions of harassment (labelled (1) in Figure 1) have a higher prevalence than severe harassment (2) followed by even lower prevalence percentages in definitions involving fear (3). The earliest study was an Australian epidemiological study (ABS, 1996) that surveyed a representative community sample of 6300 women. The study reflected on accounts of women's' sexual and physical abuse. The study defined stalking as:

> "Being followed or watched, having a man loiter outside the house, workplace or places of leisure, being telephoned or sent mail (including e-mail), receiving offensive material or experiencing property interference or damage" (p. 62).

The ABS 1996 found that 15% or 1000,000 women reported experiences of stalking behaviour at some time in their lives by men. This lifetime prevalence rate is almost identical to the U.K's lifetime prevalence rate for women of 16.1% (Budd & Mattinson, 1998). Sheridan, Davies and Boon (2001) in the U.K examined the harassment of 95 victims finding a prevalence of 13.75%, which is comparable to the Australian women's prevalence rate of 14.9% where fear was reported (Pathé & Mullen, 2002).

Basile, Monica and Swahn et al, (2006) in the U.S utilised a national cross-sectional sample (4877 women; 4807 men) with a response rate of 48%. They asked participants if they had been harassed. If they answered yes, the researcher asked, 'The last time that this happened to you how serious do you think this was?' (p. 172). Basile and colleagues used the following definition 'being stalked at sometime in their lifetime in a way that they perceived to be somewhat dangerous or life threatening' (p. 173) finding a lifetime prevalence for adults of 4.5%.

In young adults, prevalence rates tend to be higher than the general population (Coleman, 1997; Fremouw, Westrup, & Pennypacker, 1997). Coleman surveyed 141 female undergraduates and found that 13 (9.2%) had been stalked within the context of a past relationship. Fremouw and colleagues surveyed both genders reporting that 30% of 319 females and 17% of 275 male students experienced stalking at some times in their lives. The average age of the sample was 19 years.

Doctors and other healthcare professionals are at a high risk of experiencing stalking. McIvor and Petch (2006) describe the greater risk of stalking as a ‘common occupational hazard’ (p. 404). Moreover, the stalking of healthcare professionals is thought to be an ‘underreported phenomenon’ (Ashmore, Jones & Jackson et al, 2006, p. 562). Some prevalence studies have been undertaken involving counsellors and psychologists as victims (Gentile, Asamen & Harmell et al, 2002; Romans, Hays & White, 1996) and other studies mention mental health professionals as part of mixed healthcare samples (Galeazzi, Elkins & Curci, 2005; Sandberg, McNiel & Binder, 2002). Only two studies examine mental health professionals with a prevalence of stalking ranging from 36.8% to 50% (Ashmore, Jones & Jackson et al, 2006; Smoyak, 2003).

Stalker characteristics.

A common feature to stalkers is the presence of personality disorder (Harmon, Rosner & Owens, 1995; Kienlen, Birmingham & Solberg et al, 1997; Meloy, 1996; Meloy & Gothard, 1995; Mullen, Purcell & Pathé, 1999; Zona, Palarea & Lane, 1998), bipolar disorder (Rudden, Sweeney & Frances et al, 1990) and schizophrenia (Hayes & O’Shea, 1985). In the early 1920’s, a French Psychiatrist described a syndrome called ‘psychose passionelle’ (De Clérambault, 1921) which became known as De Clérambault syndrome. The syndrome appeared in the DSM-111-R (APA, 1987) and consisted of a primary and secondary type: primary erotomania consisted of purely erotomanic symptoms without other symptoms of a major mental illness, whereas secondary erotomania consisted of erotomanic symptoms within the context of symptoms representative of a major mental illness (DSM-1V APA, 2000). The central theme to erotomania ‘is that a person, usually of a higher status, is in love with the subject’ (APA, 1987, p. 202). Erotomania ranges

from 4-14% in stalkers (Kienlen, Birmingham & Solberg et al, 1997; Mullen, Purcell & Pathé, 1999; Zona, Sharma & Lane, 1993).

Stalkers are a heterogeneous group and do not fit a specific psychological profile. However, researchers have identified the following descriptors, which are of stalkers as a general group rather than solely intimate stalkers:

- There are higher proportions of Caucasian stalkers than in other offending groups (Meloy & Gothard, 1995).
- There is an increased likelihood of prior criminal, psychiatric, or substance abuse histories among stalkers (Hall, 1998; Meloy & Gothard, 1995; Zona, Sharma & Lane, 1993).
- Stalkers are more likely to be single, divorced or separated than other criminals (Harmon, Rosner & Owens, 1995).
- Stalkers are mostly male and in their mid thirties (Coleman, 1997; Douglas & Dutton, 2001; Hall, 1998; Zona, Sharma & Lane, 1993).
- Stalkers have higher intelligence than other criminals (Hall, 1998; Meloy & Gothard, 1995).
- Stalkers experience loss within at least seven years of the harassment behaviour; relationship dissolution, job termination, or potential loss of a child or an ill parent is very common (Kienlen, Birmingham & Solberg et al, 1997).

In a mental health context, the stalker or victim could be a service user or a mental health professionals but the ‘commonest victim profile’ is a ’woman who has previously shared an intimate relationship with her (usually male) stalker’ (Mullen, Pathé & Purcell, 2000, p. 45). Mental health professionals in all service contexts have a responsibility to ensure the safety of service users and fellow colleagues. Being mindful of the above characteristics, combined with observations of initial intrusive behaviours, can assist in early intervention, and in planning regarding safety.

Stalking classification.

Researchers have classified stalkers into different groups to assist in the assessment of risk to the victim**.** This has included categorisation according to mental state diagnosis (Gerbeth, 1992), the nature of the victim such as the celebrity or lust stalker (Holmes, 1993), and whether they were delusional or non-delusional, and domestic or non-domestic stalkers (Wright, Burgess & Burgess et al, 1995).

Zona, Sharma and Lane (1993) examined 74 case files from the Los Angeles Police Department who set up a Threat Management Unit. They reviewed men and women with a history of 'obsessional pursuit'. Forty-seven percent of the sample were ex-intimate stalkers. Zona and colleagues established three types of stalkers with a fourth added in their 1998 study:

- Simple obsessional.
- Erotomania *(*based on the American Psychiatric Association, Diagnostic Statistical Manual (APA, DSM IV T-R, 2000).
- Love obsessional.
- False victimisation syndrome (Zona, Palarea & Lane, 1998).

The post-intimate (sexual) victim in this MPhil study is similar to the *simple obsessional* stalker. The victim may include any of the following persons: acquaintance; neighbour; customer; professional relationship or lover. Intimate partners tend to be the largest percentage of simple obsessionals. The erotomanic stalker, who is mentally ill, is described in the 'stalker characteristics' section of this chapter. The love obsessional stalker is similar to the erotomanic stalker; the love obsessional usually knows the victim through the media.

Zona, Sharma and Lane (1993) reviewed the types and frequencies of stalking behaviours, but did not look at any factors that might predict stalking behaviours. They did not have a control group for comparison, and they did not collect demographic information from the victim or stalker. The study took place in Los Angeles, and included a high proportion of celebrities. For these reasons, the findings may not be representative of stalkers in other regions. Subsequent research undertaken by other teams included control groups and clinical and forensic samples (Harmon, Rosner & Owens, 1995; Meloy & Gothard, 1995). In a later study, Zona, Palarea and Lane (1998) extended the 74 case reviews to 341, and found that the simple obsessional group (intimate, 40%) and simple obsessional group (non-intimate, 24%) were the largest groups. This is consistent with the large prevalence studies reviewed earlier.

The most clinically useful classifications provide typologies based on examination of the 'stalker-victim' relationship and other useful variables such as motivation and common language (Boon & Sheridan, 2001; Mullen, Purcell & Pathé, 1999; Mohandie, Meloy & Green et al, 2006). Classification systems are a framework to assist in the risk assessment of stalkers (Kropp, Hart & Lyon, 2002; Meloy, 1997; Mullen, 2003).

Mullen, Purcell and Pathé's (1999) multi-axial classification of 145 stalkers proffered five groups of stalkers: the *rejected; intimacy seekers*; the *resentful*; *incompetent suitors* and the *predatory. Rejected stalkers* rely on desire, revenge or reconciliation to motivate them for stalking. The stalking becomes a substitute for the lost relationship. Some derive satisfaction from inflicting pain. They often have personality disorders and are among the most persistent and intrusive stalkers. *Intimacy seekers* identify the object of their affection as their true love. Some imagine that the person they are stalking reciprocates

such feelings. Many intimacy seekers have serious mental illnesses such as delusional disorders and need psychiatric intervention. *Incompetent suitors* are those who sustain stalking by hopefulness. Their stalking of a particular person usually lasts only a short time, but these individuals, are unable or unwilling to appreciate the negative responses to their approaches, so they then may pursue others. *Resentful stalkers* often are aggrieved workers who feel humiliated. They may carry out a vendetta against a specific person or choose someone at random, as representative of those they believe harmed them. *Predatory stalkers* stalk someone as preparation for a physical or sexual assault and take pleasure in causing sadistic pain.

Mullen, Purcell and Pathé (1999) focused on the first axis, motivation and the context of the stalker, with the second axis being the nature of the prior relationship, and the third axis being the stalkers' psychiatric status. This classification is clinically very useful and has utility across professional disciplines. In addition, its multi-axial nature ensures that risk assessment and management is influenced from different viewpoints. Pinals (2007) favoured Mullen's classification, describing this as a 'key typology' (for a detailed review of this classification see Pinals, 2007, pp 27-60). Strength of the classification lies in Mullen and colleagues' definition of stalking being 'repeated (at least ten times) and persistent (four weeks) unwelcome attempts to approach or communicate with a victim' (Mullen, Pathé & Purcell**,** 1999, p. 1245). This high threshold course of conduct ensures that participants were engaged in stalking rather than the lower level brief harassment such as ORI.

Boon and Sheridan (2002) advanced a classification specifically constructed for law enforcement based on 124 British stalking cases. Boon and Sheridan (2002) point out

that this classification differs in two ways from other classifications. Firstly, that the cases are British and secondly that the classification is formulated in order to enhance law enforcement agencies abilities to assess and manage stalking cases. Four typologies emerged with type two and three being sub-divided. The four typologies are:

1. Ex-partner harassment/stalking (50%).
2. Infatuation harassment (young love/ midlife love, 18%).
3. Delusional fixation stalking (dangerous/less dangerous, 15.3%).
4. Sadistic stalking (12.9%).

Boon and Sheridan (2002) list characteristics and case management implications supported by a case study for each typology. Ex-intimate stalkers were the largest group of stalkers in their study. Boon and Sheridan (2002) listed 13 characteristics of an ex-intimate stalker such as bitterness and hate, hotheaded anger and hostility, prior domestic violence, overt threats, recruitment of friends/family to support the stalking campaign and harassment characterised by high levels of physical violence. Case management implications were high risks of violence, property damage, and generalised anger and the need to take seriously any threats. In addition, the victim should avoid known areas frequented by the stalker. In extreme situations, the victim should be encouraged to relocate.

Boon and Sheridan (2002) point out that apparently ‘identical’ stalking behaviours from each of the stalking groups can present different levels of risk. This is an important consideration when the assessment of stalking behaviours is undertaken. An example of considering identical behaviours from different types of stalkers is that an infatuation harasser and sadistic stalker may send flowers, letters or follow the victim; however, the stalkers motivations for these behaviours may differ significantly. This is useful for the

police as, when they are aware of differing motivations, they can assess the different levels of risk and plan case management in relation to the assessment. For the sake of brevity, types two, three and four will not discussed but are examined in detail by Boon and Sheridan (see chapter 5, pp. 70-81, Boon & Sheridan, 2002).

Mohandie, Meloy and Green et al, (2006) questioned 1005 people using the RECON (relationship and context-based) classification. The researchers utilised the following study definition of stalking: 'two or more unwanted contacts by a subject towards a target that created reasonable fear in that contact' (p. 148). The study definition of violence was 'acts of intentional physical aggression towards a person or object' (148).

They recorded the relationship between stalker and victim, the context of relationship, and any history of domestic violence. In addition, they recorded types, frequencies and escalations of the course of conduct. The RECON typology was categorised with several tenets in mind, such as maintaining stability over a period, the aspiration for the classification to have utility across disciplines, and avoiding labelling confusion. Mohandie and colleagues achieved stability over time through not composing classifications based on the dynamic and changeable nature of the stalker's motivation. In addition, they point out that 'erotomania' is a name for both a stalker type and a psychiatric diagnosis, and that this could cause confusion. They formulated two types of stalkers:

Type one: previous relationship-private figure context:

A. Intimate marriage, cohabiting, dating or sexual (intimate).

B. Non-intimate employment related affiliative/friendship/customer/client (acquaintance).

Type two: no prior relationship or limited/incidental contact:

A. Public figure context: pursuit of a public figure victim (public figure).

B. Private figure context: pursuit of a private figure victim (private stranger).

The labels of the four categories are intimate, acquaintance, public figure and private stranger. A limitation of this study is non-response bias, in 24% of cases, there were no data regarding the mental health diagnosis of the stalkers. Mohandie, Meloy and Green et al, (2006) describe their typology as '*static',* meaning that the concepts they use to form the typology such as the relationship context are set in history and hence unchangeable. They avoided complicated jargon and *dynamic* factors that are changeable such as stalking behaviour that adapts and alters through the course of the course of conduct. In addition, they avoided basing an axis on motivation as they felt that motivation for stalking changed over time. Although Mohandie and colleagues suggest this as a methodological strength, Pinals (2007) points out that omitting the concept of motivation may 'reduce case management considerations' (p. 56). The heterogeneous sample is more generalisable than samples in other studies and may represent stalkers that health professionals encounter clinically.

The largest group in Mohandie and colleagues' sample was intimate stalkers (type one, n=502). The most important finding for this group confirms findings of other studies in that *prior sexually intimate behaviour* greatly increases the risk of violence to the victim. In the whole sample, 46% of the participants were violent; this resembled the violence prevalence of a meta-analysis (Spitzberg, 2002). Mohandie and colleagues compared type one and two stalkers statistically to achieve discriminant validity, which was significant. An example of comparison is the engagement of stalking behaviours. The mean duration of course of conduct was 1.3 years with a mode of one month's duration.

Type one stalkers engaged in more frequent behaviours ($F=50.357$, $p< 0.001$, 69-55% daily to weekly contacts) than type two stalkers. Type one stalkers used more proximity based (direct contact with victim) stalking than type two stalkers who used indirect methods of stalking. Type one stalkers were more likely to reoffend and within a quicker timescale than type two stalkers ($t= -4.333$, $p<0.001$, mean of 1.7-6.5 months). Mohandie, Meloy and Green et al, (2006) found that prior sexual partners are the most dangerous, with low risk of threats and violence among the public figure (celebrity) stalkers. In summary, this study placed stalking classification into the most advanced state yet. The absence of professional colloquialisms will make the typology more understandable and available across disciplines, as they had hoped. Mohandie and colleagues suggest that the study is cross-validated in other countries.

This section has only briefly outlined and discussed the development of stalking classification, as the focus of this thesis is the impact of stalking behaviours on a victim's general, sexual and relational health. Nonetheless, some knowledge of stalking classification will assist the health professional in envisaging how much stalking the victim is likely to encounter. Intimate victims are more at risk of violence and endure a longer course of conduct than other victims (Tjaden & Thoennes, 1998) endure.

Victims of stalking.

Despite the popular image of the home as a safe haven, it can be a dangerous place to live. Domestic violence affects 1-2,000,000 women, usually at the hands of men with whom they live or are intimately involved with (Langan & Innes, 1986; Strauss & Gelles, 1990). Stalking is a core element of domestic violence (Coleman, 1997). Coleman explored stalking behaviours and domestic violence with 141 female undergraduate

participants. A computer programme assisted with random allocation of participants to a control, harassed and stalked group. The utilisation of validated tools obtained measures on violence and stalking behaviours. Participants with domestic violence who reported more verbal and physical abuse were more likely to experience stalking in the future.

Research to date suggests that the ex-intimate victim of stalking is the most common (Kong, 1996; Meloy, 1998; Mohandie, Meloy & Green et al, 2006; Morrison, 2001; Mullen, Pathé & Purcell, 2000; Tjaden & Thoennes, 1998) and most at risk of violence (Douglas & Dutton, 2001). At least 50% of victims have experienced violence by the stalker (Meloy, 2002). Victims of stalking fall into several categories: ex-intimates; casual acquaintances and friends; professional contacts; work contacts; strangers; the famous and false victims of harassment (Mullen, Pathé & Purcell, 2000). *Ex-intimate victims* are usually heterosexual females stalked by an ex-boyfriend or partner. In less frequent cases, the victim is a male stalked by a girlfriend or wife. Same sex stalking also occurs. The *casual acquaintances* and friends group tends to be the most common for male victims and pursuit is for shorter periods. Furthermore, they are less likely to experience violence (Mullen, Purcell & Pathé, 1999). *Professional contacts* or *work contacts* are victims whose occupation ensures regular interactions with potential stalkers. *Stranger victims* are in less danger of violence than those who know their stalker. The *famous category* consists of victims who are celebrities. There are many examples of the famous category such as Madonna and John Lennon. The *false victim's* category present with different signatures compared to real stalkers (Mohandie, Meloy & Green et al, 1998; Mullen, Pathé & Purcell, 2000).

In one of the earliest studies of ex-intimate stalking, Jason, Reichler and Easton et al, (1984) interviewed 50 female participants who had endured harassing behaviours for at least one month. Repeated phone calls were experienced (92%), unwanted approaches (48%), following (26%) and unwanted letters (24%). Participants were harassed for an average of 13 months (range 1-120 months).

This section of the review has introduced the general topic of the characteristics of stalkers and their victims. In addition, discussion of the social and legal development, prevalence within countries and specific professions and stalking and victims classifications has been provided. Section 2.2 now centres on the methodology of the more detailed review regarding the health impact of stalking victimisation.

2.2 REVIEW METHODOLOGY.

Method.

The contents of eight specialised books were reviewed: the Psychology of Stalking (Meloy, 1998); Stalking in Children (McCann, 2001); Stalking and Psychosexual Obsession (Boon & Sheridan, 2002); Perspectives on Stalking Victims and Perpetrators (Davis, Frieze & Mairuro, 2002); Stalkers and their victims (Mullen, Pathé & Purcell, 2002); Psychological, Risk and Legal Interventions (Brewster, 2003b); the Dark Side of Relationship Pursuit (Cupach & Spitzberg, 2004) and Stalking and Patterns of Violence and Trauma (Morewitz, 2005).

The reviewer using broad search criteria (illustrated in Table 2) searched from the period January 1970 to August 2008. The 1970's in the U.K heralded the emergence of the post-feminist period where domestic violence, closely related to intimate stalking was recognised by society as a social problem. Stage two involved the review of all titles from

23, 486 hits acquired from the five databases for relevance. A sole reviewer, the researcher of this study, reviewed results in the following database order: PUBMED, EBSCO, EMBASE, Proquest and the Cochrane Library. This was a time consuming process of a few months; made easier by using Reference Manager 11, a bibliographic management software system. At the end of stage two, 23, 401 studies had been excluded. Stage three involved an abstract review of 49 papers and the reapplication of inclusion and exclusion criteria. This resulted in the exclusion of 37 papers. Stage four consisted of quality appraising the remaining 12 papers. Papers that utilised survey methods (Hall 1998; Davis, Coker & Sanderson, 2002; Kamphuis & Emmelkamp, 2001; Kamphuis, Emmelkamp, & Bartak, 2003; Pathe & Mullen, 1997; Slashinski, Coker & Davis, 2003) underwent formal research critiques as advocated by Avis (1994a; 1994b). The remaining papers (Davis, Ace & Andra 2000; Dye & Davis, 2003; Logan & Cole, 2007; Mechanic, Uhlmansiek & Weaver et al, 2000; Mechanic, Weaver & Resnick, 2000; Westrup, Fremouw & Thompson et al, 1999) were case-control studies and were appraised against case-control criteria (Critical Appraisal Skills Programme, 2004). The four stages of the review are illustrated in Table 1.

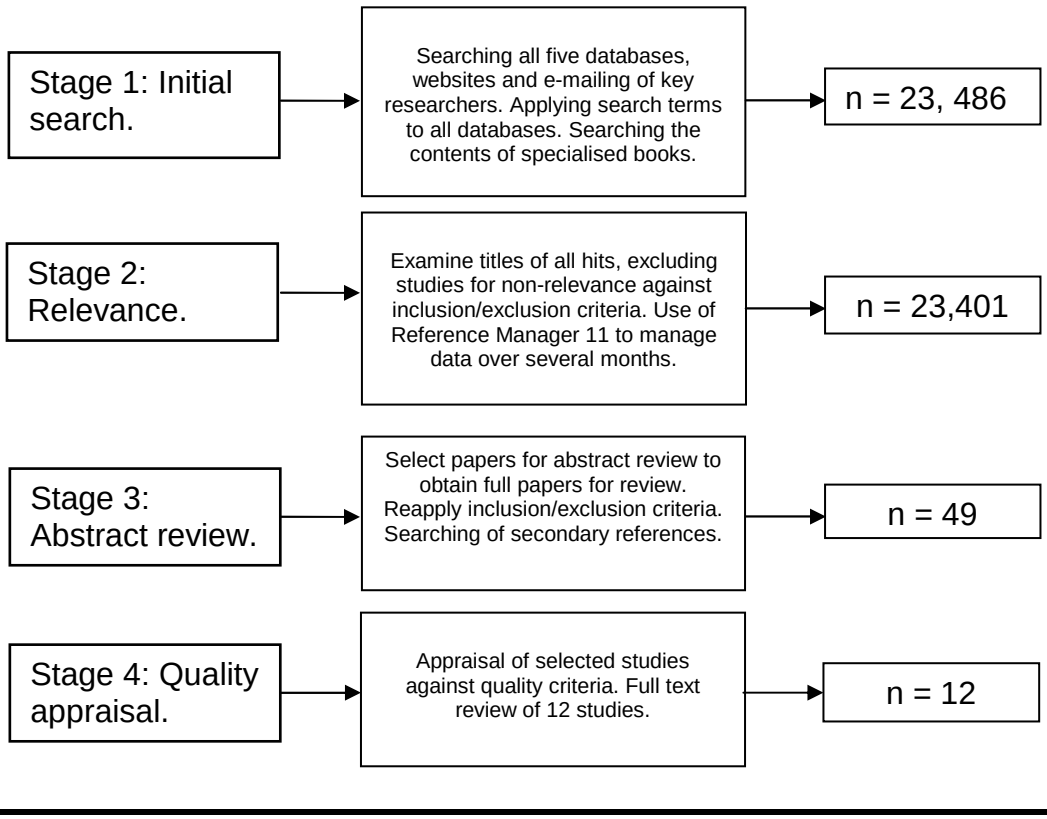

Table 1: Stages of Review.

Findings.

The search terms identified 23, 486 papers of which only 49 were related to the review question. The researcher screened the abstracts of the remaining 49 papers. The search word 'sex' led to a large number of hits that were not associated with the composite search terms. In addition, the term 'stalking' led to a large number of hits related to obscure medical topics. After abstract review, the researcher excluded 37 studies (see Appendix 7 for rationale for excluding studies). The rationale for the order of searching (PUBMED, EBSCO, EMBASE, Proquest and the Cochrane Library) was that there would be an overlapping of title appearances. This saved time as the reappearance of some studies in subsequently searched databases made it easier to disregard them.

The contents pages of each book were reviewed looking for inclusive terms. Seven of the books did not meet any inclusive criteria, but a chapter by Hall (1998) in Meloy's edition (1998) was reviewed as it was about the impact of stalking victimisation. However, the majority of the books did not meet the inclusion criteria, but were still useful in influencing a broad introduction to this literature review. Broad search criteria were used (illustrated in Table 2). The search covered papers and books published from the period January 1970 to August 2008.

In terms of method, all the papers included were quantitative, early studies that examined both prevalence and psychological impact (Hall, 1998; Pathé & Mullen, 1997; Westrup, Fremouw & Thompson et al, 1999). Later studies improved in methodology and explored the victims' experiences of assault or abuse (Davis, Ace & Andra 2000; Davis, Coker & Sanderson, 2002; Dye & Davis, 2003; Kamphuis & Emmelkamp, 2001; Kamphuis, Emmelkamp, & Bartak, 2003; Logan & Cole, 2007; Mechanic, Uhlmansiek & Weaver et al, 2000; Mechanic, Weaver & Resnick, 2000; Slashinski, Coker & Davis, 2003). There was a clear absence of any reported impact on the sexual and relational health of stalking victims.

Search terms.	PUBMED Medline/Central.	EBSCO HOST PsychInfo/CINHAL.	Embase.com.	Proquest.	Cochrane.
Stalker and victim.	7	311	1594	19	0
Stalkers.	72	2936	268	38	0
Stalking.	8	4358	1107	246	23
Stalking victimisation.	2	288	557	4	0
Stalking and sexuality.	0	109	543	0	0
Stalking and intimacy.	2	27	1880	3	0
Sex and stalking.	4	175	0	0	1
Stalking and trauma.	0	41	181	3	0
Stalking and violence.	7	556	764	59	0
Stalking and relationships.	1	5386	372	24	1
Stalking and abuse.	4	261	524	5	0
Stalking and domestic violence.	2	362	278	18	0
Stalking and battery.	0	28	27	0	0
Total hits per database.	**109**	**14,838**	**8,095**	**419**	**25**
Hits excluded after title review (with software).	**23,401**				
Papers selected for abstract review.	**49**				
Papers selected for full paper review.	**12**				
Papers selected for quality appraisal.	**12**				
Papers involved in review withstanding quality appraisal.	**12**				

Table 2: Search Strategy.

Early studies reviewed were prevalence studies as illustrated in Figure One; these studies were highly informative but lacked robust methodologies. Moreover, the definitions of harassment and stalking differed immensely (Budd & Mattinson, 2000; Fremouw, Westrup & Pennypacker, 1996; Purcell, Pathé & Mullen, 2002). They met some criteria of the case-control but fell below fair, being reviewed for prevalence and some health impact as evident in Pathé & Mullen (1997).

Study methodology improved over time with some studies being appraised as good against the case-control criteria (CASP. 2004), later Westrup, Fremouw & Thompson et al, (1999) improved study methodology through employing comparative groups of less severe and more severely harassed groups. In addition, they also employed a control group and utilised well-validated instruments. Some studies were appraised as good because they employed both men and women, comparative groups, good definitions of

stalking violence, but used an age limit of 19-24, where intimate break-ups would have been common (Davis, Ace & Andra 2000). Other studies used comparative groups of infrequently stalked and relentlessly stalked participants with a battery of instruments. However, a female sample was utilised which means findings cannot be generalised to males. A strength was the average sample age of 35 with an upper age limit of 59 because the age of 35 rules out college age romantic break-ups and the upper age limit rules out complex or chronic health symptoms (Mechanic, Uhlmansiek & Weaver et al, 2000; Mechanic, Weaver & Resnick, 2000). Some studies scored highly against the case-control criteria (Davis, Coker and Sanderson, 2002; Dye & Davis, 2003; Slashinski, Coker & Davis, 2003) because they utilised well-validated instruments, had good definitions of stalking and violence. Moreover, they used large comparative samples. Each paper within the literature review was critiqued using Avis (1994 a b) which gives criteria for reviewing studies. The items of the case-control criteria are evident in Appendix Seven.

2.3 A REVIEW OF THE HEALTH IMPACT OF STALKING VICTIMISATION.

Victims of stalking live in a state of persistent and continued threat that causes considerable health consequences. This section will review the literature regarding the impact of stalking on the victim's general health. Hall (1998) set up six regional voice mailboxes that recruited participants from varied social and educational backgrounds. A sample of 145 self-defined victims (120 females, 25 males) consisted of prior sexual intimates (57%) prior acquaintances (35%) and victims stalked by strangers (6%). Hall (1998) referred to prior sexual intimates as post-intimate relationship stalkers, likened to Meloy's prior sexual intimates. Seventeen percent (n=23) were stalked from less than a month up to six months, 23% (n=33) for six to 12 months, 29% (n=43) for one to three

years, 18 % (n=27)) for three to five years, and 13% (n=19) for over five years. Hall reported a stalking experience range of less than one month to 31 years. Findings of stalking duration were similar to Pathé and Mullen (1997) who report a median of 24 months and range of one month to 20 years. Importantly, Hall (1998) reports on stalker background, behaviour types, contact types and personality types.

Hall (1998) found that over 80% of her sample felt that their personalities had changed, with nearly 90% describing themselves as more cautious, easily frightened (52%), paranoid (41%), and more aggressive (27%). This was in comparison to their friendly outgoing personality that they reported before stalking. Furthermore, Hall reported increased loneliness, isolation and distrust experienced by victims. At the time of the study, research was sparse but the large and informative NVAW (Tjaden & Thoennes, 1998) study in the U.S was underway.

Hall (1998) found that the majority of victims were females who had been intimate with the stalker, although men were also victims. Romantic pursuit was the most common reason for stalking, with motives of revenge being less common. At the time, Hall's study was informative, as only small studies of criminal stalking had been undertaken. Hall's sample is non-random and she reports this as a limitation regarding generalisations to wider populations. However, commonalities of symptomology within victim groups are useful. A further limitation is that victims who do not define themselves as victims exclude themselves from research. The recruitment process in this study, as in other studies may have filtered out other victims, as utilising trust in an unknown person given the nature of the study may have been too much for some potential participants to consider.

In a study of 100 victims of stalking, Pathé and Mullen (1997) examined psychological, social, and interpersonal functioning, and examined the risk of physical and sexual assault. Most victims experienced multiple forms of harassment including being following, being repeatedly approached, and harassment by mail or phone. Participants were threatened (n=58) and experienced physical or sexual assault (n=34). Most participants (n=94) made major changes in their work including changing or leaving their workplace (53%). Eighty-three percent reported increased depression, 55% experienced intrusive flashbacks, and 37% met the criteria for PTSD. Furthermore, 24% acknowledged suicidal ideation. Participants also reported disturbances in appetite, mood, and sleep. Pathé and Mullen (1997) found that persistent stalking resulted in social and psychological harm to victims. They suggested a need to address medical, psychological and law interventions to assist victim issues.

Westrup, Fremouw and Thompson et al, (1999) compared 36 stalking victims (severe harassment) to 43 victims (less severe) and 48 controls. Participants were female college students. They used a validated battery of instruments:

- Psychological impact was measured using the PTSD Scale (Foa, 1998).
- Symptom check list–90–R (SCL–90–R, Derogatis, 1977).
- Self-report interpersonal trust scale (McDonald, Kesser & Fuller, 1972).

Harassment victims had significantly higher scores on a number of sub-scales of the SCL–90, in particular depression. In addition, they exhibited heightened interpersonal sensitivity. The PTSD Scale revealed significantly more post-traumatic symptoms in the severe harassment than the less severe group. In addition, third parties may be affected. The primary victim's family members, partner, children, friends, work colleagues and

neighbours may be threatened and even assaulted, especially if they impede access to the object of attention.

Davis, Ace and Andra (2000) undertook two studies of self-reported courtship persistence in college students. In the first study, 169 participants took part (123 women, 46 men). In the second study, 212 participants took part (110 women, 93 men). A limitation of these studies was the young age of the sample (19-24 years). Studies require recruiting older participants from established relationships, as this would illustrate whether older participant's life experiences suffered more in terms of health. Davis and colleagues explored the stalking behaviours after relationship break-up and the psychological maltreatment of partners. The research procedures for the studies were the same, but the study posed detailed questions in the second study concerning the number of break-ups and reunions.

Davis and colleagues examined break-up in the following contexts: who initiated the break-up? How the nature of the break-up affects the nature and degree of stalking behaviours and the number of break-ups and reunions that had occurred previously. They used validated instruments such as:

- The ECR 36-item, Experiences in Close Relationships (Brennan, Clark & Saver, 1998).
- The Control Scale 25-item, adapted (Folingstad, Bradley & Laughlin et al, 1999).
- The Psychological Maltreatment of Partner (PMP, Tolman, 1989).

The PMP instrument was adapted and reworded in order that the researchers could ask about being a victim of perpetration of maltreatment. The researchers do not state if the instrument was re-validated but did detail the utilisation five items of the instrument

(expressions of love, mild harassment, threats, vandalism, and stalking composite measure).

In the first study, 30.1% of initiators engaged in one to five acts of stalking as compared to 36.4% of initiators in the second study. In the first study, 10.7% of initiators engaged in 6-23 acts as compared to 7.6% of initiators engaging in 6-23 acts in the second study. Analysis of the five items was substantial enough to support anonymous self-reports in detecting stalking. The researchers went on to do a multivariate analysis of variance in each study with break-up status and gender as independent variables, anger jealousy, expressions of love, stalking composite measure and PMP as dependent variables. The analysis was statistically significant for a number of aspects. The level of courtship persistence and stalking following break-up were quite substantial when self-report is used. PMP and stalking significantly correlated with each other. In addition, several features of the break-up were relevant to the degree of stalking. These included emotional reactions expressed by the stalker to break-ups such as anger, jealousy and obsessiveness. Multiple break-ups followed by reunions were also predictive of stalking, as was the exhibiting of anger and jealousy by the stalker. Davis and colleagues used a replicated pathway model showing that anxious attachment and the need for control statistically correlated with PMP. In addition, the need for control had a direct contribution to stalking behaviour. Lastly, Davis and colleagues suggested that stalking is likely to occur in relationship break-ups where the victim is intimate with the stalker.

Mechanic, Weaver and Resnick (2000) and Mechanic, Uhlmansiek and Weaver et al, (2000) focused on the interplay of stalking behaviour in domestic violence. Mechanic, Weaver and Resnick (2000) recruited a sample of 114 female participants who had endured prior domestic violence in order to ascertain the relationship between domestic

violence and stalking. The study defined minor and severe violence. *Minor violence* items were, pushed, shoved, grabs you, slaps or hit you; threw things that could hurt; twists your arm or pulls your hair. *Severe violence* items were being hit or punched with a fist or something that could hurt; caused you to have physical injuries; choked you, slammed you against the wall, or threw you down the stairs. In addition, kicked you or beat you up; threatened you with a weapon; used a weapon against you or raped you or caused you to fear for your life or the lives of your family. These definitions helped Mechanic and colleagues screen for more severe stalking in participants. The researchers employed the following instruments:

- The Stalking Behaviour Checklist (SBC, Coleman, 1997).
- The Standardised Battering Interview.
- The Psychological Maltreatment of Women Inventory- Abbreviated version (PMWI; Tolman 1989; 1999).
- The Revised Conflict Tactics Scale-2 (CTS-2, Straus, Hamby & Boney-McCoy et al, 1996).
- The Posttraumatic Diagnostic Scale (PDS, Foa, Cashman, & Jaycox et al, 1997).
- The Beck Depression Inventory-2nd Ed (BDI-2, Beck, Steer & Brown, 1996).

The SBC harassing behaviours sub-scale revealed a wide range of experienced stalking behaviours by participants, involving the most common behaviour of being watched (71%), being followed (63%), visiting the victims home (62%) and workplace (42%). The violence sub-scale measured threats of harm (94%), attempted violence (88%) and physical violence (89%).

The study added to the literature the knowledge that emotional abuse was a significant predictor of stalking behaviours within domestic relationships. Moreover, the researchers found that the longer the participants were out of the relationship the more

relentlessly they were stalked and for longer periods of duration. In a follow up study, Mechanic, Uhlmansiek and Weaver et al (2000) used a sub-sample from the original 114 female participants in order to examine severe stalking violence, psychological symptoms and victim responses. They included two groups of 'battered' women: 35 classified as 'relentlessly stalked' and 31 as 'infrequently. These groups were rigoursly screened. Participants were required to have been in an intimate relationship for a minimum of three months. This was in an attempt to rule out short-term casual dating violence. In addition, any act of violence had to have occurred within six months. The participant's average age was 35 years, (range 19-59; standard deviation, 7.9 years). They had been in an abusive relationship for an average of 7.4 years, with a standard deviation of six years. Duration of relationships ranged from ten months to 27 years.

The relentlessly stalked group scored higher on the SBC than the infrequent group. Compared to infrequently stalked and battered women, relentlessly stalked battered women reported frequent physical violence, sexual assault and emotional abuse within the relationship. A one-way MANOVA concerning variables of psychological abuse (PA), sexual coercion and physical abuse statistically supports this. The variables were from the above listed battery of assessment tools. Moreover, participants had increased post-relational assault and stalking. They endured increased rates of depression and PTSD. They utilised extensive methods of strategic responding. This involved seeking a protection order (PO) and seeking medical assistance. The researchers did not find any significant difference in seeking help from the police, mental health services, therapy or clergy between relentless or the infrequent groups. Nonetheless, relentlessly stalked women utilised a wider range of help seeking behaviours than infrequently stalked women.

Mechanic, Uhlmansiek and Weaver et al, (2000) acknowledge the small samples of each group as a limitation. However, they suggest the need for assessment of stalking related behaviours in measures of abuse used in all clinical contexts. They suggest that future research should concentrate on populations of stalked women who have not experienced domestic violence within the relationship. This would allow the examination of constructs such as stalking and its impact without interrelating constructs such as relational battery. In addition, they suggest that, because of the link between stalking and femicide, that violence assessment tools should address stalking behaviour. Of ethical importance, women screened out of the study received support and were signposted to health services. Further ethical strengths were the interviewing and debriefing of participants by experienced clinicians trained in trauma.

Davis, Coker and Sanderson (2002) used the NVAW population-based sample of men and women to examine the physical and mental health effects of stalking victimisation. This was the first study to include the examination of men's health impact due to experiencing stalking victimisation. They implemented strict exclusion criteria from the sample (8,000 men, 8,000 women), resulting in a sample of 6,563 women, and 6,705 men aged 18-65. They researched several health impact factors in three groups of participants. The groups were intimates; strangers and known to victim. Davis, Coker and Sanderson (2002) used validated and standardised assessments:

- The Conflict Tactics Scale (Strauss & Gelles, 1990).
- The Power Control and Emotional Abuse Scale (Johnson, 1996).
- The 20-item Stalking Index (Tjaden & Thoennes, 1998).

The study defined stalking as 'being stalked on more than one occasion and at least being somewhat afraid'. Intimate stalking victims in this cohort consisted of 41% of

women and 28% of men. The mean duration of course of conduct for intimate victims was 2.2 years. This is much longer than the course of conduct of non-intimate victims (1.8 years, Tjaden & Thoennes, 1998). Then it is not surprising that intimate stalking victims endure longer periods of PTSD than non-intimate victims do (Pathé & Mullen, 1997). Methodological strengths of the study were the decision to excluded people older than 65 years, controlling for health chronicity, the use of well-validated instruments, the inclusion of health impact on males for the first time in the literature, and clear definitions of stalking and intimate partner violence were used. The utilisation of the NVAW sample increases generalisability. A limitation was the inability to review the medical notes of the sample for chronic mental or physical illnesses.

Davis, Coker and Sanderson (2002) found that the health consequences of stalking victimisation were similar for men and women. Some examples of intimate victim health impact using adjusted relevant risk (Arr) are associated with current depression in women (Arr=1.9) and men (Arr=2.2), being associated with a chronic illness for women (Arr=2.0) and men (Arr=4.1). In addition, participants were more likely to experience a physical injury when stalked by intimate stalkers (Women, Arr=2.6, men, Arr=2.6). Those stalked were significantly more likely to report poor current health, depression, injury, and substance use. Both sexes were more likely to have developed a chronic disease since being stalked and more likely to experience injury. Davis, Coker and Sanderson (2002) found women had greater degrees of fear resulting in more traumas. However, this was not as consistent for men. Men may not admit to being afraid, and in society, men are usually less fearful of women than women are of men.

The study found that the victim could be a useful source of information in providing risk related information useful for safety planning. The authors suggest that making the victim's family aware of the stalking might activate social support rather than the stalker's turning them against the victim, although the victim would need to provide giving consent. They recommended training for criminal justice and health services in stalking victimisation. The study emphasises that men are as likely as women to experience stalking, and to suffer a wide range of negative health symptoms as a consequence.

Further studies by Kamphuis and Emmelkamp (2001) and Kamphuis, Emmelkamp and Bartak (2003) explored traumatic stress in post-intimate victims of stalking. Response rates were low with both studies as could be expected with this population. Kamphuis and Emmelkamp (2001) explored the nature and prevalence of stalking behaviours in relation to impact of stalking on victims (n=201) and Kamphuis, Emmelkamp and Bartak (2003) looked at 'individual differences' of affective and cognitive responses in relation to stalking severity (n=148). Kamphuis and Emmelkamp (2001) used the following instruments:

- The General Health Questionnaire 12-item (GHQ-12, Goldberg, Gater, & Satorius et al, 1997).
- The Impact of Events Scale 15-item (IES-15, Horowitz, Wilner & Alvarez, 1979).
- The Stalking Questionnaire 21-Item (developed for the study).

Kamphuis and Emmelkamp (2001) found that 81% of the sample experienced stalking at the time of being in the study. The mean age was 43.3 years and the median period of stalking was 38 months. More than 50% of the victims experienced multiple behaviours of stalking. Kamphuis and Emmelkamp (2001) reported a mean score of 4.45 with a standard deviation of 3.90 on the GHQ-12. The clinical significance of medical

symptoms was indicated by a score of three or higher. Moreover, the scores on the IES-15 were 39.7 with a standard deviation of 17.0. The authors point out that the trauma level was similar to other populations who had endured psychological trauma such as passengers in the Boeing 737 crash in Coventry (Chung, Easthope & Chung et al, 1999). Kamphuis, Emmelkamp and Bartak (2003) examined the affective and cognitive responses of intimate stalking victim's responses to the course of conduct. In addition, they looked at the association between stalking severity and psychosocial variables and trauma symptoms. The study population comprised a sample of 131 female members of a Dutch nation-wide support group who were contacted by mail, and who completed questionnaires pertaining to their stalking history, big five personality traits, coping, social support, as well as PTS reactions and symptoms. They used the IES as in the first study and other instruments:

- The Trauma Constellation Identification Scale 30-item (TCIS, Dansky, Roth & Kronenberger, 1990).
- The Stalking Inventory 21-item (developed for the study).
- The NEO Five-Factor Inventory (NEO-FFI Dutch version, Costa & McCrae, 1992).
- The Utrecht Coping List (UCL, Schreurs, van de Willige & Tellegen et al, 1988).
- The Social Support Inventory (SSI, Timmerman, Emanuels-Zuurveen & Emmelkamp, 2000).

Kamphuis and Emmelkamp (2001) and Kamphuis, Emmelkamp and Bartak (2003) found that there are high levels of traumatic stress associated with stalking victimisation. Blaaw, Winkel and Arensman et al, (2003) examined the relationship features of stalking and psychopathology of stalking, also found high levels of trauma. Using the GHQ-28, they found results from a sample of 241 participants were comparable to psychiatric

outpatients. Importantly, Blaaw and colleagues found that victims apportioned self-blame, and adapted their personalities, resulting in a more closed, hypervigilant and reserved outlook.

Dye and Davis (2003) examined the impact of stalking and PA. They looked at the perpetration of this abuse in terms of personality and relationship specific factors. They employed a sample of 87 males and 251 female undergraduates with a mean age of 21. They set out to improve models formulated in their above study. The relationship duration was 2.2 years in average. Dye and Davis (2003) used:

- The Trait Anger Scale.
- The Relationship Questionnaire.
- The Harsh Parental Discipline Scale (HPS; Dutton, 1995).

The Trait Anger Scale was derived from a sub-scale of the Propensity for Abusiveness Scale (PAS; Dutton, 1995). In turn, the anger sub-scale originated from the Multidimensional Anger inventory (Siegel, 1986). The Relationship Questionnaire is a 16-item instrument assessing the quality of intimate relationships. Dye and Davis (2003) used the passion sub-scale. This had the following tenets: exclusiveness, sexual desire, preoccupation, enjoyment and attractiveness. The HPD used a four point Likert scale. Higher scores indicated harsh treatment by parents. Dye and Davis (2003) have used validated scales of instruments combined with interviewing participants about psychosexual components.

Dye and Davis (2003) presented descriptive and correlation statistics. This consisted of chi-square, ratio chi-square to degrees of freedom, square root mean

residual and the Bentler's Comparative Fit Index. Analysis of results found that 35.7% of college students in the sample carried out a specific stalking behaviour at least twice. The sample experienced PA (21.5%). Results were not significant for gender differences. However, stalking correlated positively with passion, need for control, anxious attachment, parental discipline, break-up anger, and being the recipient of the break-up.

Dye and Davis (2003) found that men (r=. 47) had more break-up anger and stalking than women (r=. 25, Z=1.96, P<. 06). In addition, they examined PA and found that it correlated positively with need for control, anxious attachment, parental discipline, and trait anger and negatively for relationship satisfaction. The researchers note limitations in their study, including the newness of some of the scales used. An example of this is the adapted scale of abuse from Tolman's PMP scale (1999). Dye and Davis (2003) proposed that longitudinal studies are used in future research, since antecedents such as harsh parental treatment; anxious attachment styles and the need for control of the partner with relationship dissatisfaction were predictive of PA and stalking.

Slashinski, Coker and Davis (2003) used the NVAW sample with an upper age limit of 65 to estimate non-cohabitating dating violence prevalence by different types of the following violence: physical aggression; forced sex and stalking victimisation. They included a large sample, (women, n=6,790, men, n=7,122). They also investigated associations between dating violence and other types of interpersonal violence throughout the lifespan. In addition, they set out to examine the role of violence in association with longer-term mental health including substance abuse. They defined forced sex as 'forced vaginal or anal sex with penetration, forced penetration with objects, or forced oral sex' (p. 598). They used the following well-validated instruments:

- The Conflict tactics scale (CTS, Strauss & Gelles, 1990).
- The 20-item stalking scale (Tjaden & Thoennes, 1998).
- The Power and control scale (PCS, Durant, Colley-Gilbert & Saltzberg, et al, 2000).

In summary, they found the following:

- 8.3% of 6,790 women experienced physical aggression, forced sex, or stalking victimisation by a dating partner.
- 2.4% of 7,122 men experienced physical aggression, forced sex, or stalking victimisation by a dating partner.
- 20.6% of women and 9.7% of men reported more than one type of dating violence.
- Childhood physical aggression by a parent or guardian was strongly associated with subsequent dating violence risk for men and women.
- Physical aggression was associated with current depressive symptoms, current therapeutic drug use (antidepressants, tranquillisers, or analgesic medications).

The authors rated participants' poor health at a prevalence of 2.4% with 10.4% reporting significant depressive features. Alcohol use rated at 3.8% with painkillers and tranquillisers used by 12.2% participants. Recreational drug usage was 3.4%. They emphasised the importance of developing a dating violence tool to measure forced sexual activity, physical violence and stalking. They were not able to attribute causality for links between dating violence, future intimate partner violence and health outcomes.

More recent research examined the impact of partner stalking on mental health in relation to protection order outcomes over time (Logan & Cole, 2007), stalking in the context of intimate partner abuse, (Melton, 2007a), responses of victim services to partner stalking (Logan, Walker & Stewart, et al, 2006), partner stalking and employment impact (Logan, Shannon & Cole et al, 2007). Further research lies in the prediction of

occurrences in stalking characterised by domestic violence (Melton, 2007b) and coping in female victims of stalking (Kraaij, Arensman & Garnefskji et al, 2007). Logan and Cole's paper (2007) is reviewed in more detail, as it centres on the mental health impact of stalking.

Logan and Cole (2007) looked at the outcomes of protection orders (PO) in terms of how useful participants (all of whom were female) perceived them to be. The study is important as it addresses deficiencies within the literature. Among other areas, it attempts to isolate stalking from other forms of violence in order to ascertain the specific effects on mental state alone. The participants had to have been issued with a PO within six months of recruitment to the study; the average time of protection order receipt was 40 days. At baseline, the study used the following definition:

> "Did the protection order partner ever repeatedly follow you, phone you, and/or show up at your house/work/other place? In other words did your partner ever stalk or obsessively pursue when you did you want him to do so and did this frighten you?" (p. 548).

A life history events calendar asked participants to report relevant events month by month for the two years before the initial interview. Initial interviews were followed up a year later, with a response rate of 94% (n=709). Logan and Cole (2007) excluded 49 cases; 32 were excluded because they reported experiencing stalking at some point in the relationship, 12 cases were dropped because of missing calendar data on stalking and three excluded because data was missing on all inclusion criteria. This screening left a sample size of 662. For analysis, the sample was organised into two groups characterised by the women's reports at baseline interview and follow up. The groups were:

- No stalking after the PO by the PO partner (n=489, 73.9%).

- Stalking after the PO by the PO partner (n=173, 26.1%).

The study utilised the following instruments:

- The Revised Conflict Tactics Scale (CTS-2, Straus, Hamby & Boney-McCoy et al, 1996).
- The Psychological Maltreatment of Women Scale (PMWS, Tolman, 1989).
- The Mini International Neuropsychiatry Interview (MINI, Sheehan, Harnett-Sheehan & Janavs, et al, 1997).
- The Diagnostic Interview Schedule (DIS, Robins, Helzer & Croughan et al, 1981).
- The Addiction Severity Index (ASI, McClellan, Luborsky & O' Brien et al, 1980).

The CTS-2 and PMWS were used to measure the participant's level of psychological, sexual victimisation and physical abuse. The PMWS was adapted based on several empirical studies, creating scales for verbal abuse, degradation, jealousy and control and symbolic violence and threats. The MINI scale was use to measure the depression symptomology, the DIS was adapted to measure PTSD symptoms and the ASI use to record alcohol and polysubstance drug misuse. The stalking after PO group had higher results than the no stalking after PO. Examples are a mean of depressive symptoms in the last two weeks (7.1 for no stalking, 7.3 for stalking after PO), PTSD in the last 30 days (7.8 for no stalking, 9.0 for stalking after PO). In addition, in the last 30 days alcohol usage was the same (4.9 for no stalking, 4.9 for stalking after PO) whilst substance misuse over 30 days in the no stalking group had a higher number of participants (23.5% as compared to 15.6%) using illegal drugs. However, taken as a mean usage, the stalking after PO group consumed more drugs (9.9 for no stalking, 14.7

for stalking after PO). Significant results include 43% of participants who had a PO never experiencing stalking by the violent partner. Nonetheless, 57% did experience stalking before and after the PO. Participants who experienced stalking after the issuing of the PO experienced a mean course of conduct of eight months.

The strengths of the study are threefold: firstly, well-validated instruments were utilised and briefly reviewed; secondly, instruments were adapted based on prior empirical evidence; and lastly, a scale of physical severity enabled the reader to ascertain what violence actually represented within the study (p. 548). Limitations highlighted by the researchers include the fact that the women in the sample were recruited following court proceedings because of high levels of violence, suggesting that these findings are applicable only to severely stalked women.

Logan and Cole (2007) found that stalking is a risk factor for psychological, physical and sexual partner violence, suggesting that the criminal justice system and victim services should educate women who are the victims of stalking in order to address their safety and mental health.

The review so far has discussed the health impact of stalking with the exception of sexual and relational health. There is no known research evidence regarding the stalking victim's sexual and relational health impact through stalking victimisation. It has been necessary to examine this work in other social and health problems such as adult survivors of CSA or rape. This final part of the literature review sets a context for the research gap regarding post-intimate (sexual) stalking and its subsequent post-sexuality and relationship impact. There is considerable stigma attached to sexual dysfunction alone but when this is present because of CSA or rape the stigma is intensified (Graham, Turk & Verhulst, 1999).

The impact of rape on sexual function and sexuality has produced many retrospective (Becker, Skinner &, Abel, 1986; Dahl, 1993; Feldman-Summers, Gordon & Meagher, 1979; Norris & Feldman-Summers, 1981) and prospective studies (Burgess & Holmstrom, 1979; Ellis, Calhoun & Atkeson, 1980; Orlando & Koss, 1983; Becker, Skinner & Abel et al, 1984; Mezey & Taylor, 1988). These studies have examined rape victim's experiences of PTSD, finding that the symptoms may persist for at least a year after the assault. Decreased sexual satisfaction up to one year after rape is evident (Norris & Feldman-Summers, 1981) and victims reported sexual difficulties up to one to two years after the rape (Becker, Skinner, & Abel et al, 1982). These difficulties were more likely to exist at the early stages of the sexual response cycle such as fear of sex and arousal issues (Becker, Skinner & Abel, 1986). Moreover, victims of rape lose control or insight regarding their sexuality (Bartoi & Kinder, 1998).

CSA has a course of conduct similar to stalking because it involves PA and the continual and progressive inducement of fear in the child victim. The trauma of CSA continues into adulthood causing psychosexual and relational issues such as higher rates of cohabitation, walking out, and divorce than controls (Colman & Widom, 2004). The long-term effects of CSA on sexual function and intimacy have been reviewed (Davis & Petretic-Jackson, 2000). Associations have been noted between CSA and adolescent and adult sexual function (Tamra-Burns, Rivkin & Williams, 2002); adult psychosexual problems as a sequel of CSA (Ahmad, 2006); and physical, sexual, and emotional abuse in childhood (Lutfey, Link & Litman, 2007).

CSA is associated with a greater prevalence of sexual disorders in adulthood (Polusny & Follette, 1995) and longitudinal evidence suggested some problems exist years after the CSA (Tebbutt, Swanson & Oates et al, 1997). Moreover, women with a history of CSA were 2.4 times more likely to experience sexual assault as an adult, including rape and unwanted observation or harassment (Wyatt, Guthrie & Notgrass, 1992). It is beyond the scope of the thesis to provide a review of all the studies mentioned here but the thesis reviews a study of CSA and one of rape to illustrate the impact of each on sexual functioning.

Meston, Rellini and Heiman (2006) assessed 48 female survivors of CSA and 71 female control participants using measures of adult sexual function, psychological function (i.e., depression and anxiety), and sexual self-schemas. The purpose of this study was to examine whether differences existed between women with and without a history of CSA in the way that they viewed themselves as a sexual person and, if so, whether such differences mediated the link between early unwanted sexual experiences and later adult sexuality. CSA survivors viewed themselves as less romantic and passionate than non-abused women. In contrast, CSA survivors showed an inverse relationship between romantic/passionate sexual self-schemas and negative sexual affect during sexual arousal. The relationship between CSA and negative sexual affect was independent from symptoms of depression and anxiety, suggesting that the impact of CSA on sexual self-schemas may be independent from the impact that the abuse may have in other areas of the survivor's life.

Feldman-Summers, Gordon, and Meagher (1979) investigated sexual satisfaction and behaviour after rape trauma. Adult rape victims (n=15), who had reported their

victimisation to a rape centre, were compared to a non-raped sample with regard to satisfaction with sex-related activities before and at different times after the rape, and current sexual behaviour. The victimised sample completed two questionnaires, one concerning satisfaction with various sex-related activities one week before the rape, one week after the rape, and two months after the rape (the time elapsed between participation in the study and the rape ranged from two months to seven years). The second questionnaire assessed the frequency with which the respondent engaged in various sexual behaviours and current satisfaction with sexual relations.

The non-victimised sample also completed the questionnaires but only rated their current satisfaction with sexual activities; with no reference made to a past episode. Compared to pre-rape, sexual satisfaction with several sex related activities substantially decreased following rape. The victimised group had reduced satisfaction with current relationships when compared to the non-victimised group. The authors found that sexual activities associated with the rape become less satisfying, whereas autoerotic and affection activities remain unaffected. They described this as the negative-association hypothesis postulating that sexual activities occurring during a sexual assault become associated with sexual assault and, therefore, become more problematic in later sexual interactions than sexual activities not occurring during the assault.

In summary, sexual problems have less to do with pain during intercourse or with orgasmic dysfunction but more to do with response inhibiting problems, such as fear, arousal dysfunction, or desire dysfunction (Becker, Skinner & Abel et al, 1986; Dahl, 1993). Becker, Skinner and Abel et al, (1984) indicated that treatment for sexually dysfunctional assault victims must be directed at the cognitive aspects of the negative

perception of sexual stimuli. Some factors form a buffer against the development of sexual problems. This review has identified a deficit in the research literature, namely, that no known research exists regarding the impact of stalking on victim's sexual and relational lives. However, it is clear that sexual and intimacy issues are profound in other contexts such as CSA and rape. The mental health professional is suitably placed to care for victims of stalking, therefore they need to be aware of the impact that stalking causes. Moreover, the knowledge of future emerging health problems will allow health professionals to educate the victim as to what to expect and coordinate the necessary treatment sooner rather than later.

2.4 REVIEW SUMMARY.

Summary of literature review.

This chapter has reviewed the nature and extent of stalking, involving an outline of the social emergence, social construction and the criminalisation of stalking. Legal and research definitions of stalking have been discussed with emphasis on low and high threshold course of conduct. Stalking classifications have been outlined with reference to the earliest and latest studies in this literature review. The review examined early studies of stalking victimisation that revealed the health impact of the stalker's course of conduct. Then studies of stalking have evolved to examine specific stalking behaviours such as battery and PA. From the review of the literature, it was evident that stalking victimisation affected the general health aspects of the participant's lives. However, the stalking literature did not provide any evidence of sexual and relational impact. The CSA and rape literature shows strong evidence of sexual and relational impact found in adulthood after the CSA and years after the rape.

Importance of this study.

As far as the author is aware, this is the first study to address and explore the sexual and relational lives of stalking victims. These forgotten aspects of a person's health are important in aspects of holistic health assessment. Psychosexual problems can be indicators for further more serious health problems. In addition, victims of domestic violence and post-intimate stalking often re-enter dysfunctional relationships. Conversely, victims may avoid relationships altogether. The difficulties for healthcare professionals are clear. If no research is conducted in terms of sexual or relational health, then how can professionals know how to address such complex issues? In short, the study intends to explore the 'readinesses' of participant's regarding their sexual and relational lives. In addition, the study will examine the results in the context of preventative safety measures regarding personal safety within Mental Health Services.

Aims of the research study.

1. How does the stalker's course of conduct affect the post-intimate (sexual) general health and sexual and relational lives of the victim?

2. Does the level of social and service support influence the degree of impact upon the post-intimate (sexual) victim's general health and sexual and relational lives?

3. Does the previous psychosexual and relational history affect the degree of impact upon the post-intimate (sexual) general health and sexual and relational lives of the victim?

4. How can the victim's narratives of their relationship and post-intimate stalking be used to improve future personal safety?

In narrative inquiry, it is usual to make a purpose statement to examine the above research aims. The purpose statement should be clear and explicit letting the reader know exactly what is the central phenomenon of the study. The construction of the study's purpose statement is influenced through the utilisation of one of Creswell's scripts

that gives guidance on essential components (Creswell, 1994; Creswell, 2003). The purpose statement is illustrative of how narrative inquiry shapes the study:

> **The purpose of the narrative aspects** of this study was to discover the experiences of post-intimate (sexual) victims of stalking through storytelling and analysis of their stories. The study seeks to understand from a process how stalking victimisation has affected the victim's life in general, with the intention to use this general inquiry to encourage the unfolding of the story. Narrative inquiry encourages the participants to share more personal aspects of their lives, in this case, how they feel regarding the sexual and relational aspects of their lives after stalking cessation.

CHAPTER THREE: METHODOLOGY.

This chapter aims to introduce and describe the rationale for the methodology of the study. It does this by presenting the following sections:

3.1 The worldview of the researcher.
3.2 Methods.
3.3 The SASI interview schedule.
3.4 Procedures.
3.5 The process of sensitive research.
3.6 Data collection and analysis.

3.1 THE WORLDVIEW OF THE RESEARCHER.

Guba (1990) defines a paradigm or worldview as a 'basic set of beliefs that guide action' (p. 17). Central to the worldview of any researcher is the set of beliefs that they bring to the research. According to Creswell (1994; 2007), researchers may use multiple worldviews as long as they are compatible. The paradigmatic approach of this study is both postmodern and pragmatic. Creswell (2007) affirms that the essence of postmodernism is the 'notion that knowledge claims must be set within the conditions of the world today' (p. 25). This includes knowledge related to class, race, gender and other group affiliations. Postmodernism is not an easy term to define. However, it is very prevalent, having been used in areas as diverse as philosophy, literature, social sciences and architecture (Saugstad, 2001). Different postmodern protagonists have different opinions on the nature of the postmodernist perspective.

According to Noebel (2009), there are three unifying values for postmodernists: a commitment to relativism; an opposition to metanarratives, or totalising explanations of reality that are true for all people of all cultures; and the idea of culturally created

realities. Each of the values rejects the consideration of an absolute truth in a worldview or belief system.

From a postmodernist perspect, Lyotard (1979) used the term metanarrative, sometimes described as a grand narrative. It is a structure thought to be an encompassing explanation of historical experience. Lyotard viewed the dismissal of the metanarrative as a constructive development. In his view, attempts to construct grand theories tend to dismiss the naturally existing chaos and disorder of the universe; secondly, metanarratives are created and reinforced by untrustworthy societal power structures; and lastly, metanarratives ignore the variety of human existence. Moreover, Lyotard (1979) theorised that metanarratives should give way to local narratives. Lyotard (1990) described the postmodern condition has having 'incredulity towards metanarratives' (p. 330) and refused to accept that there is one particular way of doing something.

Much has recently been made of the 'narrative turn' in the social sciences (Chambelayne, Bornat, & Wengraff, 2000) and the health and social care field (Hurwitz, Greenhalgh, & Skultans, 2004). These contexts are ready for the deconstruction of their metanarratives and subsequent construction of localised narrative. The domestic violence and stalking 'metanarrative' in society used to be 'it did not happen' or if it did it was rare; this can be compared to the meta-attitudes of childhood abuse in the 1970's prior to it being recognised as a widespread problem. The localisation of such narratives has enabled the voices of victims to tell their own story. The postmodern worldview allows for listening to the individual truths of each participant's voice whereas the pragmatic worldview might permit a more structured interpretation of some of the essential elements of the stories, with a view to suggesting help and interventions.

Lincoln and Guba (2000) point out that the blurring of worldviews provides the opportunity 'for the interweaving of viewpoints or for the incorporation of multiple perspectives, and for borrowing or bricolage, where borrowing seems useful, richness enhancing, or theoretically heuristic' (p. 167). Taking a pragmatic worldview leads to a focus on actions, situations and consequences, rather than on objectively measured outcomes as in a positivist worldview. Pragmatic research is committed to what works. It is not ideologically committed to any one set of methods. The techniques that work are the preferred choice (Cherryholmes, 1992; Murphy, 1990).

In sum, postmodernism provides a theoretical underpinning for the interviewing, transcription and analysis of the data. Williams (2002) states that the 'value of postmodernism is in making us aware of social differences, ambiguity and conflict, and in developing our tolerance to this' (p.182). Pragmatism provides a basis for interpretation of the findings and recommendations of the study.

3.2 METHODS.

At the design stage of the study a range of methods were considered. These included a community survey, because of its ability to capture a large amount of data that could then be generalised. However, a survey was unsatisfactory as survey techniques do not allow in-depth opportunity to probe. Moreover, asking sensitive questions to large numbers of the population was not ethical, as the researcher could not address any adverse effects. Additionally, survey methods generally seek to objectify a representative truth, which does not fit with the postmodern view of this MPhil study. For these reasons, the study utilised 'narrative inquiry' and narrative interviewing. In addition, the study used critical event analysis to manage the process of sensitive data analysis and presentation

(Webster & Mertova, 2007). The overview of the methodology and the methods used is represented in Figure Two.

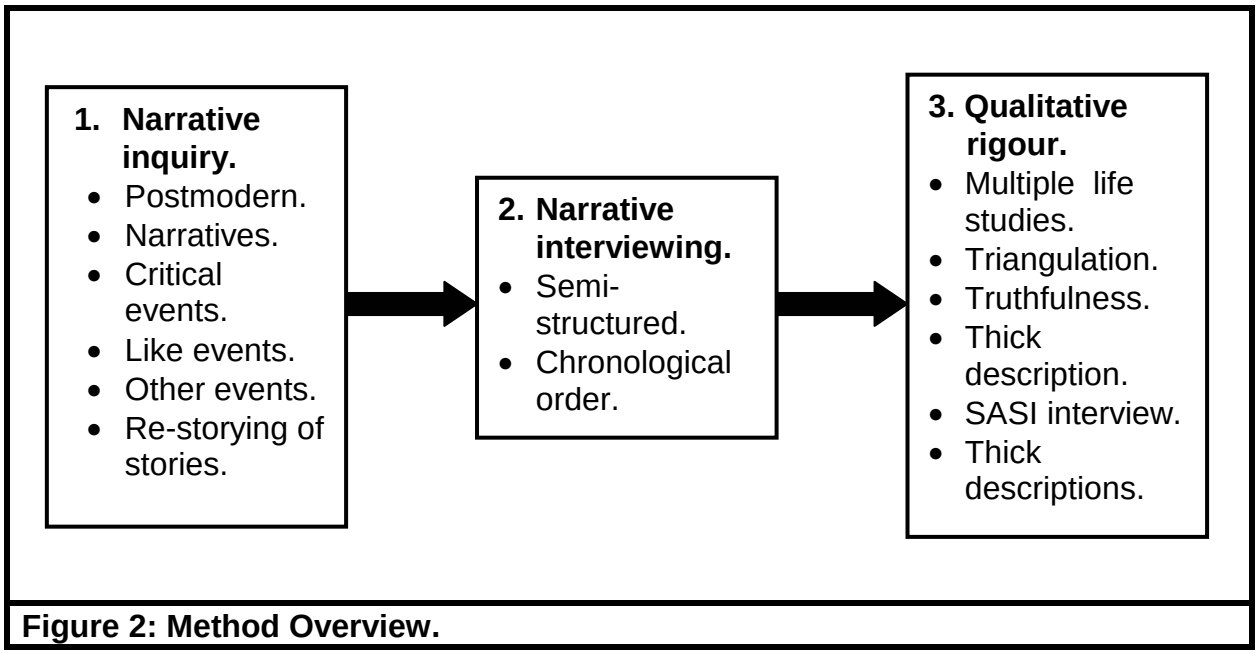

Figure 2: Method Overview.

Narrative inquiry.

*Na*rrative interviewing is a research methodology that theorists refer to as taking a postmodern/poststructural approach to research practice (Gubrium & Holstein, 2003). Connelly and Clandinin (1990) coined the term narrative inquiry in 1990 to describe an approach to storytelling in teacher education (Connelly & Clandinin, 1990). More recently, narrative inquiry has become a 'cross-discipline' methodology (Webster & Mertova, 2007) used in many disciplines including history, anthropology, psychology (Bruner, 1986; Polkinhorne, 1988), sociology (Boje, 1991), medicine (Greenhalgh & Hurwitz, 1999), and, more recently, in nursing (Dieklemann, 2001; Ironside, 2003).

Narrative analysis allows for the systematic study of personal experience and meaning. Hinchman and Hinchman (1997) proposed that the approach enables investigators to study the 'active, self-shaping quality of human thought, the power of

stories to create and refashion personal identity' (p. 14). Clandinin and Connelly's (2000) narrative approach situates the researcher, 'in the midst of living and telling, reliving and retelling the stories of experiences that make up people's lives' (p. 20).

Narrative analysis recognises that people use stories to make sense of their lives and to present themselves and their experiences to others (Sarbin, 1986). It recognises that it is particularly at times of incoherence in events and breaches in the individual's sense of identity that the stories are useful in making sense of changes in the sense of self and in the individual's relationship with their surroundings (Bruner, 1987; Emerson & Frosh, 2004; Riessman, 1993). Narrative as defined by Carr has a first and a second order (Carr, 1997). The first order is the telling of the individual's story, the ontological narrative; the second order is the researcher's account of other stories, presenting explanations of social and cultural knowledge. This is termed the representational narrative (Somers & Gibson, 1994). According to Bell (2002), narrative inquiry rests on the assumption that we as human beings make sense of random experience by the imposition of story structures on them. Then narrative storytelling is the chronological telling of a story. For this study, interviews were conducted using a narrative inquiry process (Bogdan & Biklen, 1982). Marshall and Rossman (1995) describe the narrative process as collecting data to illustrate lives.

Webster and Mertova (2007) suggest that narratives can be analysed through the capturing and highlighting of critical events contained in stories of experience, coining the term 'critical narrative inquiry'. They propose that narrative sketches composed of place, time, characters and events can assist in identifying the critical event. In addition, they

suggest that all events are interconnected and support the critical event. The hierarchy of event types proposed by these authors is set out in Figure Three.

Definition of events, critical, like and other.	Measure of each event in this study.
Critical event: An event selected because of its unique, illustrative and confirmatory nature.	An event that has had impact on the storyteller. A life-turning event that is highly memorable can be highly positive or negative in nature.
Like event: Same sequence level as critical event, further illustrates, confirms and repeats the experience of the critical event.	An event linked to the critical event within the same story plot structure. This is evident on lead up or after disclosure of a positive or negative critical event, used to ensure identification of critical events.
Other event: Any other event that is revealed leading up to or after a like or critical event.	Any event outside of either a critical or like event but must have a partial significance and be related to a critical or like event in terms of context, time, plot and structure.

Figure 3: Event Hierarchy: Adapted from Webster and Mertova (2007).

For this study, only exemplars that were of a critical level were graded as a critical (CE) event; the remaining exemplars were not graded because the majority would have met the criteria for like or other events specified in figure three. The grading of all exemplars may have led to confusion and critical events being less visible.

Pinnegar and Daynes (2006) propose that narrative can be both the method and 'phenomenon' of the study. Methodologically, narrative inquiry begins with participant experiences as expressed and told stories. The utilisation of the critical event hierarchy assisted in the formulation of the participant's stories. Czarniawska (2004) defines narrative inquiry as a specific type of qualitative design in which 'narrative is understood as a spoken or written text giving an account of an event/action or series of events/actions, chronologically connected' (p. 17). The method of narrative inquiry involves re-storying participant stories through a process of narrative analysis.

Participant stories are reflections of how they have lived, and predictions of how they might live in the future. Narratives are more associated with longer-term actions, experiences or events than recent experience (Carr, 1986). Carr suggests that action, life and historical existence are themselves structured narratively. We all have a basic need for story in the organising of our life experiences (Dyson & Genishi, 1994) to make sense of, or evaluate and integrate the tensions inherent in experience. Human life experience and stories are interwoven. The phenomenon of the study then is the telling, reflecting, and organising of the plots of the story.

Narrative interviews.

The study used narrative interviews to collect data using a new sensitively designed interview schedule (see section 3.3) because interviews regarding sex and linked relationships had not been undertaken with post-intimate victims of stalking. However, sex researchers have undertaken research with no adverse effects in other contexts (Davis, 2002; Esposito, 2005; Faulkner & Mansfield, 2002; Gander-Bergan & von Kurthy, 2006; Fraser, 2005; Wesely, Allison & Schneider, 2000).

Bell (2002) suggests that interviewing has advantages in that a skilful interviewer can follow up ideas or ask for elaboration. Moreover, the face-to-face interactions can give the interviewer important non-verbal information. Researchers favour these as they allow participants to express themselves at some length. In addition, it allows the interviewer options to follow up any interesting responses.

Kvale (1996) describes interviews as conversations, and this is a common assumption. However, the combination of narrative interviewing, critical events hierarchy

and Narrative Inquiry in this MPhil study was used because in a post-modern sense, interviews are more than mere conversation.

Thick description.

One of the most distinctive features of some qualitative approaches is 'thick description' (Geertz, 1973). Thick description refers to the 'detailed account' of field experiences in which the researcher makes explicit the patterns of cultural and social relationships and puts them in context (Holloway, 1997). Thick description provides the foundation for qualitative analysis and reporting (Patton, 2002) and takes the reader into the setting being described so that they can understand the phenomenon studied and draw their own interpretations (Lubeck, 1985). For this study, analytic strategies were designed to reach a thick description of the participants' narratives and experiences based upon their reflections and statements about their own feelings, and perspectives. Siraj-Blatchford (2004) illustrates the difference between a thin and thick description:

> "A thick description is one that includes everything needed for the reader to understand what is happening. While a thin description would simply describe the rapid closing of an eyelid, a thick description will provide the context, telling the reader whether the moment was a blink caused by a piece of dust, a conspiratorial gesture or a romantic signal transmitted across a crowded room" (p. 195).

Denzin (1989) introduces eleven types of thick description but identifies five primary types: *historical*, *biographical*, *situational*, *relational* and *interactional* and six other types' micro macro, incomplete, glossed, purely descriptive, and descriptive interpretive and intrusive (pp. 91-98). Denzin (1989) conceptualised that a detailed thick description was able to capture all of the five primary types. To reach a thick description in this study Chapter 4.2 reports the findings using Denzin's five primary types of thick description. In addition, field notes and listening to audiotapes were utilised to contextualise exemplars through appraising non-verbal aspects such as smiling, facial grimacing and verbal

aspects such as tone of voice. The findings of the study are contextualised by the historical, biographical, relational and situational accounts of the participants.

Qualitative rigour.

The authenticity of qualitative research is termed trustworthiness. The quantitative terms of validity and reliability are not relevant due to the subjective nature of qualitative research (Guba & Lincoln, 1989). To establish trustworthiness the criteria of credibility, transferability, dependability and confirmability need to be examined (Guba & Lincoln, 1989). The wholeness of these tenets is essential if rigour is to be established. However, there is a great deal of debate within qualitative research regarding the opinions on reaching a consensus regarding quality criteria listed above (Morse, Barret, & Mayan et al, 2002; Rolfe, 2006; Sandelowski & Barrosa, 2002). Narrative inquiry is more concerned with truths than identifying generalisable and repeatable events (Webster & Mertova, 2007). Findings from this MPhil study are essential in promoting storytelling in similar groups of victims regarding sexual and relationship issues. The next sections detail the steps taken to maximise trustworthiness for this study.

Credibility.

Credibility is comparable to internal validity in quantitative research. Credibility is the extent to which other researchers can replicate the study (Creswell, 1998). For research to be credible, the researcher needs to be able to assist the participant in describing their experiences accurately, with detail and in depth to reflect validity. A series of mechanisms to enhance the credibility of this study were spending time with participants during interview, thick description and the triangulation of methodologies (Denzin, 1978), an external coder, piloting of pre-interview questions, piloting of the SASI and the face validity process of the SASI. Moreover, qualitative results in section 4.2.5

utilised a structural system of narrative, containing six basic story elements, from conception to conclusion (Labov, 1972; Labov, 1997) as a story framework for Lorraine's paradigm case. The case adds to the studies credibility because the structural system shows how the participant experiences the entire recovery journey.

Transferability.

Transferability is the external validity of qualitative research. It implies that qualitative research should be generalisable to populations and contexts other than the research study. Transferability was increased by adequately describing the context of the study. In addition, findings of this study can be compared to similar contexts such as domestic violence populations but not generalised due to the qualitative nature of the study. However, the findings might be clinically helpful even at this stage, as discussed later in the thesis.

Dependability.

Dependability is the qualitative researcher's 'reliability' that is inherent within the quantitative method. The dependability of this study is enhanced through listening to audiotapes twice and then transcribing verbatim. Moreover, the transcripts were read several times. Supervision was utilised by the researcher to draw out any research bias and this strengthened the researcher's ability to be interpretative. A study is auditable if another researcher can follow the steps of the study and come to similar findings having taken into account the perspectives of the study (Sandelowski, 1986). This MPhil study has provided figures and tables illustrating the rigour and systematic nature of data collection and analysis.

Confirmability.

Lincoln and Guba (1985) define confirmability as 'the degree to which findings are determined by the respondents and conditions of the inquiry and not by biases, motivations, interests or perspectives of the inquirer' (p. 290). A study with good confirmability has findings that are unbiased with other researchers able to ascertain the source of the study's findings. An external coder was utilised in order to view transcripts, sub-narratives and sub-sub-narratives. The coder was Doctorate trained and had experience of qualitative methodologies. The process of confirming data saturation and the utilisation of a transcription protocol also informed this studies confirmability.

Summary of trustworthiness.

This study used semi-structured audiotaped interviews with post-intimate (sexual) victims of stalking to explore their general, sexual and relational lives. The researcher minimised bias by discussions with the supervisory team. In addition, the researcher conducted multiple forms of trustworthiness such as narrative inquiry, critical event analysis, the SASI, thick description and the utilisation of an external coder. This section of the thesis has sought to inform the reader of how the researcher addressed the rigour of the study.

3.3 THE STALKING AND SEXUALITY INTERVIEW (SASI).

The SASI (Appendix 1) evolved from a sexuality and mental illness interview, which was constructed by the researcher and used successfully in his M.Sc study. The SASI involved aspects of psychosexual development and snapshots of the participant's prior relationship with the stalker. Further examination explored relationship formation and duration; post-relationship stalking and the time after stalking had stopped.

The SASI key structures enable engagement through discussing easier topics such as familial and social aspects of the participant's lives leading to more sensitive sexual and relational issues. These structures are evident in the SASI. The SASI was semi-structured and constructed to enquire chronologically and ethically about sexual and relational stages of the participant's experiences. The semi-structured composition of the SASI does not fit with the usual unstructured interviews of narrative inquiry; this is a limitation of the study because an unstructured approach may have led to more diverse storytelling.

Identifying themes and drafting interview topics.

Having identified participants and a means of data gathering I identified key points for construction of the SASI. From an extensive review of the literature, I identified many areas to focus on during the interview. The research review assisted with the construction of sub-sections of the SASI. During the interview, notes were constructed by using a genogram, similar to a family tree. The information gained from the notes and listening to interviews assisted in constructing story map matrices (Appendix 2). After the interview had ended, I recorded personal reflections in a field diary, which helped in focusing and keeping connected to the study.

Conducting of the interviews.

Mutual times to meet were agreed with participants via telephone conversations and times and locations were confirmed through sending them a letter. This initial engagement gave the researcher the opportunity to ascertain the readiness or suitability for participants to undertake the interview. The participant information leaflet (Appendix 3) informed the participant to agree for contact with their GP if any adverse effects

emerged. Moreover, the study provided a list of self-help services to participants. Engagement was encouraged through discussing less stressful life events and aspects of the relationship that did not involve stressful events.

The semi-structured nature of the SASI encouraged the participant's empowerment and storytelling. It enabled a coherent discussion, which flowed and promoted a good eye contact resulting in the participant's full engagement. At the end of the interview, the interviewer asked participants how they felt regarding consent because this was intrinsic to the second consent process, which involved asking participants whether they still wanted to take part in the study after experiencing the audio-recorded storytelling of a traumatic event. As soon as was practically possible each interview was transcribed in the form of a 'verbatim transcription', i.e. a transcription containing all the areas covered during the interview. Field notes were written during and after the interview. Tones of voice, facial expression and affective regulation were recorded in field notes; this was to assist in thick description (Geertz, 1973).

Ethical considerations.

Given the nature of the study, consideration of how the highly sensitive issues would be managed was of paramount importance at all stages, including recruitment, data collection, and transcription and data analysis. The participants were from a vulnerable group in society, having undergone a severe stalking experience. The University of Central Lancashire's Psychology Department Research Ethics Committee and North Manchester's NHS Trust Ethical Committee granted ethical approval for the study to commence. Central to the approval were six robust ethical constructions: the employment of an *ethical funnel* effect within the SASI; the researcher's *therapeutic* face-

to-face experience; the periodic *supervision* of the researcher; implementing *critical event* hierarchy allowed the researcher to be aware of sensitive narratives during interview; the implementation of a *second consent* process; and the management of participant's *personal information*.

The *ethical funnel* in the SASI was evident in the structure, as the beginning of the schedule enquired about easier to engage and less sensitive issues, which led to more sensitive areas of enquiry such as sexual and relational issues. The ethical funnel had written verbal prompts built into the schedule to remind the researcher to ask if the participant was comfortable with enquiry so far. This coupled with the researcher's *therapeutic* experience as a qualified therapist enabled observation of the participant for discomfort. Moreover, the researcher's ongoing *supervision* was ethical in that it encouraged advice and consultation after difficult interviews had been undertaken. Methodological employment of the SASI was ethical because it contained written ethical prompts that the researcher had to read out, these were situated at points of the interview schedule where vicarious storytelling was expected.

The consent process involved a first consent, which in due course resulted in the interviewing and audiotaping of participants. The participant was able to reflect on their experience of storytelling and either consent again (second consent) or withdraw from the study (see consent form, Appendix 4). An important ethical issue for consideration in the study was how to reassure the participant that *personal information* would not fall into the wrong hands. This was addressed within the participant information leaflet (Appendix 3), which gave details of how participant safety was promoted.

3.4 PROCEDURES.

Sampling.

Purposive sampling was chosen for this study because participants who had experienced post-intimate stalking were considered information rich. It is a form of non-probability sampling (Polit & Hunglar, 1999) that 'selects information-rich cases for study in depth' (Patton, 1990, p. 169). Patton (1990) has proposed 16 types of purposive sampling. Some examples include maximum variance, convenience and snowball samples. Maximum variance involves selecting participants who have experienced the extremes or various parameters of the inquiry. Convenience samples saves time, money, and effort but yields information poor cases. This study used snowball sampling to access information rich participants who had experienced intimate stalking victimisation. This approach was employed after recruitment of the initial five participants; they were asked to give research posters to other 'information-rich' people who might volunteer for the study.

Sample size.

LioBondo-Wood & Haber (1998) argue that results based on a small sample (under 10) tend to be unstable. According to Patton (2002) 'there are no rules for sample size in qualitative research' (p. 244) but he emphasised that sample size justification should consider the research question, methodology and time and resources available. This MPhil study outlined at ethical application a minimum sample size of ten, but continued to recruit to the point of data saturation. Participants were being interviewed only once and a larger number than ten was required to reach saturation.

Recruitment.

Recruitment strategies involved displaying recruitment posters (Appendix Five) in Mental Health Outpatient Departments, Community Centres and Health Centres from the period of November 2004 to February 2005. This initial recruitment drive led to five participants consenting to take part in the study. This consisted of one psychiatric outpatient and four psychiatric staff from Mental Health Units; from these five participants' recruitment 'snowballed' to a further nine being recruited. Recruitment stopped at the point where 'data saturation' was experienced (Glaser, 1978). Initial recruitment of the first five participants took place in multi-cultural communities potentially giving access to participants from diverse backgrounds. However, the first five participants were White English and these then led to further recruitment to individuals from this specific ethnic group. This is a limitation of the study because it would have been interesting to interview a wider cultural sample.

Data saturation.

The point at which theoretical or data saturation (Glaser & Strauss, 1967) is achieved is best described as the point at which diminishing returns are obtained from new data analysis, or refinement of coding categories. Coding categories and the concept of data saturation are inherent to grounded theory (Glaser & Strauss, 1967) but are useful in story analysis in this study. Coding in this MPhil study resulted in the formation of narratives, sub-narratives and sub-sub-narratives. Saturation of all coding structures signifies the point at which data collection should end (Morse, Barnett & Mayan et al, 2002; Scott, Brown & Stevens, et al, 2002). Bowen (2008) made two observations regarding data saturation; first, the claim that data saturation should be illustrated by a researcher's account of how saturation was achieved through the

illustration of ‘clear evidence of its occurrence’ (p. 137) and; second, that explicit guidelines for determining saturation are almost nonexistent in the literature on qualitative methodologies (p. 138). This MPhil illustrates a clear process of confirming data saturation via four stages.

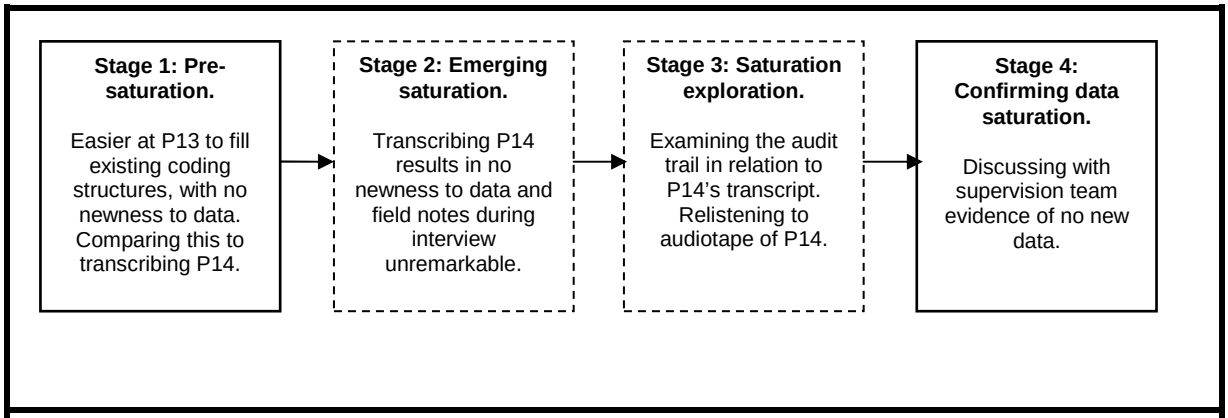

Figure 4: Process of Data Saturation.

Stage one, pre-saturation involved the analysis and coding of the transcript from the thirteenth participant (P13) in relation to previous transcription analyses. It soon became apparent that P13’s transcript did not generate any new data. Stage two, emerging saturation, involved the analysis of participant fourteen’s transcript. (P14) had already been interviewed and the data transcribed prior to the analysis of P13’s transcript. Analysis of P14’s transcript led to nothing new, but the reinforcement of existing sub-narratives and narratives. Stage three involved the researcher exploring the dataset. The examination of P13 and P14’s transcript analysis and previous notations in the field diary resulted in no new data. Although data saturation was suspected at P13’s analysis, it was confirmed by the final stage of this process; this involved discussions with the supervisory team that led to the confirmation of data saturation and the end to recruitment. The dashed lines in Figure Four at stages two and three represent the dynamic process in the confirmation of data saturation.

Participants.

Participants came from different social, occupational and educational backgrounds. The participants consisted of nine females and five males. Some composite gender age details are:

- Age mean at stalking cessation: 35.14 years (range, 17- 49 years).
- Age mean at interview: 40.35 (range, 20-51 years).

Exclusion criteria.

The following exclusion criterion was employed:

- Victims of other typologies of stalking, such as stranger stalking.
- Anyone younger than 18 or older than 70.
- Anyone not feeling fearful.
- Not anyone stalked for less than two weeks in duration.
- Any participant who is stalked again by either the original post-intimate stalker or other stalker at time of interviewing.
- Anyone stalked more than 15 years ago.
- Any person undergoing a course of psychological therapy.

The COREC ethical committee and the University of Central Lancashire's Ethical Committee gave ethical approval and the researcher began conducting the study. A consent form was undertaken with (Appendix 4) all participants who had responded to posters displayed in strategic locations. Once participants had contacted the researcher by telephone, arrangements for interviewing were mutually arranged at a convenient

time. Moreover, field notes were made from the point of interview to assist in thick description and personal reflexivity.

After they had been contacted, potential participants were given three days to ascertain if they still wanted to participate within the study. The withdrawal procedures for participants were evident within the participant information leaflet (Appendix 3). A consent form was administered that the researcher and each participant signed. The study offered a therapeutic referral to every participant after interview. Although the participants did not need a referral, it was reiterated that this was available at any time in the future. In addition, the participant was encouraged to use the contact number for 'follow up' questions after they left the interview location. Efforts to maintain confidentiality and anonymity were evident as the researcher used code names from the point of interview contact. In addition, questions from the SASI encouraged listening, reflecting and clarification and communication skills.

Safety procedures.

All interviews took place in an outpatient department where a receptionist and other staff were present. This was done with the aim of reducing feelings of isolation, and to enable the participant to feel comfortable and safe. In addition, the study offered a female chaperone to all participants due to the researcher's male gender. However, none of the participants took up this offer. The interview room had an alarm if the researcher needed to call for help, should the participant have any immediate adverse effects because of storytelling. Safety involved ensuring confidentiality as participants wanted to know that their personal details such as their address and phone numbers were safe (see Appendix 3, participant information leaflet for a detailed description of information safety). No

adverse effects from participants were reported during the interview, and there are no known reports of such effects to date.

3.5 THE PROCESS OF SENSITIVE RESEARCH.

Lee (1993) defines sensitive research as 'research which potentially poses a substantial threat to those who are or have been involved in it' (p.4). The participants within this study are victims of stalking victimisation. Therefore, the participation of victims in this research required special attention from the recruitment to the end of the research.

Research as participant secondary abuse.

The telling of the participants' stories can lead to the participant experiencing shame in feeling feel exposed, bad, wrong or inadequate (Heller, 2003). The researcher has to be prepared to manage these feelings in order to promote the storytelling (Owens, 2006) and enhance efforts to safeguard the participants. The efforts in managing the participant's feelings in this study are illustrated by the researcher's employment of ethical structures regarding initial consent, and a 'second consent'. A second consent process is essential in sensitive research as it gives the participant an option to withdraw from the study if he or she decides that attempts at storytelling have been too traumatic.

Further aspects of sensitive research methods are a detailed participant information leaflet and ethical prompts in the SASI. The participant information leaflet (Appendix 3) aimed to be sensitively reassuring as it informed the participant about information security management. The SASI ethical prompts were sentences in red font asking if the participant wanted to continue. The prompts are embedded within sensitive parts of the

interview schedule. The prompts empowered the participant in ‘stopping the interviewing processes’ through answering the researcher’s ethical prompts inherent within the SASI.

The researcher and sensitive research.

Dickenson-Swift, James, and Kippen et al, (2007) focused on the experiences of researchers undertaking sensitive qualitative research and the issues that their involvement in the research raises for them. They interviewed 30 qualitative researchers; analysis found that researchers experience several issues in undertaking qualitative research. These include issues relating to rapport development, use of researcher self-disclosure, listening to untold stories, feelings of guilt and vulnerability leading to researcher exhaustion. Preparation for the study included techniques for managing such feelings because of past personal therapeutic training, ongoing supervision, the use of an ethically structured interview schedule, the SASI (Appendix 1) and daily field note notations. Nonetheless, despite being prepared, the researcher can experience the participant’s pain; this is known as vicarious victimisation (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

My position in the study was to listen intently to each story and fully apply myself throughout the course of transcription and analysis process. I really wanted to provide as much thick description as possible but this presented a dilemma because to become too absorbed in vicarious stories was unhealthy. On this basis, a transcription protocol was developed to minimise my exposure to vicarious data.

A transcription protocol: Reducing exposure to vicarious data.

Verbatim transcriptions require repeated listening and reviewing of the entire transcripts to ensure accuracy. Consequently, this process repeatedly exposes the transcribers to emotionally distressing accounts on tape (Cameron, 1993; Darlington & Scott, 2002; Gair, 2002; Gregory, Russell, & Phillips, 1997). Warr (2004) stated that transcribers are 'absorbing the voices and stories of research' (p. 586). All of the 14 interviews were transcribed by first producing a rough draft and using the process to recall non-verbal interactions and reactions that had occurred during the interview. This resulted in the mental internalisation of many voices from the stories. A helpful device in managing the sensitive data was the utilisation of a standardised way of working with each transcript.

Researchers have advocated the use of 'transcription protocols' as useful in managing sensitive data and improving the rigour of the data (McLennan, MacQueen & Neidig, 2003). A transcription protocol was utilised and helped in standardisation of transcription skills such as using the same font style, size and spacing in order to reduce time rechecking vicarious data. The study attempted to manage sensitive data appropriately. For example, if a concern was raised whilst transcribing sensitive data field notes were made in order to assist in future reflexivity. Moreover, a standardised way of transcribing led to less exposure as data were clearer and constant clarification was not always necessary.

3.6 DATA COLLECTION AND ANALYSIS.

Thematic analysis was used as a basis for interpreting the data. This began by relying on participants' self-reports during interview (Creswell, 1998) and writing preconceptions before analysis regarding stalking and relational issues in an attempt to

bracket out any personal bias. Figure five gives a diagrammatic overview of the study's data analysis procedures (adapted from Ulin, Robinson & Tolley et al, 2002).

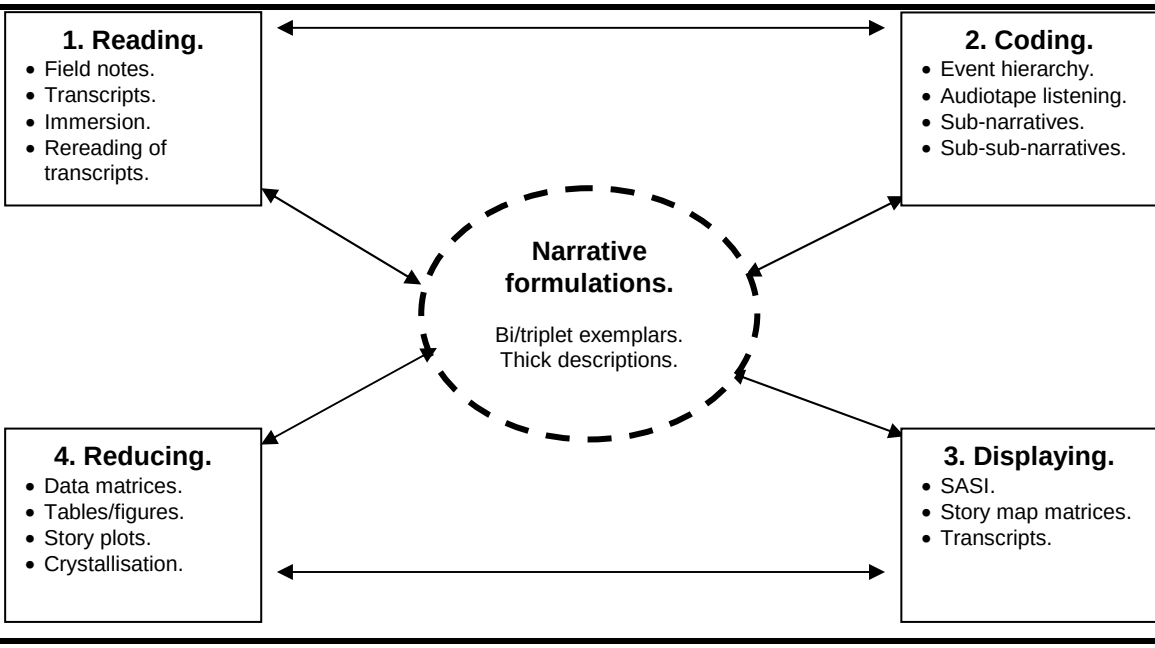

Figure 5: Qualitative Data Analysis.

The study used the process of data '*immersion*' and '*crystallisation*' to analyse and refine data (Miller & Crabtree, 1992). Immersion is a process where researchers immerse themselves in the data collected so far by reading, listening or examining extracts in detail. Crystallisation involves reflecting and analysing the immersed experience whilst identifying clusters of meaningful information (Miller & Crabtree, 1994). This process was ongoing and sometimes repetitive in order to substantiate meanings. Figure five illustrates structural contexts of immersion and crystallisation.

1. Reading.

The researcher immersed himself in the data through listening to the audiotapes to enhance familiarisation with interview recall, transcription of interviews on paper immediately after the interview, reading of field notes and re-listening to audiotapes at a

later date. Audio taping reduces the chances of interviewer error due to identical replication of the contents of each interview. The researcher became familiar with the data and could see themes emerging. Constant field notes were constructed which were refined within the participant's story maps.

2. Coding.

Segments of data were assigned temporary labels. A Microsoft Word matrix in alphabetical order assisted in data management. The labels also described the process of the data. Quotations from transcripts were assembled that resembled the content and process of each segment. A columnar matrix was constructed for collation of data segments.

3. Displaying.

Data analysis was initially displayed in a field diary, the SASI response form and later in story map matrices. Initially an organisational coding matrix was utilised. This helped in displaying information from reading transcripts and listening to audiotapes of interviews. Data were then organised into smaller research matrix documents. A matrix was designed for each research question. This helped in the further categorisation of information that was rich and specific to each question. The data were then refined in the form of exemplars situated in the results section.

4. Reducing.

Meaningful information was compared to research questions and field notes and then organised into meaningful sub-sub narratives. These were reviewed for recurring patterns and emerging themes until data saturation occurred (Creswell, 1998; Moustakas,

1994). Participants' stories were re-storied through the selection of the quotations or exemplars of their lived experiences that typified elements of the research questions. These exemplars formed the basis of sub-narratives, listed within the results in Chapter Four. In addition, exemplars were graded according to a critical events hierarchy (Figure 3).

Analysis of data gathered in the interviews.

Story mapping techniques inherent within narrative inquiry were extremely helpful in organising data into the above narrative systems. The story map matrix is a simple, useful tool to organise thoughts and elicit initial ideas. The first step was to identify micro data consistent to all participants that would make up or resemble a small part of the participants' stories. Before constructing the narrative story maps, the interview transcripts were read again, highlighting those phrases which seemed important. This helped in the construction of a story map for each participant. The researcher entered the appropriate specific events from his reflective journal sequentially into each story map. Sub-sub-narratives were already beginning to emerge during the reading and reflective stages of data analysis. After careful inspection of the finished story matrices, aspects of stalking impact could be examined and sorted under life sections of the columnar matrices specific to each participant (see Appendix 2). For example, the first narrative was 'acute disruption to ongoing reorganisation'. This narrative evolved from the examination of data collated within coding called sub-narratives.

CHAPTER FOUR: RESULTS.

The purpose of this qualitative study was to explore and discover how post-intimate (sexual) stalking behaviours affected upon the participants' general, sexual and relational lives. Semi-structured, audiotaped interviews with 14 participants of post-intimate (sexual) victims of stalking were undertaken. Interviews were transcribed and analysed transcripts for common themes. This chapter presents a description of the participants' demographics and the qualitative results.

4.1 DEMOGRAPHICS.

The following tables illustrate the demographics of the participants found in this study. The participants formed two groups. The first group experienced domestic violence and stalking (P1, P2, P5, P6, P7, P8, P11 and P13) indicated in tables as non-shaded. The second group, who only experienced stalking (P3, P4, P9, P10, P12 and P14), is depicted by shading within tables. In Table 3, details of the participant's gender, relationship status and age are given. In this table, participant codes are explained: for example, Lynn's coding 'FS40' translates female, single, aged 40 at interview. In Table 4, the numbers of siblings, sexual experience, social economic status and ethnicity are given. In Table 5, stalker demographics are given; this includes age, whether they committed a sexual assault towards the participant, violence, social economic status and ethnicity. Table 6 gives details of seven variables of social support networks. In Table 7, details of the participants' experiences of stalking behaviours are given; this includes details of the use of weapons or physical violence. In addition, this table records whether the participant endured domestic violence before the stalking campaign began. Table 8 lists the array of stalking behaviours experienced by the participants.

Nine women and five men were recruited. All participants were White. The age range was 20-51. In addition, pseudonyms were allocated. From the data in Table 3, it is possible to work out how far back participant's last experience of stalking was. The mean was 4.71 years. This was skewed upwards, as participants P4, P7, P10 and P14 had a longer interval that the other participants between the stalking episodes and the date of the interview. Six participants were interviewed approximately one year after their stalking ended. This is an advantage in terms of asking for initial accurate reflection but a shortfall in contributing to the reflection of later stages of recovery.

Allocated name.	Coding summary.	Gender.	Relational status.	Age at stalking cessation.	Time since stalking cessation (years, months).
Lynn	**P1: FS40**	F	Single	40	6 months
George	**P2: MS47**	M	Single	47	1 month
Steven	**P3: MS51**	M	Single	47	4 years
Sue	**P4: FM42**	F	Married	27	15 years
Lorraine	**P5: FS49**	F	Single	45	4 years
Lindsey	**P6: FS20**	F	Single	19	1 month
Ann	**P7: FM40**	F	Married	20	20 years
Sarah	**P8: FS36**	F	Single	34	2 years
John	**P9: MS50**	M	Single	49	4 months
Simon	**P10: MS48**	M	Single	40	8
Michaela	**P11: FC37**	F	Couple	31	3 years 3 months
Ronald	**P12: MC35**	M	Couple	34	6 months
Ame	**P13: FS22**	F	Single	17	6 months
Dee	**P14: FS48**	F	Single	42	1 year 1 month

Table 3: Participant Demographics (F=female, M=male, S=single, C=couple, M=married).

Table 4 illustrates details of participants' siblings, sexual experience, employment and ethnicity. A Likert scale was developed to ascertain how many intimate relationships participants had experienced, (IRE) with one being low intimate relational experience defined as one to two intimate partners. The score of two equated to medium IRE being defined as three to four intimate partners in a lifetime. Lastly, three was a high IRE, defined as five or more intimate partners.

Allocated name.	Participant code.	Siblings.	IRE.	SES.	Ethnicity.
Lynn	**P1:FS40**	-	2	Unemployed	White
George	**P2:MS47**	2	3	Professional	White
Steven	**P3:MS51**	2*	3	Professional	White
Sue	**P4:FM42**	-	2	Clerical	White
Lorraine	**P5:FS49**	4*	3	Unemployed	White
Lindsey	**P6:FS20**	-	1	Manual	White
Ann	**P7:FM40**	1	2	Professional	White
Sarah	**P8:FS36**	2	2	Professional	White
John	**P9:MS50**	1	3	Professional	White
Simon	**P10:MS48**	1	1	Manual	White
Michaela	**P11:FC37**	3*	2	Manual	White
Ronald	**P12:MC35**	1	2	Professional	White
Ame	**P13:FS22**	-	1	Unemployed	White
Dee	**P14:FS48**	2	2	Manual	White

Table 4: Participant Demographics: Social. *= all children under 16 living at home.

Table 5 gives data about the participant's stalker, as reported by the participants. Eleven out of 14 stalkers had a history of physical violence. Four stalkers had committed sexual assault. In one case, this accounted to rape (P5's stalker). Seven stalkers had a forensic history, meaning that they had been charged with prior offences. Only two of the stalkers came from a professional background. Stalker's ages ranged from 18-49 with a mean age of 38.5.

Stalker age.		History of physical violence.	Sex assault.	Forensic history.	SES.	Ethnicity.
P1	**48**	√	√	√	Unskilled	White
P2	**41**	√	-	-	Skilled	White
P3	**43**	-	-	-	Unskilled	White
P4	**29**	√	-	-	Manual	White
P5	**48**	√	√	√	Unemployed	W. Indian
P6	**18**	√	-	√	Unemployed	White
P7	**29**	√	√	-	Manual	White
P8	**42**	√	-	√	Unemployed	White
P9	**37**	√	-	-	Professional	White
P10	**46**	-	-	√	Unemployed	White
P11	**45**	√	-	√	Professional	White
P12	**42**	-	-	-	Unemployed	White
P13	**23**	√	√	√	Unemployed	White
P14	**49**	√	-	-	Unemployed	White

Table 5: Stalker Demographics.

For the participants in this study, the social support systems of victims of stalking seemed to be an integral process in recovery of equilibrium after experiencing stalking behaviour. Participants who had greater access to social support reported a more rapid recovery than participants did with less social support. Table 6 portrays seven variables of social support. Although this is not an extensive list, it sets out the most commonly accessed sources of support. P4, P5, P8, P12 and P13 accessed all seven variables of social support. Participants also reported recovering more fully if they used multiple types of support.

Participants.	1. Friends.	2. Family.	3. Police.	4. GP.	5. Legal.	6. Therapy.	7. Work Colleague.
P1:FS40	✓	✓	✓	✓	✓	✓	-
P2:MS47	✓	-	✓	✓	✓	-	✓
P3:MS51	✓	✓	-	✓	-	-	✓
P4:FM42	✓	✓	✓	✓	✓	✓	✓
P5:FS49	✓	✓	✓	✓	✓	✓	✓
P6:FS20	✓	✓	-	-	-	-	✓
P7:FM40	✓	✓	-	-	-	-	✓
P8:FS36	✓	✓	✓	✓	✓	✓	✓
P9:MS50	✓	✓	✓	✓	✓	-	✓
P10:MS48	✓	✓	-	✓	-	-	✓
P11:FC37	✓	✓	✓	✓	✓	✓	-
P12:MC35	✓	✓	-	-	-	-	✓
P13:FS22	✓	✓	✓	✓	✓	✓	✓
P14:FS48	✓	✓	✓	✓	✓	✓	✓

Table 6: Victim Support Network ✓ = Accessed.

Table 7 gives details of the participants' experience of stalking, and of violence and the use of weapons.

Allocated name.	Participant code.	Duration in weeks CC.	Frequency.			DV*.	Weapon (W) or violence (V) in stalking.
			Behaviour per day (24).	Contact per week (7).	Estimated behaviour per course of conduct.		
Lynn	**P1:FS40**	12	4	3 (12)	144	✓	W, V
George	**P2:MS47**	32	2	3 (6)	192	✓	V
Steven	**P3:MS51**	48	4	3 (12)	576	-	V
Sue	**P4:FM42**	24	4	6 (24)	576	-	V
Lorraine	**P5:FS49**	116	3	5 (15)	1740	✓✓	W, V
Lindsey	**P6:FS20**	4	2	7 (14)	56	✓	--
Ann	**P7:FM40**	56	3	3 (9)	504	✓	V
Sarah	**P8:FS36**	20	2	4 (8)	160	✓	W, V
John	**P9:MS50**	36	2	4 (8)	288	-	V
Simon	**P10:MS48**	12	2	6 (12)	144	-	--
Michaela	**P11:FC37**	44	3	2 (6)	264	✓✓	V
Ronald	**P12: MC35**	8	5	5 (25)	200	-	V
Ame	**P13:FS22**	32	5	4 (20)	640	✓✓	V
Dee	**P14:FS48**	40	2	7 (14)	560	-	--

Table 7: Course of Conduct Experience (CCE). *Domestic Violence. ✓=moderate, ✓✓=severe

This illustrates that the range of duration of stalking behaviour was four weeks (P6) to 116 weeks (P5), with a mean course of conduct of 35 weeks. Behaviours were reported over a both 24-hour and a seven day period. As a rough indication of the total experience, if behaviours were the same per week throughout the participant's course of conduct then it would be possible to estimate that P1 experienced 144 episodes of stalking in total (12 x 12). The estimated mean range of behaviours per participant's course of conduct is provided from 56 behaviours (P6) to 1740 behaviours (P5). A mean of behaviours per course of conduct would be 431. P6 endured an estimated 1740 behaviours over a period of 116 weeks with severe levels of domestic violence, physical assault and the presence and use of weapons.

Table 8 displays the kinds of behaviours experienced by the participants.

Stalking behaviours.		P1:FS40	P2:MS47	P3:MS51	P4:FM42	P5:FS49	P6:FS20	P7:FM40	P8:FS36	P9:MS50	P10:MS48	P11:FC37	P12:MC35	P13:FS22	P14:FS48
1.	Watching/spying/following.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Standing/staring at target or loitering near contact.	✓	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	✓	✓
3.	Driving by targets home/workplace.	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓
4.	Telephoning/Mailing/giving unwanted gifts.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Taking photos without permission.	-	-	-	✓	-	-	-	-	-	-	-	-	-	-
6.	Death threats/suicide threats.	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	-
7.	Criminal damage/Vandalism.	✓	✓	✓	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓
8.	Refusing to accept relationship is over.	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Sending bizarre or sinister items to the targets location.	-	-	-	-	-	-	-	✓	✓	-	✓	✓	✓	✓
10.	Confining target against their will.	✓	-	-	-	✓	-	-	✓	-	-	-	-	✓	-
11.	Verbal threats/gesturing/symbolic violence.	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓
12.	Assault/physical harm/ sexually unwanted behaviours.	✓	✓	✓	-	✓	✓	✓	-	✓	-	✓	✓	✓	-

Table 8: Stalking Behaviours Experienced by Participants.

4.2 QUALITATIVE RESULTS.

Four main themes emerged described the narratives that emerged from the interviews. These are the acute recovery journey; emerging recovery; past, present sex and relationship factors and reflective learning (Table 9). Analyses within and across cases were undertaken. These gave rise to the isolation of explicit exemplars. Where these are reported in the text, they are indented to mark them out. To maximise thick description and reflexivity, the perceptions of the researcher are included in some sections. In these cases, the participant's words are juxtaposed with the descriptive and analytical text generated by field notes, and reflexive accounting.

At the beginning of each quotation the participant's pseudonym is given. At the end of the quotation within brackets is the participant's number and demographic coding (abbreviations listed in Table 3). The purpose of this is to remind the reader of some details of the individual, as an aid to interpreting the narrative section provided. Brackets within quotations denote comments from the researcher regarding contextual thick descriptions In addition, some of the exemplars were graded as a critical event (CE) (see, Figure 3 above). Each exemplar also depicts some or all of the five primary facets of thick description as advocated by Denzin (1989), being historical, biographical, situational, relational and interactional. This will enable the reader to experience a detailed account of the participant's story. Denzin's five facets are evident throughout the four themes. At times relevant facets will be discussed in relation to a participant's exemplar.

Theme title.	Narrative titles.	Sub-narrative title.
Theme 1. The acute recovery journey.	**Narrative 1:** Acute disruption to ongoing reorganisation.	1. Course of conduct behaviour. 2. Immediate despair and fear. 3. Sensitivity to threat. 4. Relational and sexual fatigue. 5. Back to basics. 6. Future sexual and relational outlook.
Theme 2. Emerging recovery.	**Narrative 2:** Emerging from stalking terror.	7. Coping strategies. 8. Dealing with emotional fatigue and isolation. 9. Managing personal deconstruction. 10. Tiredness as a precipitating factor for building self-protection.. 11. Adjustment and reorganisation.
	Narrative 3: Rebuilding a family and occupational life.	12. Familial and occupational change. 13. Reorganisation and relationships. 14. Communication with services. 15. Social support system.
	Narrative 4: Social and personal impact.	16. General health impact. 17. Personality changes. 18. Social support tendencies. 19. Attitudes to stalker.
Theme 3. Past, present sex and relationship factors.	**Narrative 5:** Intimate connections.	20. Sexual quality with stalker. 21.Honeymoon cessation within the relationship. 22. Acceptance of reduced sexual function. 23. Sexual and relational recognition. 24. Psychosexual value system.
Theme 4. Reflective learning.	**Narrative 6:** Thinking back and looking forward.	25. Sexuality change in relationship. 26. Survivor's looking back. 27. Victim cognitive distortions. 28. Changing times of relationship. 29. Post-stalking cognition. 30. Cyclic stalk behaviour recognition.

Table 9: Narrative Coding.

4.2.1 RESULTS OF THEME ONE: THE ACUTE RECOVERY JOURNEY.

Narrative one: Acute disruption to ongoing reorganisation.

This narrative involves a process of disruption and reorganisation. It depicts the first of a four-stage recovery journey that is illustrated in the subsequent themes. The narrative has six sub-narratives: course of conduct behaviour; immediate despair and fear; sensitivity to threat; relational and sexual fatigue; back to basics; and future sexual and relational outlook. These sub-narratives illustrate stories of intense life disruption through stalking victimisation and the psychological aftermath of the experience. In addition, participants experience a process of ongoing reorganisation.

1. Course of conduct behaviours: Lindsey, Lorraine, Lynne and George's stories.

This sub-narrative is the starting point for the participant's story of stalking victimisation; it details an account of what types of behaviours they experienced and gives a picture of their victimisation. The frequency, intensity and duration of direct and indirect behaviours have been referred to as the 'course of conduct behaviours' throughout this MPhil study. The study has adapted Sheridan, Davies and Boon's (2001) cluster analysis of stalking behaviours to record the participant's experienced behaviours (see Table 8).

Lindsey was in a relationship for over 13 months (from November 2003-December 2004). At the end of the relationship, aged 19, she experienced stalking victimisation for the duration of four weeks. The level and intensity of her stalking consisted of being stalked a few times a day, a few days per week for a month. Lindsey's experienced course of conduct behaviours involved direct and indirect behaviours, direct behaviours involved threats to kill and physical assault. Indirect behaviours consisted of telephoning, following, and spying behaviours. In short, Lindsey encountered seven out of 12 behaviours as categorised by Sheridan, Davies and Boon, (2001, see Table 8).

Lindsey was interviewed one year after the stalking had ended. The dialogue from several participants illustrates findings of the course of conduct that are exemplified by Lindsey's story. In exemplars one and two, Lindsey talks of the intense worry caused by the stalking behaviours, even after they had stopped. As for other participants, Lindsey's story includes elements of Denzin's (1989) five primary types of thick description, in that it is *biographical* because it is generated as a result of life history interviewing; *historical* because it is interpreted through an historical lens; *situational* because it presents a

picture of the situation with key characters located within the story; *relational* because it is about relationship and post-relationship experiences; and *interactional* because the story is constructed through the interpersonal dynamics between the participant, stalker, service support agencies, and the listening and co-constructing researcher (Denzin, 1989).

In the exemplars, Lindsey talks of the course of conduct she experienced. She reflects on the relationship between her and the stalker, the stalking behaviours she experienced, and her interpretation of the stalker's intentions to 'mess up' her new relationship. From field notes, Lindsey's anxiety about the stalking causing her relationship problems was clearly vivid within my memory:

> **1. Lindsey** "He stalked me over four weeks a few times a day until he saw me with a new boyfriend (then he stopped) I was worried sick" **[P6:FS20].**
>
> **Kevin** "You say he stopped stalking you? … Then why were you worried?"
>
> **2. Lindsey** "I was worried (appeared upset, tone of voice fluctuated) that he would just reappear from somewhere or try to mess my new relationship up … he had contacts with nasty people" **[P6:FS20].**

Lorraine had been in a relationship with the stalker for almost ten years (February 1979-April 1998). Lorraine reported that the stalker was charming within the first eight weeks, but then immediately controlling as soon as she was pregnant by him (within three months of meeting). The relationship then worsened. Lorraine, then aged 19, experienced domestic violence and being raped during pregnancy. In addition, controlling behaviours were present with threats to kill her if she had any social level of interaction with any man or woman. This regime continued for over twenty years with many attempts to leave. At the age of 45, Lorraine managed to leave the relationship. She was then stalked for a four-year period (April 1998-May, 2003). Lorraine

encountered the longest post-intimate course of conduct of all the participants, and she reported greater levels of health impact. Lorraine's stalker employed a course of conduct that was constant, with little variation in intensity or frequency from its conception. This took place two to three days per week, four to five times per day. Behaviours included telephoning her in the day and at night, following her, physical and sexual assault, and via child contact, through using innocuous questions to gather information, property damage to her front door, and interfering with the clothing line with children's clothes smashed to floor and stamped on. Moreover, Lorraine's stalker breached a restraining order. Lorraine had encountered eight out of 12 behaviours as categorised by Sheridan, Davies and Boon, (2001, see Table 8). In exemplar three, Lorraine provides a biographical and historical thick description as she reflects over a period of four years. The account is relational as she talks of the stalker's behaviour and interactional as she worried about stalking behaviour being directed at the children as evident in exemplar five where he trampled on the children's clothes:

> **3. Lorraine** "He stalked me for over four years, mostly every day without fail (despair evident in tone of voice) … in a strange way I got used to it … I mean to some of the messages he used to leave … I still feared the most spiteful behaviours especially if it was directed at the children ... the legal order (restraining order) made no difference" **[P5:FS49].**

Lorraine endured years of severe domestic violence followed by an array of stalking behaviours estimated to be over 1700 individualised behaviours (see Table 7). Exemplar four is a critical event because Lorraine disclosed that the stalker tried to commit suicide in front of the children.

> **4. Lorraine** "When I left him (the stalker) the first time, (first attempt at leaving) when I told him I was going to leave he took one of the children to the bedroom and tried to commit suicide in front of her (tearful), he took an overdose and then I left him, and when he came out of hospital he was on the phone all the time, ringing me up, he hired a private investigator to find out where I was living" **[P5:FS49/CE].**

The determined stalker will use emotional blackmail to win back the victim. This exemplar also demonstrates further use of children as stalking tools. The findings of indirect and direct stalking behaviours are evident in findings within Lorraine's exemplars:

> **5. Lorraine** 'I had gone to meet the kids l… in the summer ... I had washed all their clothes and pinned them out to dry. It must have been him that trampled the clothes in the mud … how could any person do this? A father surely not!" **[P5:FS49].**

Lynn's exemplars six and seven provides findings of direct and physical stalking behaviour. In exemplar, six relational, interactional and situational tenets of thick description are evident. Moreover, field notes enabled the researcher to be reminded of the emotionality of the telling or reflection of a critical event in exemplar six. Lynn was in the relationship for twelve months (February 2003-Feb 2004).

Lynn reports that they initially got on well, reporting sexual intensity and intimacy. At relationship cessation, she was stalked for three months. The course of conduct behaviour fluctuated a few days a week with four behaviours a day. Direct behaviours included confining her against her will, sexual and physical assault and verbalising of threats. Indirect behaviours consisted of spying, following, letters sent frequently and loitering near the home and past social venues. Lynn experienced 10 out of 12 behaviours (Sheridan, Davies & Boon, 2001; see Table 8):

> **6. Lynn** "People think stalking is just about following people it's more than that he (stalker) used to hold me down (silence of a minute, upset, facially sad) … threaten sex, threaten violence" **[P1:FS40].**
>
> **Kevin** "Take your time … are you okay?"
>
> **7. Lynn** "He hit me a couple of times. That was when I think he was on the drugs" **[P1:FS40/.**

Lynn encountered violence throughout the relationship, with controlling behaviours, rage, threats of violence, leading to actual violence and damage to objects of sentimental value. It is important here to point out that Lynn had been in a series of dysfunctional and violent relationships. One of these had been a marriage of one year's duration when she was aged 18. This resulted in her living in a domestic violence shelter.

A male participant, George, encountered a similar course of conduct. This 47-year-old male said that he felt foolish having the Police protect him from his female stalker. George had a previous marriage of 15 years and two teenage children with whom he had occasional contact. His parents are alive and healthy. George reports a close family in terms of past and present interactions. George's relationship duration with the stalker was 26 months (February 2002-April 2004); at relationship cessation, he was stalked for eight months.

George's account of the course of conduct behaviour of his stalker was initially intense, being nearly every day, a few behaviours per day. Towards the end, stalking behaviour reduced to two to three times per week at least once per day. George experienced direct and indirect behaviours; direct behaviours consisted of property damage to his car on several occasions and threats and slapping. He experienced indirect behaviours involved telephoning, driving by his house and workplace, loitering near his home and the stalker informing other men that he was stalking her. Findings of George's experienced course of conduct behaviours are evident in exemplars eight and nine. Exemplar eight is an example of indirect (following) and direct behaviours (violent threats, criminal damage to car). George experienced nine out of 12 behaviours from table eight:

8. George “She followed me … tried to smash my car and threatened me face to face” **[P2:MS47].**

Later in the course of conduct, because George had not taken her back she carried out her threats as found in exemplar nine. This exemplar shows that George experienced shame because he viewed being attacked by a woman was something to feel shameful about. His tone of voice in this exemplar was anxious, though this was to change and become more confident as the interview continued:

9. George “I experienced all kinds of stuff house smashing, car damage and physical assault (looked ashamed)” **[P2:MS47].**

Lindsey, Lorraine, Lynn and George provide accounts of course of conduct behaviours that varied in intensity and duration. The cumulative nature of stalking victimisation caused high levels of stress. All 14 participants endured high levels of direct and indirect stalking behaviours. Some of the direct behaviours were sexual or violent in nature (see Table 5).

2. Immediate despair and fear: Lynn, Lorraine, and Steven’s stories.

Despair and fear endured by participants was common; in all cases, this was present to some degree in relationships but increased in all participants after relationship cessation and stalking initiation. The following findings from Lynn depict despair and fear:

10. Lynn “I often felt he would never go away or I end I would end up dead as a result of this” **[P1:FS40].**

The feelings of despair reported by Lynn were immediate and led to ongoing fear. The findings of despair and fear were the most damaging to the victim and resulted in personal emotional turmoil. This was greater in participants who had experienced domestic violence, in Lynn’s case she had experienced domestic violence and had a

previous marriage where she was frequently battered. This aspect confounds the result as her trauma symptoms are interweaved:

Kevin "What caused you the most fear and despair?"

11. Lynn "My most feared behaviours were his breaking into my house and his recklessness. He has a total disregard for any consequences … and I mean any consequences!" **[P1:FS40].**

It was clear that Lynn feared for her life and endured a constant and ongoing level of fear. Exemplar 11 from Lynn depicts high levels of emotionality, evident from her heightened tone of voice and facial discomfort. Her reflective state of being during this disclosure illustrates the relational aspects between her and the stalker and the situational description entails her emotionality when talking about 'any consequences'.

Lynn experienced extreme stalking behaviours such as physical and sexual assault. Earlier in the course of conduct, the stalker took her hostage where emotional abuse and PA worsened. Lorraine unfolded a similar story of immediate despair and fear. This participant had young children whom the stalker threatened in order to intensify her despair and fear. Fear was present in her abusive relationship and in post-relational stalking. Lorraine's critical exemplar 12 is biographical and historical as it illustrates events such as past rape, children being born and attempts at leaving the relationship:

12. Lorraine "This man raped me whilst I was pregnant with his baby (anger, facial grimacing) … I knew then I had to walk (leave the relationship) … but I had other children there (at home) with him … stay or go … and when I did go years ago it was worse than ever… I knew it would get better but it was slow in coming" **[P5:FS49/CE].**

Kevin "I can see that was a very difficult time for you …you understandably look angry …are we okay to continue?

Lorraine's exemplar 12 is also situational as it depicts the dilemma of leaving or staying in an abusive relationship, (see exemplar 154, where Lorraine reflects on the rape).

Although participants had temporary reprieves from their stalking experiences during times when the stalker was less active, despair and fear continued. This is evident in Steven's exemplar 13. Steven was the only participant stalked for reasons of grudge. Steven was in a marriage for ten years and three months (January 1990-April 2001); he had three children with his wife. She left Steven for another man but the children remained with Steven. The stalking began four months after the relationship cessation. He was aged 47 at the start of the 12-month stalking campaign. At interview, he was 51 years old. Despair and fear are evident in Steven's critical exemplar 14 which is fuelled by fears of the stalker turning the children against him:

> **13. Steven** "I thought with her then moving to Liverpool it would be easier (getting on with bringing the children up) but she phoned, she didn't want me she phoned to punish and goad me about having the children" **[P3:MS51].**
>
> **Kevin** "You said earlier that her stalking was grudge based. What despaired you the most about her behaviour?"
>
> **14. Steven** "Yes she had a grudge against me because the children wanted to stay with me when we split up … (ended the relationship due to her affair) my worst fear was her turning the children against me" **[P3:MS51/CE].**

All 14 participants experienced immediate despair and fear, but this was greater in participants who had experienced domestic violence and stalking (n=8; P1, P2, P5, P6, P7, P8, P11 and P12). Immediate despair and fear appeared to be more pronounced in participants who had young children to care for during the stalking (P3, P5, P11).

3. Sensitivity to threat; Lynn, Lindsey, George, and Lorraine's stories.

Participants felt sensitive to threat even though stalking had stopped. They were sensitive to noises not related to stalking behaviours. Exemplars 15 and 16 illustrate the degree of uncertainty and sensitivity experienced by Lynn:

> **15. Lynn** "I never knew what was happening (anticipation of any noise, door knock, and phone call) even though I was always looking … then why did I keep looking?" **[P1:FS40].**

Lynn is a classical example of how hypervigilance and fearfulness controlled non-stalking related happenings. In exemplar 16, Lynn was more relaxed as she realised that she was a survivor. Her tone of voice at this point in the interview indicated great relief:

> **16. Lynn** "I often felt he would never go away or I would end up dead as a result of this (facially relaxed, tone of voice relieved)" **[P1:FS40].**
>
> **Kevin** "You felt it would never end and that he would try to end your life ... but you seem relaxed, is this because you survived?"

Lindsey in exemplar 17 reflected on her reluctance to involve the police due to fear of reprisals from the stalker's criminal connections. This appears to have increased her hypervigilance and show she was sensitive to threats. From field notes, she appeared worried because of the stalkers criminal connections and any reprisals. On listening to this exemplar, her voice sounded anxious but, in exemplar 18, her empowering actions of fitting extra locks were reflected in her voice and confident expression:

> **Kevin** "Did you report your stalking behaviours to the Police?"
>
> **17. Lindsey** "No I wouldn't get the Police involved or anything like that because his friends were all into crime, everybody knew where I lived, all his mates and that (sounded worried)" **[P6:FS20].**

Exemplar 17 also shows that the stalker can employ criminal networks to help to control the victim. Lindsey in exemplar 18 reflected on how she employed additional security

measures at her home. She said that this made her feel a little safer but hypervigilance remained.

Kevin "What did your additional security efforts consist of?"

> **18. Lindsey** "Yeah we (friends) fitted extra locks (voice tone confident) on the porch doors and the main door and the back door … (struggles to remember the entirety of the implemented measures, doesn't feel embarrassed about not remembering) … so whichever door or window" **[P6: FS20].**

It is evident from Lindsey's exemplar 19 that the closeness of friends and family was important in reducing sensitivity to threat:

> **19. Lindsey** "My friend's couldn't be with me all the time and I felt so scared he would know when my friends or parents car was not there and then phones, for ages after … I was scared of my own shadow!" **[P6: FS20].**

Lindsey's exemplars 17, 18 and 19 depict several of Denzin's (1989) five primary types of thick description. The most evident is relational as friends are introduced as key characters within her story in all three exemplars. In addition, all three exemplars provide events of situational thick description. Thick description was enhanced through listening to audiotapes for emotional tone within Lynn's voice. This indicates that her words are, at this point in the interview, belied by her apparent relaxation. Further dialogue from George in exemplar 20 illustrates findings of hypervigilance and threat. The exemplar in this instance illustrates the importance of social support in reducing threat sensitivity:

> **Kevin** "What would you have done if she (stalker) arrived at a social area such as a public house? Would you be bothered?"
>
> **20.George** "I always looked at the door and felt vulnerable because of the false accusations (she accused him of stalking and assault) … but I knew that in a pub I would be safe because I would have the support of colleagues … so really I would chance getting to the pub … I did need a drink!"(laughs) **[P2:MS47].**

Lorraine reflects on how sensitivity to threat led her to suicide attempts. She had a history of long-term relationship abuse with her stalker that exacerbated the impact of stalking victimisation. The combination of continued relationship abuse and stalking led to Lorraine attempting suicide and accessing ongoing psychiatric treatment. Her critical exemplar 21 depicts the anguish and emotionality of the reflection. Relationally, I remember the need to be supportive to Lorraine at this stage of the interview. Her exemplar 22 illustrates that sensitivity to threat also had a historical basis as Lorraine's reflection of past events caused 'here and now' pain:

> **21. Lorraine** "I had a community psychiatric nurse because I had OCD (obsessive compulsive disorder) and was a bag of nerves, every noise was perceived as negative … I took tablets to end it … I just wanted to give in (tearful)" **[P5:FS49/CE].**
>
> **Kevin** "I am happy that you don't feel that way anymore … you have come a long way! Did you have the OCD before you had a relationship with him? … or when you first met him?"
>
> **22. Lorraine** "I remember checking out every noise in the street knowing that he had been here in the day … I didn't have OCD before I met him … but earlier I told you about him raping me … God (alarmed and upset) I stayed with him … he couldn't have done me any good" **[P5:FS49].**

Lynn, Lindsey, George and Lorraine's stories have been utilised to illustrate their accounts of sensitivity to threat. This was experienced by all participants, but to greater degrees by participants who had experienced domestic violence and stalking (n=8; P1, P2, P5, P6, P7, P8, P11 and P12).

4. Sexual and relational fatigue: Lynn and Lorraine's story.

All 14 participants reported sexual and relational fatigue. This sub-narrative illustrates that participants still felt extreme tiredness within the sexual and relational aspects of their lives. This was evident during and after the stalking victimisation. Sexual and relational fatigue was more pronounced in participants who experienced domestic

violence and stalking. Lynn had no upsetting issues during puberty, but sex was not talked about in her family. In addition, Lynn was sexually active from the age of 17, with an enjoyable first experience. Her parents were strict about 'provocative' clothing. Clothing issues for Lynn were continued with her husband's controlling behaviours who she married when aged 18.

The marriage was extremely violent and lasted two years. Lynn went through another two violent relationships. Lynn describes herself as average in sexual experience. Lynn experienced sexual and relational tiredness towards the end of the relationship, throughout the stalking and years after cessation. Lynn's biographical details of past relationship problems enables some understanding of the relational and interactional dilemmas that she had experienced. Lynn's exemplar 23 illustrates fatigue along this relationship continuum:

> **23. Lynn** "I was tired due to submissiveness, abuse in the relationship … quiet life (sighs), and even this (passiveness) caused problems...even after the stalking had stopped I felt nothing sexually, I was kind of sexually blunted!" **[P1:FS40].**

Lynn reports a sexual fatigue that started towards the end of the relationship, and which became entrenched after the stalking had stopped. From listening to Lynn's audiotaped interview and reading field notes, it became clear that Lynn agreed that her past adverse relationships were contributory factors to her sexual and relational fatigue. Lorraine's exemplar 24 reports her sexual motivation to be low in terms of sexual desire and self-grooming. Field notes from Lorraine's interview revealed an unremarkable early sexual history. Her first sexually intimate relationship was aged 22 to the stalker she talks of in this study. Lorraine's exemplar 24 reflects on her personal struggle with coping with stalking related trauma. In addition, her concern for her appearance reduced. She realised that alcohol exacerbated the situation:

24. Lorraine “I was drinking to cope (stress) and let myself go and I felt that no one would even look at me” **[P5:FS49].**

Lorraine’s exemplar 25 reinforces attributes of sexual and relational fatigue but shows the start of improvement in self-care and sexuality after the stalker had stopped stalking:

Kevin “How do you feel about your sexuality? … You know like looking smart … feeling good?”

25. Lorraine “My sexuality was low. I couldn’t even dress nice … after he stopped stalking I felt more able to groom myself but it was kind of nothing like it used to be” **[P5:FS49].**

All 14 participants experienced a sexual and relational fatigue that started towards the end of the relationship and worsened throughout stalking victimisation. However, sexual and relational fatigue was still present after stalking cessation and took time to recover. Again, this sub-narrative was more pronounced in participants who had experienced domestic violence and stalking.

5. Back to basics: George and Lynn’s stories.

In this sub-narrative, it was evident that participants needed to get back to a basic way of living. This involved the need for safety, security, warmth and safe socialisation with trusted others. George’s exemplar 26 illustrates how he just wanted to rest and recuperate. George previously had an excellent work record in terms of attendance and productivity. It was evident through facial expression, smiling and a positive tone in his voice that he was pleased with progress at restarting employment:

26. George “After she stopped (stalking) I just wanted to rest and try to relax, I went back to work so I could get back to the way I was” **[P2:MS47].**

Previously discussed sub-narratives such as immediate despair and fear and sensitivity to threat were important reactions that required to be processed prior to participants

getting ‘back to basics’. In order to feel safe and secure George managed to buy a house and kept the location a closely guarded secret. The house and its associated work progress distracted him from the trauma, helping him settle down socially and get back to reorganising his life:

> **Kevin** “Do you feel that relocating was instrumental to your process of reorganisation?”
>
> **27. George** “Yes I bought my own house soon after she stopped stalking me and she didn’t know where it was I felt safe able to think towards the future” **[P2:MS47].**

Other participants felt that they needed to relocate to feel safe. This feeling of safety was temporary in Lynn’s case:

> **28. Lynn** “I stayed at friends and my house only occasionally to feel safe, warm and protected” **[P1:FS40].**

Lynn felt that getting back to basics was about feeling safe enough to start to reorganise her home and life, finding that her friend’s house was useful when she felt emotionally strained. Exemplar 28 illustrates how social supports from her friends helped Lynn get back to basics. At times where Lynn felt she had energy she was able to plan and implement tasks that were part of everyday life such as shopping, paying bills and household skills. In this sub-narrative, recovery efforts were evident but were at a basic level. Most of the participants viewed this part of the journey as a positive turning point:

6. Future sexual and relational outlook: Lorraine, George, Lindsey, Dee, and Steven’s stories.

Lorraine, who was single at time of interview, reflected on how she coped sexually with a short-term partner. Lorraine needed to drink alcohol to cope with sex. In exemplar 29, Lorraine reveals the desire for sex, but admits to problems in sexual interaction. The exemplar emphasises Lorraine’s desire for a sex life. In exemplar 30 Lorraine reveals

that alcohol prior to sex helps her relax and be sexual. Historical data regarding Lorraine's relationship (with the stalker) illustrates battery and rape. The narrative interviewing of Lorraine and extracts here depict historical and biographical thick description. Exemplars 29 and 30 illustrate relational, situational and interactional thick description. In sum, Lorraine has problems *relating* sexually with men and during *interactions* with men tries to improve the *situation* by drinking alcohol:

> **29. Lorraine** "I desired a sex life but I have problems with this! (upset, looked disappointed)" **[P5:FS49].**
>
> **Kevin** "Can you tell me a bit more about the problems?"
>
> **30. Lorraine** "When sex happens I just completely shut down (sad tone of voice, sad facial expressions) I need a drink before sex (alcohol) to show my emotions" **[P5:FS49].**

It was evident looking at Lorraine's reflections on her future sexual and relational outlook that she was still experiencing psychological trauma. Lorraine comments on how she wanted to be sexual with potential partners but had problems with intimacy and trust. In exemplar 31 a critical event, Lorraine reveals that during the relationship she was raped. This disclosure in itself could be responsible for severe sexual dysfunctions. In Lorraine's case, the rape had happened 20 years ago but studies show chronic sexual symptoms can prevail due to rape (Ellis, Calhoun & Atkeson, 1980; Orlando & Koss, 1983; Becker, Skinner & Abel et al, 1984; Mezey & Taylor, 1988):

> **31. Lorraine** "I said earlier I was raped and used by him within the relationship when I was younger … I saw a man after the stalking stopped but we didn't last" **[P5:FS49/CE].**

Participants' recovering sexual outlook involved improved self-grooming. This precipitated sexual confidence in relating to another person. This is illustrated in George's exemplar 32:

> **32. George** "I felt so low and felt kind of uninterested until I felt safe and then I perked up a bit and looked after myself more" **[P2:MS47].**

George's exemplar 33 is a reflection two years after stalking cessation. Relationally, he appears able to sexually interact but anything other than a casual relationship was too daunting for him:

> **33. George** "Like I said, being 49 I had other relationships and enjoyed being sexually active … I was active again but it was non-serious loving and nothing more" **[P2:MS47].**

The lack of trust was intrinsic to participants in sexual relating and usually was a factor in starting any relationship. Participants felt that they wanted to feel good about themselves. This happened when they knew that the stalker had definitely stopped the course of conduct. Trust was lacking in all participants. Some participants had sexual relationships with others during and after the stalking, usually accompanied by the use of alcohol. Younger participants opted for brief sexual encounters with no serious commitments. There was severe sexual and relational disruption throughout stalking victimisation and after stalking cessation. Some participants related to others sexually in the short-term. However, future relational aspirations in terms of long-term standing were impacted up on negatively.

Relational outlook was low in terms of looking for another partner. Instead, it centred on relationships with children and family. Lynn, in exemplar 34, illustrates the way relational outlook has changed from some short-term relationships to being ready for a longer-term relationship:

> **34. Lynn** "It's been two years since it stopped (stalking) and I am ready to commit … but before this it was short-term partners" **[P1:FS40].**

Steven, who had a string of short-term relationships, supports this. In exemplar 35, he compared these to his ex-wife who stalked him. In exemplar 36, the stalking experience is described as making him wary of longer-term relationship commitment:

> **35. Steven** "I think short-term partners and take it from there … this is a change because I had big plans (envisaged that they would be together forever) for my ex-wife" **[P3:MS51].**

> **36. Steven** "The stalking … it just made me a lot more wary of not chucking me right into a deep relationship, you know what I mean?" **[P3:MS51].**

Lindsey was able to form a relationship three to four months after the stalking cessation and felt comfortable with this. However, she approached the relationship at a much slower pace than the stalking relationship. She wanted 'plenty of space' suggestive of being more in control of the situation within the relationship:

> **37. Lindsey** "It was less structured …less serious than the last relationship this suited me. I wanted plenty of space" **[P6:FS20].**

In exemplar 38, Dee notes that she would keep a potential partner at a distance. In addition, Dee appraises her life situation in not wanting an intimate relationship. Dee is at a different life stage to Lindsey, having two grown up children and her mother to care for as compared to Lindsey who was single and had less responsibility:

> **38. Dee** "Yeah like I say I would keep somebody at arm's length now. I don't think that I would really want to get that involved with anyone again. I'm not saying that I wouldn't go out with someone but that would be as far as it went. I wouldn't live with anybody again or anything like that" **[P14:FS48].**

The future sexual outlook of participants was bleak at this stage in their recovery, but sexual relating did take place in many participants. This sub-narrative appeared to illustrate the importance of self-grooming and redeveloping sexual self-esteem prior to sexual activity.

4.2.2 RESULTS OF THEME TWO: EMERGING RECOVERY.

Theme two is entitled 'emerging recovery' because it involves participants coming out of a disruptive stage of their journey and building on recovery from a turning point (labelled 'back to basics' in theme one). At this stage, the narratives are emerging from stalking terror into rebuilding a familial and occupational life and social and personal degrees of impact.

Narrative two: Emerging from stalking terror.

This narrative tells the story of the participant's view of their experiences across relationships. The narrative contains the following sub-narratives: coping strategies, dealing with emotional fatigue and isolation, managing personal deconstruction, tiredness as a precipitating factor for building self-protection and adjustment and reorganisation. Participants experienced fearfulness towards the end of the relationship dissolution, which increased significantly with stalking victimisation. The fear continued at stalking cessation and throughout the post-stalking period.

7. Coping strategies: Dee's, Ame's, Ronald's, Sue's and Ann's stories.

The ways that stalking victims employ coping strategies and social support victims are reported elsewhere (Spitzberg, 2006). Coping strategies fall into two main groups, these being healthy and maladaptive strategies. Dee's exemplar 39 felt that security arrangements to her home would help her cope. Similar strategies were utilised by Ame as evidenced in exemplar 40. These healthy strategies were usually actioned by participants who had received threats from the stalker. Dee's critical exemplar 39 and Ame in exemplar 40 shows that fitting extra security locks to their houses made them feel better. This decisive action also seems to generate a sense that they could cope, and react effectively to stalking victimisation:

39. Dee “He could be really cruel! (facially upset, faltered tone of voice) … It did intimidate me, and that’s why in the end I had to have the locks changed to stop him just coming in … I felt better for this” **[P12:FS48/CE].**

40. Ame “I had extra locks fitted … he said that he would climb in through a window and get me so” **[P13:FS22].**

Some strategies were been maladaptive, such as using alcohol and drugs. Although, maladaptive they were useful in short-term coping. In exemplar, 41 Ronald illustrates the situation he found himself in at work, disclosing that he ‘shouldn’t have been at work’:

41. Ronald “I drank a lot (alcohol) and my work performance suffered … I didn’t have the energy for anything else … I shouldn’t have been at work really” **[P14:MC35].**

Nonetheless, participants reported that in the short-term alcohol use was helpful. Other maladaptive strategies such as increased smoking and eating disturbances were evident. Some useful strategies involved changing phone numbers and leaving the known mobile telephone number on to collect evidence. Exemplar 42 shows how Dee turned to friends to cope, and that she took security actions in changing her telephone number to improve her situation:

Kevin “What were your methods of coping with stalking?”

42. Dee “In fact I did actually have my home phone number changed … and I suppose I relied on friends and family for support” **[P12:FS48].**

The employment of social support by participants was a useful coping strategy. Social support is discussed later as a sub-narrative on its own. Ann reflected how she used social support by meeting friends to improve her confidence in being in social settings and getting out of the house. Exemplar 43 also demonstrates how she was still able to interact effectively with men:

43. Ann “I had a quite close male friend and he was quite supportive. If I went out, we used to meet with a few female friends and stuff like that. He

just used to walk me home and make sure I was okay and everything" **[P7:FM40].**

Sue felt unable to continue to work as her stalker pursued her there but she socialised with friends in a public house that she worked at. Occupational impact is illustrated in Sue's exemplar 44 and is common in stalking victims (Abrams & Robinson, 2002):

44. Sue "I just went to work and mixed with customers and friends it helped me get by" **[P4:FM42].**

8. Dealing with emotional fatigue and isolation: Dee's, Ame's, Ronald's, and Lynn's stories.

This sub-narrative illustrates the emotional tiredness of participants within the relationship, during and after the stalking victimisation. It also portrays the participants' apathy in that they do not know whether they are 'coming or going'. Dee says she was burnt out but continued with tasks that made her feel better such as looking after her young grandchildren. Her exemplar 45 demonstrates how involvement in family care and support distracted her from her own emotional pain. At times during story telling participants, emotions were ambivalent and exemplar 45 is a good example of this. In addition, exemplar 45 provides situational and relational thick description because situationally she was very tired and relationally she places importance on interacting with her grandsons:

45. Dee "I was burnt out (looked and sounded depressed) I got a lot out of my grandsons in terms of being distracted from how I felt … they are so unconditional (looked and sounded happy)" **[P12:FS48].**

Ame continues to illustrate extreme emotional pain with feelings of suicide due to not being able to see direction in her life or an end to such feelings. Her critical exemplar 46 shows that the relational context with her stalker was marked with domestic violence:

46. Ame “I was done in having him beat me and try to be nice to me beating me to come back I tried to commit suicide (facial discomfort, eyes watery)” **[P13:FS22/CE].**

Ronald continued to feel emotionally tired and coped by drinking excessive alcohol. His exemplar 47 demonstrates an attempt to cope with emotional pain through drinking alcohol. However, his employment performance was reduced. In exemplar 48, his emotional pain was evident in his reflections on previous life experiences such as the prior breakdown of his relationship, separation from his son and stalking from a separate brief relationship. This exemplar is a good example of stress and trauma experienced indifferent relationship contexts:

47. Ronald “I drank a lot to take away feelings of stress and my work performance suffered. I didn’t have the energy for anything else” **[P14:MC35].**

Kevin “Did your family help you manage your emotional state?”

48. Ronald “My parents live far away … I was emotionally low (facially sad, tone of voice low) with missing my son and wife from the marriage breakdown. This stalking just topped up how I felt really” **[P14:MC35].**

Emotional tiredness was evident in all participants. All of the participants in the study had feelings of isolation because they had to go through a period of rebuilding social support systems. The participants were initially too ashamed to ask for help. The main source of professional help was the participants’ GP. Confusion lay in where to find specialised services and to what degrees of attitude they would receive:

49. Dee “I felt isolated when the family wasn’t about ... I didn’t really know what help was available ... it seemed right to go to my GP” **[P12:FS48].**

Lynn gives examples of isolation and says she initially unable to take positive action for recovery because she was so used to being controlled:

50. Lynn “At the beginning I was isolated … I did not see this as a police matter. I soon changed my mind” **[P1:FS40].**

A common factor in attempting to end the emotional tiredness and isolation was the participant's realisation that the stalker was determined and persistent. This led to participants having to take actions to address the stalking rather than hope that it would just dwindle out.

9. Managing personal deconstruction: Dee's and Ame's stories.

Stalking victimisation led to immense personal deconstruction, meaning that the participants had to learn to manage this self-erosion. Reflections point to this starting within the relationship and getting worse at relationship dissolution and subsequent stalking. Dee blamed herself for her abuse and exhibited low confidence in relationships and everyday functioning. This is evidenced in exemplars 51 and 52. Exemplar 51 a critical event, is illustrative of historical thick description, as Dee talks of two troublesome relationships and is emotional because of the reflection:

> **51. Dee** "I must be easy to see to … see me coming ... my only two relationships have resulted in me being abused (tearful)" **[P12:FS48/CE].**

> **52. Dee** "I just sat in all the time no real confidence I felt I owed (blamed self) all this to myself in some way" **[P12:FS48].**

Ame's exemplar's 53 and 54 support evidence of personal deconstruction, as she became reclusive and procrastinated at home. In exemplar 54 she reflects on her relationship context, illustrating that personal deconstruction started before the stalking behaviours. Exemplar 53 shows management of deconstruction through going out with her friends:

> **53. Ame** "Nervous … I wouldn't even go out at first. It took my friends a long time to persuade me that I would be safe and go out with them. I used to make my Auntie lock all the doors and windows and everything" **[P13:FS22].**

> **Kevin** "Did you anticipate the stalking?"

> **54. Ame** “Yes I did. I felt like breaking down (angry voice tone) prior to him stalking the way he used to treat me it just got worse (in the relationship) and I felt worse as it (the stalking) went on” **[P13:FS22].**

Exemplar 54 is an example of controlling behaviours within the relationship and stalking behaviours after the relationship ended. This depicts personal deconstruction as a result of two different situations, both ‘in’ the relationship, and during the subsequent stalking. All participants experienced personal deconstruction to some degree across relationships including at the time of being in a relationship, relationship cessation, stalking initiation, and stalking cessation. As with other sub-narratives, participants who endured domestic violence and stalking gave more intense and prolonged accounts of managing personal deconstruction.

10. Tiredness as a precipitating factor for building self-protection: Dee and Ronald’s stories.

As evidenced in the first narrative above, tiredness was evident in all participants. Participants initially felt unable to contact support networks because of shame, previously going back to the stalker and not wanting to involve friends of family. The experience of tiredness by participants was an essential precipitant of taking actions to protect themselves. This then involved accessing social networks as they realised that the stalker was not going away. In exemplar 55, Dee found that talking to people who she could trust helped her to feel safer:

> **55. Dee** “I had my ex-husband to talk to and I felt safe but worn out” **[P12:FS48].**

Dee felt safer in the short-term but still reports feelings of vulnerability years on. Feeling less vulnerable was associated with longer periods of stalking cessation. Exemplar 55 from Dee illustrates a level of feeling safe but having residual fear even years on:

> **56. Dee** “I never went out during his harassment ... I just didn’t feel safe I just a taxi to work and back … come to think of it years on I don’t go out either but I feel safe though” **[P12:FS48].**

The nature of the participant's need to feel safe was associated with tiredness. Tiredness made the participants feel vulnerable, but this vulnerability appeared to initiate actions that promoted safety. Ronald in exemplar 57 reflects on feeling unsafe. He lived on the second floor of an apartment block, and he used to sit near his patio style window and look for his female stalker. In exemplar 57, Ronald turns out the light, which made him feel safer. During stalking participants had to readjust their life routine, as is evident in exemplar 58 where Ronald feared for his son's safety:

> **57. Ronald** "I was knackered having to endure all this and try to go to work … I used to sit near my patio door on the second floor if I saw her I would turn off all the lights and pretend not to be in" **[P14:MC35].**
>
> **Kevin "**Did you feel safe because of this (turning the lights off)?"
>
> **58. Ronald** "Yes I felt reassured that I could act early I did see her … but I didn't feel reassured enough to have my son staying over … I was petrified that she would start acting up whilst he was there so I made arrangements for him to stay at his friends most of the time so that he would be safe" **[P14:MC35].**

11. Adjustment and reorganisation: Dee and Ronald's stories.

This sub-narrative tells the story of participants adjusting and reorganising. These tenets were about basic security and safety, getting back to a feeling of organisation. This involved progress in the participants' wider lives. Dee, who experienced domestic violence and stalking, had previously tried to leave the stalker. Eventually she exited from the cycle of violence (Walker, 1979, 1984); but endured stalking victimisation. Her circular process is evident in exemplar 59. Her reflection on this circular abusive process caused her sadness as field notes recorded non-verbal actions such as facial sadness and shrugging her shoulders. Moreover, listening to the exemplar on audiotape depicted a sad tone of voice. Dee fought (through legal processes) for the house that she had lived in with her stalker. This was hers as she had paid all of the costs of the property

herself. Critical exemplar 60 illustrates Dee's successful legal battle for the ownership of the house was a major factor in promoting Dee's adjustment and reorganisation:

> **59. Dee** "I took him back once after he harassed me and then he left me … stalked me all over again (tone of voice depicts despair, shrugs shoulders)… I found out he only wanted me back when he had been thrown out by another woman… it's only now that I know after years that it is over … I have moved on!" **[P12:FS48].**
>
> **Kevin** "What factors do think helped you with aspects adjusting and emerging from this experience?"
>
> **60. Dee** "I knew I wouldn't be settled until the house was totally in my name after this it was like closure … I felt more adjusted like I was moving on" **[P12:FS48/CE].**

Ronald felt that life got worse before it got better. He felt his judgment was poor. He did form several short-term relationships, eventually settling with a woman. He felt that this compatible relationship had helped him over the stalking experience:

> **Kevin** "What aspects of your life complicated your adjustment?"
>
> **61. Ronald** "I went from bad to worse … I lost my flat due to debt … now I am financially broke and at a very basic level … I met another woman we are happy though." **[P14:MC35/CE].**

Ronald went through a marriage breakdown which involved his wife leaving him for another man, and leaving the country with his son. He met a girl on the Internet and entered a short-term relationship; on ending the relationship, this person stalked him for over four weeks. After this experience, he continued to seek relationships. His adjustment and reorganisation was quicker than other participants were because he had not experienced domestic violence from the stalker and the relationship and stalking were short. Exemplar 62 demonstrates that Ronald continued to maintain an intimate relationship, and at time of interview had been in a healthy relationship for several months. This exemplar illustrates how his situation regarding adjustment and reorganisation was influenced positively by relationship interactions with his new partner:

> **62. Ronald** "But I am with someone and it seems to be okay … relationally its early days just a few months (sounded optimistic). I think I am over the harassment … I am back at work and seem to be coping" **[P14:MC35].**

All participants did eventually adjust and reorganise from their personal terror caused by stalking behaviours, although adjustment and reorganisation seemed to take longer in participants who had endured domestic violence and stalking.

Narrative three: Rebuilding a family and occupational life.

This narrative sees the participants starting a period of hope, and new process of rebuilding family relationships and occupation. Family and occupational aspects had been disrupted by stalking victimisation. Occupational disruption is documented in the literature (Abrams & Robinson, 1998a b; Abrams & Robinson, 2002). In a study by Pathé and Mullen (1997) of 100 stalking victims, 94% had made major changes in their social and work lives, with 53% changing or ceasing employment. This narrative consisted of the following sub-narratives: familial and occupational change, reorganisation and relationships, communication with services and social support system.

12. Familial and occupational change: Ame's, Dee's and Ronald's stories.

Positive familial change was facilitative of the recovery process in the social, sexual and relational aspects of participant's lives. Participants endured some aspects of negative family disruption during the stalking episode, due to the loss of family support during difficult relational periods, or previous behaviours during repeat break-ups. Participants who had positive consistent family support reported a more rapid return to more normal lives than those who had unsupportive families. Some participants 'protected' their families by not letting them know about the difficulties they had experienced. Ame's exemplar 63 explains the relationship dynamics with her parents.

She was visibly upset when she disclosed that her father was an alcoholic. Her exemplar 64 illustrates some historical family details, Ame sounded relieved that her parents were not together:

> **63. Ame** "My mum and I don't really get on and my dad's an alcoholic (tone of voice upset) so I never bothered them with my issues" **[P13:FS22].**
>
> **64. Ame** "Yes, my mum's been through quite a lot of bad relationships and she's separated from my dad now (sounded relieved)" **[P13:FS22].**

Ame had pre-existing familial problems and hence did not want to involve them in any of her business. Ronald's mother had a severe and enduring mental illness and his reasons for not informing her were to limit stress to her. Ronald's situational exemplar 65 illustrates that he did not access family support because he was worried about causing his mother to unduly worry:

> **65. Ronald** "None of my family was really aware of it ... I didn't want to talk to my mother because she had bipolar illness and I felt it would really trouble her" **[P14:MC35].**

Familial change was initially detrimental to progress towards normalisation, but, in the latter periods of post-stalking, family support became more cohesive. Examples of occupational change narrate the process of how victims of stalking were displaced from places of work and house person duties. The process of recovery from this displacement was a sign of recovery in all aspects of participant's lives. This may be due to increased self-esteem and improved confidence as occupational recovery occurs. Occupational disruption was minimised in participants who had understanding employers. This is evident in the case of Dee who liaised with her employers from the point of the stalking problem:

> **Kevin** "Did you have to leave your job and work somewhere else?"
>
> **66. Dee** "No I didn't because I felt quite safe at work. Even though he was phoning me they vetted the phone calls" **[P12:FS48].**

Employers are starting to take stalking at work more seriously as is illustrated by Dee in exemplar 67. Women who have experienced domestic violence encounter occupational disruption, and support from employers is required if women are to feel comfortable with disclosing domestic or partner violence (Swanberg, Logan & Macke, 2005; Swanberg, Macke & Logan, 2007):

> **67. Dee** "I could have just got hold of security and they would have escorted him of the premises so I felt quite safe in there" **[P12:FS48].**

Ronald's exemplars 68 and 69 illustrates that managers within his workplace viewed stalking as serious and provided the subsequent social support needed:

> **68. Ronald** "I was behind at work and my manager insisted on regular supervision to get things back on track" **[P14:MC35].**
>
> **Kevin** "Did you let your manager know why you had fallen behind with your work?"
>
> **69. Ronald** "I was upfront and honest about the stalking but I had similar problems in the past relating to previous relationships (sounds pessimistic) so … he (manager) was supportive but not overly so" **[P14:MC35].**

Occupational change portrays the participant's anticipation of stalking behaviours that would form the course of conduct. This was strongly associated with problems at work, or a disruption of some kind within the work place. This narrative also depicted the participant's anticipation of the course of conduct and its behaviours that led to occupational disruption. This anticipation of trouble caused at work was enough for participants to feel disorganised and vulnerable even though they had not been stalked near the workplace.

In the case of Dee's exemplars 70, she worried that the stalker might wait for her outside of work. Exemplar 71 shows relational, situational and interactional thick description because it illustrates how she liaised with her employer to work around the stalking through changing her shift times, making her situation tenable. On listening to

this exemplar, Dee sounded confident possibly because she had been empowered. It shows that she had relationships at work that could be utilised to manage the stalking. Evidence of this is depicted in exemplar 72, where colleagues screened telephone calls for Dee. Moreover, this shows how Dee utilised social and familial networks:

> **70. Dee** "I knew that he was going to start all this and I started to worry about when it would start (the stalking) and if I would see him on the way home or to work" **[P12:FS48].**
>
> **Kevin** "Did you do anything to help yourself with these feelings?
>
> **71. Dee** "I changed my shift pattern (sounded confident) and asked to be relocated to a different store … they (the management) were very understanding … in the end I decided not to move stores … I wanted my friends round me" **[P12:FS48].**
>
> **Kevin** "Did the stalker approach you directly at work"?
>
> **72. Dee** "Not face to face but things got bad …like him phoning me all the time there … I managed to get telephone calls screened and colleagues were looking out for me … I had started to confide in my daughter and ex-husband from the start of my worries … sometimes my daughter picked me up from work" **[P12:FS48].**

Although Dee was disrupted at work, she wanted to stay in attendance, as it was more therapeutic than being at home where she felt more vulnerable.

13. Reorganisation and relationships: Ame's and Dee's stories.

This sub-narrative storied the participant's reorganisational status or progress regarding relationships. Ame appeared to be more resilient than the older female participants were because she was able to initiate intimate relationships and desire intimate closeness with a partner soon after the stalking had ceased. Exemplar 73 shows that Ame entered a relationship straight after the stalking and was able to ascertain that 'he was bad' and end the relationship. In ending the relationship, she demonstrated her ability to ascertain an unhealthy situation:

> **73. Ame** "After I knew it had stopped (the stalking) I saw a lad and he was bad as well … I am finishing this relationship" **[P13:FS22].**

> **Kevin** "Did you take a break (from relationships) or continue to see men for intimate relationships?"
>
> **74. Ame** "I wanted the company … the closeness (facially upset, faltering tone of voice… yes I saw different men for short periods … I moved on in life and things got better (relating with men) … as I did" **[P13:FS22].**

In exemplar 74, Ame was able to use reflection on her relationships with men as indicators of reorganisation. The longer the period after her course of conduct the more able she was to engage in brief intimate encounters. It was clear from field notes and listening to her audiotaped interview during exemplar 74 that Ame was upset because she wanted closeness but without any fear. In this, sub-narrative participants underwent a transition from dependence to independence and made active plans for reorganising their lives. This is evident in Dee's exemplar 75, in that she appraised her situation regarding recovery from stalking:

> **75. Dee** "I think I am a lot better but do you think this is (asks Kevin, researcher) because I never bothered with another man?" **[P12:FS48].**

Ame in exemplar 76 illustrates the essence and fabric of renewed independence and social functioning:

> **76. Ame** "I still stayed at my uncle's but went further afield to friends for longer yes I think I chilled as time went on" **[P13:FS22].**

This sub-narrative 'reorganisation and relationships' was illustrative of how participants perceived the importance of relationships in the recovery process. The essential component was the participant's decision regarding relationships rather than being or not being in a relationship. This can be seen in the case of a younger participant, Ame who sought short-term intimate relationships, as compared to Dee who was older and did not seek an intimate relationship. The factor in this sub-narrative that promoted recovery was the participants' clearness and vision regarding relationship outlook.

14. Communication with services: Ame's and Ronald's stories.

This sub-narrative shows that reorganisation was aided through communication with the formal health and social care services. The most commonly reported approach was to the GP. Occupational health services were utilised less often, with contact with the police seen as a last resort. Even participants who feared physical harm were reluctant to involve the police. However, when these fears became a reality, the participants did involve the police. Reorganisation appeared to be optimised for participants who used multi-service points of contact. The findings indicated that seven types of support networks were utilised: friends, family, police, legal services, therapy and work colleagues (see Table 6 for a list of support accessed by each participant). Ames's exemplar 77 demonstrates the use of multi-service contact and communication:

> **77. Ame** "I had to go and see a solicitor to get a court order against him to stop him from coming near me" **[P13:FS22].**
>
> **Kevin** "How did this help your attempts at reorganisation?"
> **78. Ame** "I noticed that things got worse (the stalking) and then got better in that he stopped" **[P13:FS22].**

Ame understood that she had to work through the process of stalking with the police and legal services in order to send a strong message to her stalker. This was with the support of her GP and a therapist. This communication helped Ame move through the process of disorganisation to reorganisation, albeit with some residual psychological symptoms. Other participants relied on family and work contacts to help them reorganise. Westrup, Fremouw and Thompson et al (1999) found that more severely stalked participants experienced greater levels of trauma symptoms. Ronald was stalked for eight weeks in duration and did not experience domestic violence. His exemplar 79 illustrates his view that he did not need to access his GP. However, he accessed three out of seven social support facets, namely friends, family and work colleagues (see Table 6):

Kevin “You were stalked for a month in duration? Did you access any services at all in this time?”

79. Ronald “No I didn’t go to the GP because I just kind of hoped that it would go away I was probably more sort of embarrassed and just slightly concerned at first” **[P14:MC35].**

This sub-narrative shows that service communication is essential for participants in terms of their recovery. Participants with short and less intense periods of stalking with multi-service contact reorganised more quickly than participants with similar experiences and less service contact.

15. Social support system: Dee’s, Ronald’s, and Steven’s stories.

This sub-narrative illustrates the role of social support in the participant’s journey of ‘emerging recovery’, the title of this theme. Participant’s social support systems were often fragmented through the stalker’s application of control and isolation. Formal social support provision for victims of stalking in the U.K is scarce, and they tend to be catered for by charities rather than mainstream health or social care authorities. In the US, Spence-Diehl and Potocky-Tripodi (2001) found that victim support practitioners had varied views about how stalking victims should be managed and supported. In addition, they found that services varied considerably.

Dee endured some controlling behaviours during her relationship and was initially isolated from family. However, she did not report any experiences of domestic violence. On relationship separation and initiation of stalking, Dee contacted her family, and she subsequently accessed all seven facets of social support. Dee’s exemplar 80 illustrates the importance and effectiveness of social support in the emerging recovery phase:

80. Dee “Yeah I don’t think I would have come through it as well as I did without their (ex-husband and grown up children) support” **[P12:FS48].**

Kevin "How do you think this family support helped you cope or move through the stalking experience?"

81. Dee "My daughter drives and took me shopping … this minimised me walking about the local area (less chance of being seen and approached by the stalker) … also she lived near me and spent a lot of time with me" **[P12:FS48].**

Exemplar 81 highlights the relationship quality between Dee and her daughter. All the participants echoed the importance of being listened to. These listening roles did not have to be undertaken by therapists or other professionals. Friends or colleagues were sufficient. Ronald's exemplar 82 illustrates this:

Kevin "Did you access professional help?"

82. Ronald "No but I did get a lot of support from friends that had been in some similar circumstances and who understood … I felt they understood" **[P14:MC35].**

Friendship, familial support and work colleagues tended to be a good source of support. Steven's exemplar 83 illustrates this:

Kevin "How did your friends respond to your disclosures?"

83. Steven "All right really … most of my friends were very sympathetic about it all" **[P3:MS51].**

Steven had children to care for as his ex-wife the stalker caused several problems over the 48 weeks he was stalked. He accessed social services support because the children were upset about the marriage breakdown and their abandonment by their mother. He was happy with their input, as illustrated in exemplar 84:

84. Steven "I went to the social services told them what was happening (him being stalked) and they were brilliant. People call them (derogative) but I can only speak from my own experience" **[P3:MS51].**

The important elements of this sub-narrative are that listening and supportive social interaction with significant others were the hallmarks of emerging recovery.

Narrative four: Social and personal degrees of impact.

This narrative encompasses accounts of how stalking victimisation affected the participant's social and personal situation. It contains the following sub-narratives: general health impact, personality changes, social support tendencies and attitudes to the stalker.

16. General health impact: Dee's and Ame's stories.

Blaaw, Winkel and Arensman et al, (2003) found high levels of trauma in 241 stalking victims. They used the GHQ-28 and concluded that stalking victims had comparable levels of trauma symptoms to psychiatric outpatients. The participant's general health in the emerging recovery phase of stalking involved occupational problems, sleep disturbances and appetite disruption. These disturbances are evident in the case of Dee in exemplar's 85 and 86:

> **85. Dee** "Oh yeah I was off work like three months. I couldn't sleep. I wasn't eating. I couldn't settle to do anything. My concentration span had just gone" **[P12:FS48].**
>
> **Kevin** "Tell me more about your weight loss. How bad was this?"
>
> **86. Dee** "Yeah I lost about three stone. I wasn't eating at all and I was smoking a lot more" **[P12:FS48].**

It is clear that with high levels of physical health symptoms sexual reorganisation was not a priority. Intimate relational involvement during such symptomatic presentation was desired but not sought. The exception to this was younger participants (Ame & Lindsey). As noted above, familial relationships were evident and useful in reorganisation. Ame's exemplar 87 illustrates her experiences of nightmares. Her exemplar 88 shows how she accessed social support through her GP. The interactional thick description evident in exemplar 89 is attending the GP's surgery to address her

health. The critical exemplar 87 precipitated the GP attendance and is illustrative of relational thick description because she lives with her Uncle whom she relates with to access social support:

> **87. Ame** "I moved in with my uncle and I used to wake up screaming in the night" **[P13:FS22/CE].**
>
> **88. Ame** "My uncle was very worried and took me to the Doctors at least once a week and he put me on antidepressants and sleeping pills ... very understanding" **[P13:FS22].**

The emphasis was on coping with general health symptoms during and after the course of conduct. This narrative was not a phase associated with sexual or intimate relational recovery. After stalking, when symptoms got better, participants addressed aspects of their lives such as work and then relationship aspects. General health in the emerging recovery phase took precedence over intimate relating and sexual reorganisation. As participants' general health improved their intimate relationship interests started to emerge.

17. Personality changes: Dee's, Ame's and Sarah's stories.

All of the participants underwent personality changes to some degree. The changes experienced were greater with longer more intense course of conduct and less with a shorter course of conduct. Dee's exemplars 89 and 90 demonstrate that she became reclusive without the support of her family. Hypervigilance was also evident even after stalking cessation. In exemplar 90 Dee's appraisal of her situation and focus on keeping her home was central to her recovery process, thus the exemplar provides situational thick description. At the time of the interview, from field notes and listening to exemplars on audiotape Dee's tone of voice was assertive, and her posture comfortable:

Kevin "Did you feel imprisoned?"

> **89. Dee** "Yeah, I didn't want to go out anywhere and if the phone rang it used to make me jump because I'd think God is this him again" **[P12:FS48].**
>
> **Kevin** "How do you feel that you have changed since this experience?"
>
> **90. Dee** "I'm determined to keep this home, which was our home but now have to work but I am determined to keep this house so (tone of voice, it's mine and I'm determined to continue to work. I don't care how much I assertive) yeah he has made me more determined … in some ways!" **[P12:FS48].**

Changes of personality were sometimes protective in nature. This is evident in Dee's determinism in and Ame's wariness. In exemplar 91, Ame illustrates that her premorbid personality was very different from her personality after stalking, field notes and listening to the exemplar depicted an overall sadness, this exemplar for Ame is illustrative of relational and interactional thick description:

> **91. Ame** "I'm not as bubbly as I used to be. When I used to meet people I was dead bubbly but now I'm not (appeared facially sad). I'm a bit wary of people" **[P13:FS22].**

Sometimes determined methods of coping were accompanied by aggressive or vulnerable thoughts towards the stalker. Lasting personality changes such as lack of trust, ingrained safety rituals and neurotic presentation are evident in Sarah's exemplar 92 which illustrates a very severe course of conduct and prior domestic violence. This appears to show that the longer a person experiences controlling behaviours and other tenets of abuse the more severe personal impact is. Exemplar 92 highlights how personality changes influenced participant's relationship ideations:

> **92. Sarah** "Yes, it has changed me in every way, if I meet somebody now and I think should I do a little bit more than I should do, spend more time with them than I do with my mates" **[P8:FS36].**

Ingrained safety routines were present in all of the participants as part of personality change because they wanted to feel safe and secure. Personality changes of the participants varied from being vulnerable, passive to helpless or determined. All of these

variables fluctuated but were dependent on the participant's social support and whether the course of conduct was short or long in duration. Occupational disadjustment was present in all participants.

18. Social support tendencies: Dee's and Ame's stories.

Social support tendencies saw the participants to have a 'half-hearted tendency' to access social support from family or friends at the initiation of stalking. The participants at this stage did not really envisage how important or essential the social support was in their reorganisation. Participants could not see that the stalking would eventually stop. Dee's exemplars 93, 94 and 95 demonstrate the use of a social support system. Dee's exemplar's provides all five primary types of Denzin's (1989) thick description: historical, biographical, situational, relational and interactional because Dee in exemplar 93 reflects on the history and biography of her family contact saying it was 'bitty' meaning that in the past it was fragmented because she had isolated herself. In addition, the exemplar illustrates situational description because she appraises the situation 'I didn't know that I would need them'. Her exemplar 94 is illustrative of interactional and relational support because she accesses support from her daughter and in exemplar 95, her relational efforts involve her utilising the police to reduce the situation with the stalker:

Kevin "What was the current state of your contact with family and friends?"

93. Dee "It was bitty … I went through getting in contact with family and friends again … I let them know he was bothering me but kind of didn't really know he would persist so much … I didn't know that I would need them that much" **[P12:FS48].**

94. Dee "I went through a pattern of having my daughter staying over when I felt vulnerable… this was usually when I had seen him or a friend reported seeing him … I could rely on her and my ex-husband they became used to supporting me and they were good at it (appeared appreciative, nodding head)" **[P12:FS48].**

95. Dee "I involved the police and solicitors as well as friends to listen to towards the end (of the stalking) to get my house sorted … in the midst of the harassment … I remember threatening to get him arrested" **[P12:FS48].**

Then Dee's exemplars 93, 94 and 95 show how she went from a tendency to establishing rapport with her social network to being proactive in usage of social support. In exemplar 94, it was evident from her tone of voice that social support from her family was a factor intrinsically important to recovery.

Ame in exemplar 96 shows how domestic violence (controlling behaviours) prior to stalking left her with almost no social network. However, exemplar 97 shows clearly that Ame started to rebuild her social support network (see Table 6), thus depicting relational, interactional and situational thick description because there is an improvement in social support from having a tendency to moving towards being more proactive in building a social support network:

Kevin "When did you contact friends, family or services for assistance?"

96. Ame "I wasn't allowed any friends. When we separated I started to get in touch some people had moved on" **[P13:FS22].**

97. Ame "I needed someone to help me with the way I was feeling so contacted friends towards the end of the relationship and they started to help me during and afterwards (the stalking)" **[P13:FS22].**

19. Attitudes to stalker: Dee's, Ame's, Lorraine's and Lynn's stories.

The attitudes towards the stalker were important in reorganisation. Attitudes varied from hatred to pity but the primary emotion was anger. All participants experienced anger towards the stalker but this appeared to be an essential part of the recovery process. Anger appeared to be used in an energising manner. Findings are evident in Dee's exemplars 98 and 99. In exemplar 98, relational and interactional thick descriptions (Denzin, 1989) are evident as Dee talks of relating to the stalker and how their

interactions had made her feel. Exemplar 99 from field notes of non-verbal behaviour denoted the anger in her voice and facial grimacing:

> **Kevin** "What feelings or thoughts did the stalker evoke in you Dee?"
>
> **98. Dee** "Yeah I really did dislike him, which isn't mean (harsh) because I'm not that kind of person. I'm not a violent person. I couldn't really say I hated anybody but really … at times I wanted to lash out at him!" **[P12:FS48].**
>
> **99. Dee** "Like I said I don't really hate anybody but yeah I hated him for what he was doing to me (appeared facially angry, tone of voice louder)" **[P12:FS48].**

Anger is also demonstrated within Ame's exemplar 100 and Lorraine's exemplar 101. Dee, Ame and Lorraine recovered less quickly than participants who had less anger or rumination. Lorraine's exemplar 101 depicts historical and relational thick descriptions because she talks of 'years' spent with him in the relationship and could not understand why she had children with him. The interactional thick descriptions within exemplars 100 and 101 depict angry attitudes to the stalker:

> **100. Ame** "I wanted to hurt him like he'd hurt me and my family" **[P13:FS22].**
>
> **101. Lorraine** "I hated him … but I was with him years. I don't know how I ended up having so many children to him" **[P5:FS49].**

In Lynn's exemplars 102 and 103, anger takes the form of pity and loathing of the stalker. Anger was the primary emotion that affected her recovery. These exemplars are illustrative of relational, interactional and situational thick description. Exemplar 102 a critical event reveals Lynn's thoughts of wanting to harm the stalker, her face and tone of voice depicted anger. Exemplar 102 is illustrative of relational and interactional thick description as it illustrates angry attitudes towards relating with the stalker and suggests that she could have been violent to the stalker. This possible violent interaction between

her and the stalker continued in exemplar 103 where Lynn had ideas of using a weapon against the stalker:

> **102. Lynn** "I pitied him loathed him and would have damaged him (anger facial grimacing present, furrowed brow)" **[P1:FS40/CE].**
>
> **Kevin** "Lynn can you elaborate further?"
>
> **103. Lynn** "There is only so much you can take … I had planned to use something (weapon) on him if he kept on (stalking)" **[P1:FS40].**

The majority of participants' attitudes towards the stalker were angry; venting such feelings appeared to be helpful in travelling through the process of recovery.

4.2.3 RESULTS OF THEME THREE: PAST, PRESENT, SEX AND RELATIONSHIP FACTORS.

This theme illustrates how past life events and present sexual and relationship factors influence participant recovery. The theme consists of one narrative entitled 'intimate connections' because this part of the recovery journey signifies a level of intimate recovery for the participants. Intimate connections consist of the following sub-narratives: sexual quality with stalker; honeymoon cessation within the relationship; acceptance of reduced sexual function; sexual and relational recognition and psychosexual value system. This theme signified an intermediate phase of recovery. The historical section of the SASI interview schedule (see Appendix 1), captured story data from the participant's psychosexual history, past relationships and relationship aspects with the stalker, and this aided thick description of the data in the context of these factors.

20. Sexual quality with stalker: Sue's, John's, Dee's, Ame's, Simon's and Lynn's stories.

This sub-narrative describes the kind of sexual pattern with the stalker when things were amicable or not within the relationship. This sub-narrative illustrates the process of sexual quality in the relationship prior to the initiation of the stalking. This is an important aspect as it depicts the personality of the stalker regarding attachment and intimacy. These factors are known to contribute to stalking behaviours (Meloy, 1996; Kienlen, Birmingham, & Solberg, et al, 1997). Stalking has been described as a violent attachment (Meloy, 1992). Exemplars 104 and 105 from Sue illustrate her reflections on sexual times with the stalker:

> **104. Sue** "He was cold (emotionally) in bed I mean it was just physical not much build up" **[P4:FM42].**
>
> **Kevin** "Can you elaborate further?"
>
> **105. Sue** "It was always rushed no hugs and no attention afterwards" **[P4:FM42].**

John's exemplars 106 and 107 are indicative of how people use sex within relational systems to resolve conflict. His exemplar 106 shows how the stalker's jealousy affected sexual relating. Exemplar 107 from John provides relational, interactional, and historic context because they argued, had sex, felt well relationally, and the cycle continued. John signifies a period of recuperation where he states 'it was a release not to have her sounding off for a while'; this illustrates situational aspects, as the ambivalent relationship context is evident:

> **106. John** "Sex was good up until she felt I was unfaithful (jealousy) it went down (sex) but again when we made up it was very gratifying" **[P9:MS50].**
>
> **107. John** "And after making up it was just a release not to have her sounding off for a while" **[P9:MS50].**

Further findings of the participant's accounts of sexual quality with the stalker are evident in Simon's narrative, illustrated in exemplars 108 and 109. Simon was in a long-term relationship with the stalker where sexual experiences were reflected on as positive. In exemplar 109, historical, relational, interactional and situational aspects are illustrated because Simon reflects back ten years about their sexual situation and how it changed to become less conducive due to the stalker having significant events such as bereavement and drinking excessively:

> **108. Simon** "Yes, well up to her leaving yes sex was great. No problem. I'm just thinking back though, she lost her father, her drinking got worse sex died off a bit" **[P10:MS48].**
>
> **109. Simon** "It was great sexually with her for over ten years she started to drink and use drugs wrong friends then it slowly got worse" **[P10:MS48].**

Sexual quality at the onset of the relationship was good according to Lynn's exemplar 110, Ame's exemplar 111 and Dee's exemplar 112. Clearly in the exemplars, the sexual quality with the stalker was good, however in Lynn's situation sex was viewed as unemotional, Ame felt pressured into sex and had experienced early relationship violence and Dee makes a clear statement of gentle and loving sex when 'things were good':

> **110. Lynn** "Sex was good from the onset more physical than others less emotionally … silent" **[P1:FS40].**
>
> **111. Ame** "Yeah sex it was nice at first and then when he started being violent it felt like a chore, something I had to do" **[P13:FS22].**
>
> **112. Dee** "When things were good it was gentle and loving" **[P14: FS48].**

21. Honeymoon cessation within the relationship: Sue's, Lynn's, and John's stories.

Participants who endured domestic violence and stalking (n=8; P1, P2, P5, P6, P7, P8, P11 and P12) noticed an end to honeymoon romance through the initiation of

domestic violence. The group of participants who experienced stalking alone (n=6; P3, P4, P9, P10, P13 and P14) also experienced honeymoon cessation. Sue's exemplars 113 and 114 illustrate this. Although Sue did not experience domestic violence, precursors of such behaviours were experienced as evident in exemplar 114. Exemplar 113 depicts reflections on difficulties with the stalker socially relating. This made Sue appraise her situation as the unpopularity towards him had started to make her unpopular:

> **113. Sue** "It went wrong when I realised how socially unpopular he was and this was making me unpopular" **[P4:FM42].**
>
> **114. Sue** "It was about four months into it that he was jealous and controlling" **[P4:FM42].**

John experienced honeymoon cessation within the relationship. His exemplars 115 and 116 depict honeymoon cessation. In exemplar 115, John reflects on a gradual decline in sex and relating. This exemplar is a good example of situational and interactional factors because it depicts how sexual interaction reduced in emotional content to the point that 'the relationship was really cold':

> **115. John** "We started seeing each other … it was nice really nice (sex), a bit later, she looked sullen most of the time … prior to the end of the relationship it was really cold (she then stalked him)" **[P9: MS50].**
>
> **116. John** "She changed when it was no longer an affair" **[P9: MS50].**

The following exemplars 117 and 118 from Lynn illustrate the honeymoon period ending within the relationship**.** Lynn was a participant who experienced domestic violence and stalking. Situational and relational elements are evident as 'he shouted and pushed' her and was controlling. This was in the form of the stalker's attempt to limit her social interactions. Exemplar 117 gives a clear picture of the restrictive relationship situation that Lynn experienced:

117. Lynn “It was a few months before he shouted and pushed … before this I think a few weeks where I noticed he was discontent with me talking to friends and planning time alone” **[P1:FS40].**

118. Lynn “He started to use drugs alcohol and about 18 months into our relationship it went downhill and got worse” **[P1:FS40].**

22. Acceptance of reduced sexual function: Sue’s, John’s, Dee’s, Simon’s and Lorraine’s stories.

This sub-narrative illustrated that participant’s progress in overall recovery was dependent on the initial acceptance of a reduced sexual function. Participants were more concerned with coping with traumatic symptoms. On this basis, sexual function was deemed to be of a low importance. However, sexual feelings and cognitions were still present. The acceptance of a lower level of sexual functioning enabled participants to focus on rebuilding their life and social networks. Findings from Sue’s exemplars 119 and 120 illustrate acceptance of a lower sexual function. In exemplar 119, Sue was able to appraise her sexual situation and avoid sexual activity as this troubled her. Exemplar 120 depicts relating in a congruous manner with her new partner. This relationship led to her current marriage:

119. Sue “I stayed single for a month or so and done without sex I felt sexual though” **[P4:FM42].**

120. Sue “The first few weeks of my new relationship I just based it on non-sexual stuff” **[P4:FM42].**

John’s exemplar 121 illustrates that acceptance of a lower sexual function sometimes emerged towards the end of the relationship because of a change in dynamics and the abusive behaviour of the partner:

121. John “I knew sex was well off limits with her drinking and abuse, so if I ended it all what is really the difference?” **[P9:MS50].**

John's exemplar 122 also illustrates that an acceptance of a lower sexual function caused problems in future relationships. This indicates that his acceptance of a lower sexual function became a problem within his relationship formed after stalking:

> **122. John** "I accepted I had to rebuild sex with a new partner but I lacked the will to do this (upset facially)" **[P9:MS50].**

Dee and Simon's exemplars show that an acceptance of a lower sexual function is associated with a lack of sexual confidence and caution regarding sexual relating. Dee in exemplars 123 and 124 highlights how her confidence was very low. In exemplar 123 Dee reflects on her relationship ending with the stalker, who left her for another woman (he stalked Dee after the relationship with the new woman became sour). It is clear that relationship endings due to another woman for Dee intensified stalking trauma:

> **123. Dee** "I stayed on my own he had left me for another women and sexual confidence was rock bottom" **[P14:FS48].**

> **124. Dee** "Yeah like I say I would keep somebody at arm's length now" **[P14:FS48].**

Further findings from Simon's exemplars 125 and 126 illustrate the acceptance of a lower level of sexual functioning:

> **125. Simon** "I think I would take it slow (sexual relating). I've always been quick regarding things like that, I wanted things done like yesterday rather than wait until tomorrow, but no, after the harassment experience I think I would take things nice and slow and take it from there" **[P10:MS48].**

> **126. Simon** "I knew sex was well off limits with her drinking and abuse, so if I ended it all what is really the difference" **[P10:MS48].**

All participants realised that sexual priorities were low as more important life matters needed attention. Findings from Sue in exemplars 127 and 128 depict the experience of sexual problems. Sue was able to utilise the support and trust provided by

her partner which slowly improved her sexual confidence and desire. However, she did not want to discuss this aspect of her health with her GP or in other clinical contexts:

> **Kevin** "After the stalking was over what were your views on sexual relating with another person?"
>
> **127. Sue** "I lacked overall confidence never mind sexual confidence (reduced sexual confidence). I lacked sexual desire" **[P4:FM42].**
>
> **Kevin** "Did you ask for help about this?"
> **128. Sue** "I never thought I'd need help for this … I got married and it got better after about 12 months of it stopping (the stalking) and building trust with my partner to be husband" **[P4:FM42].**

The unwillingness to seek help regarding sexual issues was a common factor in all participants. John was not aware that experiencing of low sexual confidence and desire was a sexual problem. However, on his journey through recovery he did feel like seeking help but was still unwilling to do this. In exemplar 129, he appraises his sexual situation. This continues in exemplar 130 where he was aware of his low sexual desire and reflected on his interactional dilemmas with his GP:

> **129. John** "I thought I didn't have sexual problems … as such but no one asked" **[P9:MS50].**
>
> **130. John** "I felt no sexual desire my confidence was low all round later on I wanted to be sexual but didn't feel I could speak to my GP maybe I was depressed" **[P9:MS50].**

The following exemplar 131 from Lorraine illustrates an unwillingness to seek help for her reduced sexual function:

> **131. Lorraine** "I had problems sexually with the new man I met based on trust and desire I persevered with this … I didn't want to speak to my GP about this" **[P5:FS49].**

This sub-narrative illustrates that participants were able to prioritise aspects of their recovery. Sexual feelings were important but lower in priority. In addition, there was an

unwillingness to seek help for sexual issues, possibly, because sexual issues were still not a high priority or due to embarrassment.

23. Sexual and relational recognition: Sue's, John's and Lynn's stories.

This involved participants' feelings or recognising that it was okay for them to have company, to have sexual relational feelings. In addition, participants were able to recognise that they had promoted their own sexuality through self-care and grooming which was a basis for recognition. This sub-narrative was a turning point for participants where they started to rebuild their sexual and relational confidence. Sue's exemplars 132 and 133 compare the stalker to her new boyfriend. The relationship and the overall situation are much better. This can be compared to earlier exemplars 113 and 114 where Sue reflected on the social ineptness of the stalker:

> **Kevin** "You got in a serious relationship soon after the stalking had stopped. How did you view the workability of this?"
>
> **132. Sue** "I could compare the sexual difference between my new and ex-boyfriend (stalker) it was a lot better with my new boyfriend … we settled had a great time and I was confident" **[P4:FM42].**
>
> **133. Sue** "My new boyfriend wasn't jealous … he was secure and confident … that's why I felt confident and okay about knowing this was working" **[P4:FM42].**

John's exemplars 134 and 135 illustrates that stalking cessation can be of a short duration and then recommence. John reflected on his sexual experiences during such cycles. John recognised his right to have a sexual and relational experience. His exemplar 135 shows that he rationalised his views regarding sexual rights, looked relaxed and smiles (from field notes taken at the time). This depicts a sexual optimism by John:

134. John “It was three months until I relaxed and then another three until I realised it had stopped and during this time I enjoyed company” **[P9:MS50].**

135. John “I think I like sex I am normal and should welcome the chance to be sexual is this right (smiles)?” **[P9:MS50/CE].**

Lynn’s exemplars 136 and 137 illustrate further findings of sexual and relational recognition. Exemplars 136 and 137 in Lynn’s instance show that sexual and relational recognition is clearer and more positive as stalking behaviours reduce:

136. Lynn “I remember feeling guilty about seeing a man during the stalking victimisation. I felt like I was cheating but this felt less the more time passed with a no show (of the stalker)” **[P1:FS40/LE].**

137. Lynn “I met a guy a few years on and thought why I should stay on my own forever” **[P1:FS40].**

This sub-narrative illustrates the story of participants expressing the right to be sexual, engage in sexual or relational activity or exercise the right to abstain from sexual or relationship interaction.

24. Psychosexual value system: Sue’s, John’s and Lynn’s stories.

This sub-narrative portrays how participants valued aspects of their past and present sexuality. This incorporates sexual values, sexual and relational motivation and outlooks on sexual relations. In addition, this sub-narrative also illustrates how stalking victimisation affected the participants’ views in this area. The SASI asked participants about their past sexual and relational experiences and more recent experiences. Sue in exemplar 138 described the polarised sexual systems of herself and the stalker. Sue talked about her upbringing and the open affectionate values in her family system. This illustrates relational and situational aspects (Denzin, 1989). Moreover, it depicts historical context as Sue reflects on affective interactions with her parents and makes comparisons to her relating with the stalker:

Kevin “How did you both compare sexually?”

> **138. Sue** “My parents were so affectionate, I was the same, I had some short-term relationships of a few months before I met him he was cold and I knew we wasn’t compatible” **[P4:FM42].**

In exemplar 139, it is evident that Sue is a tactile person; this is conveyed by her childhood positive experiences of affection and the stalker’s coldness and remoteness show in this case that a negative psychosexual value system in a stalker impedes the intimate relationship. Stalkers are often diagnosed with personality disorders with attachment pathology intrinsic to the composition of the diagnosis (Harmon, Rosner & Owens, 1995; Kienlen, Birmingham & Solberg et al, 1997; Meloy, 1996; Meloy & Gothard, 1995; Mullen, Purcell & Pathé, 1999; Zona, Palarea & Lane, 1998). Exemplar 139 from Sue is illustrative of relational, interactional and aspects as Sue reflects in how she relates emotionally, but comments on the opposite negative emotions of the stalker in relation to her husband’s warmth:

> **139. Sue** “I was a tactile person … I enjoyed the slow emotional side of intimacy … if you understand, he (stalker) was alien to this … my husband now well he is totally the opposite of him (stalker)” **[P4:FM42/CE].**

John in exemplar 140 reflected that he had prior sexual experiences with many women. He went on to say that the stalking had a big impact on his life. His exemplar 141 purports that he is happy being single. He clearly states that he wants to stay single but consider sexual opportunities:

> **140. John** “I was married divorced and several relationships before and after this but that was normal life … this harassment is new to me” **[P9:MS50].**

> **141. John** “We were good together … but how has this changed me? It hasn’t changed the ways I want to be sexually … but I know I want to be single **[P9:MS50].**

Lynn in exemplar 142 illustrates how her negative psychosexual value system made it more difficult to recover from stalking victimisation. Her psychosexual value system consisted of negative values such as several abusive relationships. Her first relationship in her early twenties was a marriage of two years with intense domestic violence. However, exemplar 142 depicts that Lynn managed to fit in some positive sexual times:

> **142. Lynn** "I had always been in abusive relationships. I fitted sex in around the good times. I was sexually experienced" **[P1:FS40].**

The psychosexual value system also involved sexual disadjustment that continued after stalking cessation. Findings are inherent within Sue's exemplars 143 and 144:

> **143. Sue** "I met a partner during the stalking but it was intimate not sexual at first … you know but I did touch myself and his (her new partner's genitals) it was ok" **[P4:FM42].**

> **144. Sue** "I was never really sexually connected to him so the six months of hassle from him with no sex meant nothing to me" **[P4:FM42].**

Similar sexual disadjustment is evident in John's exemplar's 145 and 146. These exemplars from John illustrate relational and interactional aspects because, in 145, he reflects on relational impairment as the relationship continued. In exemplar 146 John reflects on the stalker's affair with another man:

> **145. John** "I felt sexually less confident as she changed in the relationship and after she left I started to pick myself up again, but this was after she definitely stopped" **[P9:MS50].**

> **146. John** "This went downhill in the relationship when she was having an affair and so I was used to having none I learned to do without" **[P9:MS50].**

This sub-narrative includes accounts of the stalker having issues with relating intimately. The participant's sexual history was an important factor in how they managed their current sexual lives. In Lynn's account, abusive relationships were the mainstay of her

relationship experiences. However, she managed to have short positive sexual interactions. Sue's account of a warm and affectionate upbringing was alien to her stalker's emotionally blunted sexual efforts within the relationship making it easier for her to meet another partner during the stalking.

4.2.4 RESULTS OF THEME FOUR: REFLECTIVE LEARNING.

The participants entered an ongoing reorganisational phase over time. Central to this was a '*defensive survivorship modality*' inherent within participants' behaviours and cognitions. This theme of 'reflective learning' consists of one narrative entitled 'thinking back and looking forward' because participants were able to reflect on the stalking victimisation with a view to looking to the future positively but with caution. Thinking back and looking forward consists of the following sub-narratives: sexuality change in relationship; survivors looking back; victim cognitive distortions; changing times of relationship; post-stalking cognition and cyclic stalking behaviour recognition.

25. Sexuality change in relationship: Michaela's, Ann's, Lorraine's and Simon's stories.

This sub-narrative illustrated the influences of sexual change in the relationship. There was a lot of sexual apathy within the relationships. It was common that participants had sexual ambivalence in the prior relationship with the stalker and that sex had totally reduced towards the end of the relationship. Michaela's exemplars 147, 148 and 149 depict a change in sexual parity within the relationship. Michaela's use of the word 'motions' in exemplar 147 to describe her sexual relations gives an essence of her situation. Relistening to exemplar 147 revealed a sad tone of voice. In exemplar, 148 and 149 Michaela gives an account of how she engaged in interactional and relational behaviours due to duress. In exemplar 149, her familial situation is clearly sensitive as she had to consider the family situation; if she did not agree to sex, her children were in

danger from the stalker. These exemplars are powerful accounts and illustrate relational, interactional and situational factors:

> **147. Michaela** "I remember not being interested sexually with him towards the end … even if we did it I just went through the motions (facially upset, tearful)" **[P11:FC37].**
>
> **148. Michaela** "Doing this (having sex) was easier than the grief of saying no and I knew after that I would be okay for a period of time" **[P11:FC37].**
>
> **Kevin** "How did this make you feel?"
>
> **149. Michaela** "Well it wasn't what I wanted (having sex) but it was worthwhile I mean he wouldn't hit me or give the children a hard time afterwards … it seemed to diffuse things" **[P11:FC37].**

Ann in exemplar 150 found that her partner and future stalker lost interest due to the use of excessive street drugs and alcohol usage. Excessive use of drugs or alcohol can cause sexual problems (Smith, Wesson, & Apter-Marsh 1984, Peugh & Belenko, 2001; Johnson, Phelps, & Cottler, 2004). Johnson, Phelps, and Cottler (2004) utilised a sample of 3,004 (male and female) participants to examine the prevalence of sexual problems and their association with co-morbid drug and alcohol use. They found a prevalence rate of 11-26% for varied sexual dysfunctions. Inhibited orgasm and painful sex was associated with cannabis and alcohol use. Ann, in exemplar 150, illustrates the relational and interactional effects of drug use. Her feelings towards the stalker are evident in exemplar 151:

> **150. Ann** "He used drugs and lost interest sexually in me" **[P7:FM40].**
>
> **151. Ann** "I wasn't in the least bit interested in him like that anyhow … I mean why did he keep bothering me after I had said it's over?" **[P7:FM40].**

Findings from Simon in exemplars 152 and 153 illustrate confused sexual relating within his relationship. This disturbed him, and it was easier for him to maintain his sexual desire through self-touching. In 152, Simon gives an account of being confused regarding

consent, as she would ask him to stop having sex; these intermittent sexual interactions show the situation that Simon had to work out:

> **152. Simon** "I was sexually less confident (in this and future relationships) she would ask me to stop half way through … I wasn't sure if she was consenting or not" **[P10:MS48/CE].**
>
> **Kevin** "Did this get any better throughout the rest of the relationship?"
>
> **153. Simon** "My desire was high but not for her … I did what men do (self-touch, appeared embarrassed) when she wasn't about … towards the end this was the main source of pleasure" **[P10:MS48].**

Sexual changes in relationships can happen for several reasons. However, sexual change within this sample was evidenced because of relationship problems and subsequent stalking victimisation. Lorraine's critical exemplar 154 illustrates a rape first disclosed earlier in exemplar 12. Lorraine endured years of domestic violence before she had the strength to leave her partner:

> **154. Lorraine** "No it was like about three months into the relationship just before I got pregnant with my first child he raped me … well I say raped even though I was with him I didn't consent on the day and he grabbed me upstairs ripped my clothes off and continued" **[P5:FS49/CE].**

Sexual change depicted a negative shift in sexual relating in the relationship. However, participants were able to look back on times of sexual change in the relationship in a manner that was conducive and helpful for them.

26. Survivors looking back: Ann's, Simon's, Michaela's and Ronald's stories.

This sub-narrative provides findings on the participants needing to reflect on their stalking experience. Participants who experienced domestic violence also needed to examine the relationship context through reflection. This took place in a free-floating manner when they had time to themselves or with open reflection via support networks. Participants had a tendency to look back on their experience. There was a need to

understand the endured process and self-reflection was evident in participants, enabling them to consider future safety regarding courtship. Ann's exemplars 155 and 156 show her looking back and making suggestions about alternatives to events:

> **Kevin** "Ann what are your thoughts now when you think back?"
>
> **155. Ann** "Well I should have left him when he started with the drugs" **[P7:FM40].**
>
> **156. Ann** "I needed to be more assertive I got through this and was stronger … a lot stronger … like now in my marriage things are a lot more equal than the relationship with him (the stalker)" **[P7:FM40].**

Most participants looked back in order to try to understand why they had been stalked. They were able to apply reflective learning to this process as is evidenced in Simon's exemplars 157 and 158:

> **157. Simon** "Happy it's all over ... really bad memories ... though but I think I have learned from this" **[P10:MS48].**
>
> **Kevin** "What are the important points of this learning?"
>
> **158. Simon** "Don't jump in with two feet … (a colloquial term for being too relationally intense in the early phases of the relationship)" **[P10:MS48].**

Michaela in exemplars 159 and 160 provides further evidence of survivors being able to look back on the stalking experience. Exemplar 159 is a good example of historical and situational context as Michaela details the cyclic nature of being in a domestically violent relationship. Her situation is evidently circular and relationships with support networks were stronger than she initially perceived them. This continues in exemplar 160:

> **Kevin** "You attempted to leave him many times … what are your thoughts about this now?"
>
> **159. Michaela** "I was living with him in Wales miles away from my family and had kids to him … it was about losing face really…I had left him and gone back many times … it got harder to ask for help each time as I thought people would say I told you so" **[P11:FC37].**

> **160. Michaela** "Now my older children (son 18, daughter aged 17) live in Wales near the father and I live here (England) with a man I met a few years after all this (stalking) living happily with my young son … I thought in the end my family were resilient … always there time in time out" **[P11:FC37].**

Michaela and Ronald looked back in terms of learning and getting something positive from their experiences. The findings are evident in exemplars 161 and 162:

> **161. Ronald** "Certainly it has made me think a bit more carefully about who I'm meeting, what I'm saying to them, what kind of cues I am picking up from them, so it has changed the way I approach relationships, I think but I don't think it has changed me as a person, it has just made me a little bit more careful" **[P12:MC35].**

> **Kevin** "On reflection did you ever regret not phoning the police?

> **162. Ronald** "I think I would do if it happened (the stalking) again (phone the police) if she had stepped it up or was more confrontative, or damaged the property harmed me or tried to cause trouble at work … they would have been contacted" **[P12:MC35].**

27. Victim cognitive distortions: Ann's, Simon's and Dee's stories.

This sub-narrative illustrates how participants minimised the stalkers behaviours. However, this did not affect their ability to learn from past stalking campaigns. It may explain why perpetrators of relational and stalking violence do not give up their behaviours easily if ex-intimate partners accept some of the blame. Participants often took the blame for stalkers' actions. The findings within Ann's exemplars 163 and 164 illustrate some distorted thinking patterns related to the stalkers' behaviour:

> **163. Ann** "It was the drugs he couldn't stop taking them I just used to give him money to keep him quiet" **[P7:FM40].**

> **164. Ann** "He just kind of really liked me so it's (the stalking) to be expected really" **[P7:FM40].**

These results are evident in Simon's exemplars 165 and 166:

> **165. Simon** "What's wrong with me? I ask a lot of things to myself. Am I going to be alone forever?" **[P10:MS48/LE].**

166. Simon “She had an affair and took drugs and I was working 24 seven (all the time) I should have given her more attention” **[P10:MS48].**

Further cognitive distortions were evident in Dee’s exemplars 167 and 168. Again, the cognition related to accepting some blame even in abusive situations. In exemplar 168, Dee minimises the stalker’s assault on her accounted for in 167 by commenting ‘he treated me bad but he could be good to me’. This example depicts interactional, relational and situational factors:

167. Dee “One time he had his hands round my throat and he sort of threw me around the kitchen” **[P12:FS48/CE].**

168. Dee “He treated me bad but he could be good to me you know, I wanted him back at one stage even though he had an affair” **[P12:FS48].**

This sub-narrative illustrates that participants’ accounts of traumatic situations were extremely difficult to make sense of. The important aspect was that the participants have had the opportunity to attempt to make sense of the stalking victimisation due to telling their stories and being heard:

28. Changing times of relationship: Ann’s, Simon’s, Michaela’s, Lynn’s and Dee’s stories.

This sub-narrative centres on aspects that the participants felt were significant in the initial process of the relationship’s deterioration. It was often either a point of no return, a time where participants had decided to leave the relationship or where stress levels increased between the couple. Despite these events, it took many of the participants some time to react with decisive actions. The findings within exemplars from Ann, Simon and Michaela are evidence of this key period. Common to all participants was the initiation of some form of relationship discord. Ann in exemplars 169 and 170 identified how the relationship had changed becoming violent after a period of happiness. Ann’s reflection of violence shows the situation she was in and how the relating between the stalker and her was dangerous. The exemplar provides situational, relational and

interactional context because Ann was able to reflect the 'changing times', i.e., the stalker becoming violent and her thinking that she needed to get away:

> **169. Ann** "He became violent and that's when it all started to change (looked upset facially) and I thought I need to get away from him" **[P7:FM40/CE].**
>
> **Kevin** "At what stage did he become violent?"
>
> **170. Ann** "This was after the relationship honeymoon thing had established … well so I thought!" **[P7:FM40].**

Similar times of participants identifying changing relationships are evident in exemplars 171 and 172 such as a change in trust status and continual questioning from her. In exemplar 171, Simon indicates that the changing times were about the relationship process being less trusting from the stalkers' viewpoint. This is evident in her continual questioning of him:

> **171. Simon** "I knew it was over when she didn't trust me … quizzing me all the time and very controlling" **[P10:MS48].**
>
> **Kevin** "At what point did you call it a day?"
>
> **172. Simon** "I asked for us to see each other less (changing times) often and then she started to check upon me. I ended it and she just kept turning up and phoning" **[P10:MS48].**

Michaela in exemplar 173 describe a period of three to four years where the relationship was settled and amicable. In exemplar 173, Michaela reflects on the newness of a baby in an already cramped house. In her exemplar 174, she identified her pregnancy as a time of change for the worse. In this critical event, Michaela reflects on the stalker hitting her whilst under the influence of alcohol:

> **Kevin** "When did things change within this relationship?"
>
> **173. Michaela** "Yes, everything was fine for about three to four years, then I got pregnant … having his son … but then he already had grown up kids, at first everything was fine. We had another kid and the flat became quite cramped" **[P11:FC37].**

Michaela had a child and this change led to her stalker drinking alcohol in excess. The reasons for this are evident in exemplar 174:

> **Kevin** "What went wrong after these years?"
>
> **174. Michaela** "Well over the years there was sporadic drinking (significant reflection) … He had a business and was stressed a lot, he would hit me and I knew he was seeing his ex wife…we had some minor break-ups ... but I left for the last time a few years ago" **[P11:FC37/CE].**

More findings of changing times are given in Lynn's exemplars 175 and 176:

> **175. Lynn** "Things went pear shaped after four months he wanted me to be reclusive stay in … I kicked off … he did but worse" **[P1:FS40].**
>
> **176. Lynn** "He lost his job (stress) because he was banned from driving (More stress) he had more time and wanted even more from me" **[P1:FS40].**

The PA evident in violent relationships is evidenced in Dee's exemplars 177 and 178. Jealousy was also evident within Ame's account. Violence and its precipitant jealousy are more examples of significant events that were reflected as changing times:

> **177. Dee** "I'd say you just told me to pack and he'd say you're not going anywhere; you're not going out that door. Sort of a Jekyll and Hyde person really and then he'd be apologetic and loving" **[P12:FS48].**
>
> **178. Dee** "It would be things like I was staring at someone in the pub and then he'd say get your stuff, pack your stuff and I'd pack and he'd say what you are doing" **[P12:FS48].**

This sub-narrative highlights the changes that participants underwent in their relationships. These changes signified deterioration in the relationship. Participants remembered changes as significant events:

29. Post-stalking cognition: Ann's Lynn's, Lorraine's, Dee's and Sarah's stories.

This sub-narrative illustrates how participants viewed life after stalking cessation. Cognitions were multi-faceted, pessimistic, optimistic, and fluctuated between this. This part of the journey assisted in the organisation of the participant's life. Although

participants were not able to visualise total reorganisation, they were able to make plans towards this. The more optimistic this was, the quicker they reorganised in all aspects of their lives. This is evidenced in Ann's exemplars 179 and 180. Exemplar 179 is a clear example of situational context because Ann's post-stalking thoughts are of content about her situation regarding the ability to recover. Ann's exemplar 180 importantly gives an account of several relationships and then her pointing out that she had been successfully married for eight years. This exemplar is a good example of all of Denzin's (1989) five primary factors because her post-stalking cognitions involve illustrations of *historical* reflections from her early twenties, discuss *relating* and her *interactions* with other men and her current *situation* in a successful marriage. This exemplar then provides a *biographical* account of her post-stalking cognitions:

> **179. Ann** "I was in my early twenties and thought I can get over this it's not my fault but then I kept asking … can I?" **[P7:FM40].**
>
> **Kevin** "Can you elaborate further?"
>
> **180. Ann** "I remember thinking I need a good year out thinking I need to be straight and then try again. I had some more relationships over the years but initially I settled eight years ago … still married" **[P7:FM40].**

Some participants felt that they had learnt a lot due to their experiences of stalking. In Simon's case, this led to positive cognitions in that he knew he did not want to try a relationship due to confidence issues and concentrating on his role as a father. His exemplars 181 and 182 are findings of this. Michaela's exemplars 183 and 184 support positive cognitions:

> **181. Simon** "Well regarding relationships, I'll never let one get me like that again ever, I think this has been a good learning curve, I think it has taught me a hell of a lot, a big lesson" **[P10:MS48].**
>
> **182. Simon** "I'm single years after … I would try again but my confidence is poor so it's to meet people at my age" **[P10:MS48].**

Michaela reflects on being disappointed at the time of relationship ending, she expected to be stalked because of the emotional abuse she experienced within the relationship:

> **183. Michaela** “I remember feeling depleted but the only way forward was to get my head in gear I started to see this” **[P11:FC37].**

> **184. Michaela** “I was married to him for years … I have three children to him and he stalked me for years … I left it for years and then met a man who I am with now … he understood and we took it very slow” **[P11:FC37].**

For the participants in this study, the course of conduct was central to how participants cognitively functioned. More severely stalked participants appeared to find it more difficult to be optimistic than less stalked participants. Challenges and reorganisational tasks such as rebuilding homes motivated participants. Active and functional cognition either pessimistic or optimistic were indicative of participants being able to recognise warning signs of disjunctive relating. Lynn’s exemplar 185 and Lorraine’s exemplar 186 demonstrate how the course of conduct influenced participants’ cognitions:

> **185. Lynn** “Time for me I felt in a bit of shock a bit difficult to welcome the end as it had stopped and started again many times” **[P1:FS40].**

> **186. Lorraine** “I would recognise that I was being controlled by men next time and take things much slower” **[P5:FS49].**

Positive challenges described in Dee’s exemplar 187 and Sarah’s exemplar 188 indicates how challenges helped maintain positive cognitions:

> **187. Dee** “As soon as I won the house in court it was like a shining light for the rest of my life” **[P14:FS48].**

> **188. Sarah** “I wanted to rebuild my new house and turn it into a nice home for me and my daughter this was my first priority” **[P8:FS36].**

30. Cyclic stalking behaviour recognition: Ann's, Simon's, Sarah's, Sue's and Dee's stories.

Participants within this sub-narrative recognised a pattern in stalking behaviour and were able to perceive patterns of behaviour produced by the stalker. Recognition of stalking behaviours led to the participant's ability to predict or anticipate stalking behaviour. Stalkers had patterns of behaviour specific to themselves. Participants found it difficult to avoid stalking behaviour. Although participants were able to recognise behavioural signatures, it did not reduce the course of conduct that they experienced. An example of this would be leaving their home residence to avoid the stalker coming to the door or waiting outside only to come back home to find property damage. In Ann's exemplars 189 and 190, reflections of stalking behaviour are evident. In 189, Ann reflects on the course and degree of stalking and in exemplar 190 comments on how she altered her routine due to the stalking. Exemplar 189 illustrates biographical description as Ann reflects along the timeline of her stalking. Her exemplar 190 shows situational and interactional elements (Denzin, 1989) because she reflects on travelling to her friends for interaction and having to go the long way around in order to avoid the stalker. The exemplar also depicts how Ann's recognition of stalking behaviour enables her to see a friend through anticipating meeting the stalker but planning around this by altering her route to the friends:

> **189. Ann** "About six to eight weeks. No, it must have been longer than that, I think there was a break, like a couple of months, about two months then it started again (smiles)" **[P7:FM40].**
>
> **190. Ann** "I never took the same route. If I ever went to my friends I would take the long way round, because I didn't like going past the flat where he lived and I would take the long way round, so that I didn't have to bump into him" **[P7:FM40].**

In Simon's exemplar 191, he comments on avoiding the stalker and in exemplar 192 he notes that he was able to anticipate that the stalkers' behaviour would intensify due to life events of the stalker. Exemplar 191 shows that Simon was still in a fearful situation because he was wary if he encountered a car similar to the stalker's. The exemplar also indicates that interactional reflection on the cyclic behaviour of the stalker resulted in Simon being able to avoid her. Exemplar 192 indicates awareness of the precipitating factors for this, such as her drinking alcohol and stalking him when her husband was out of the way watching football:

> **Kevin** "Did you vary your routine to avoid the stalker".
>
> **191. Simon** "I did, for say the first couple of months, and after about three to four months no, not as much. If I go out on the street on my own and if I see her and a particular make of car or a particular colour of car I do get wary and I just look and make sure it's not, but that is still in my mind" **[P10:MS48].**
>
> **192. Simon** "When she was drunk she would phone and wait for me outside of work I knew it would be when City her husband's footy (football) club had lost he would argue and beat her then she tried to get me for this" **[P10:MS48].**

Sarah's critical exemplar 193 shows the stalkers' determination at reinitiating the stalking even after a prison sentence. Sarah was able to recognise that his stalking had patterns and was able to anticipate further stalking behaviours, regardless of the stalker being tagged (electronic monitoring device fitted by U.K Probation Services):

> **Kevin** "Was there an absence of stalking whilst he was in prison?"
>
> **193. Sarah** "About five months (absence of stalking) and then he got out of prison. He came to see me as friends … he was tagged by probation, he kept trying to see me" **[P8:FS36/CE].**

Similar recognition of stalking behaviours is evident in Sue's exemplar 194 and Dee's exemplar 195:

194. Sue “He used to inform me when he was on his way saying can you see me I lived at the top of the hill and he knew I could see him along distance off in his car I knew at weekend he would be looking for me(facially upset at this memory)” **[P4:FM42].**

195. Dee “He’d come especially on a Thursday when he knew it was my day off and he’d come before he went to work and then he’d probably come back when he’d finished work” **[P14:FS48].**

In exemplar 195, Dee shows that she can recognise the circular behaviour of the stalker because she was able to expect when he would turn up, as he knew her routine.

4.2.5 SUMMARY OF QUALITATIVE RESULTS: LORRAINES STORY AS A PARADIGM CASE.

The participants in this study travelled through a recovery journey. Each theme represents a part of the journey. *The recovery journey* was an acute stage of recovery where the participant moved from disruption to a state of ongoing reorganisation. *Emerging recovery* encompassed emergence from stalking terror, and familial and occupational aspects such as rebuilding and accessing social support systems and understanding social and health impacts of stalking. *Past, present sex and relationship factors* included stories of past sexuality and future sexual and relational aspirations. Finally, *reflective learning* entailed a place in the story where participants looked back on the stalking experience in order to move forward with recovery.

The findings of this study represent a story of recovery. Recovery is a personal journey. However, certain paradigmatic elements were echoed within the accounts of each participant. In order to synthesis the essence of the findings across the four themes and their narrative elements, while keeping true to the narrative intent of the study, one paradigm case, that of Lorraine, is explored here in some detail. To achieve this Labov’s structural system of narrative (Labov, 1972; Labov, 1997) will be used as a story

framework. Labov conceptualises six basic narrative elements: an *abstract;* a summary statement of the whole story; an *orientation;* identification of the time, place, and persons, their activity or situation; a *complicating action*; the plot of the story; a *resolution;* a description of events occurring after the high point of the narrative; an *evaluation;* an emotional assessment of the meaning of the narrative and a *coda;* or signal that the narrative is over. In the story of Lorraine, both new and previously cited exemplars will be used. However, those that have already appeared will retain their original number whereas new exemplars are numbered from 196. In the process of re-telling Lorraine's story, Denzin's (1989) elements of *relational, interactional situational, historical and biological* thick description are evident in this cohesive story of the recovery journey.

Abstract: *a summary statement of the whole story;* Lorraine was in a violent relationship for almost 20 years, where she experienced high levels of domestic violence, evident in exemplar 12 previously presented in the sub-narrative *immediate despair and fear:*

> **12. Lorraine** "This man raped me whilst I was pregnant with his baby (anger, facial grimacing) … I knew then I had to walk (leave the relationship) … but I had other children there (at home) with him … stay or go … and when I did go years ago it was worse than ever… I knew it would get better but it was slow in coming" **[P5:FS49/CE].**

Lorraine had tried to leave several times but always went back because her children were of school age. Exemplar four, previously presented in the sub-narrative course of conduct behaviours makes it clear why Lorraine had to stay and endure the domestic violence:

> **4. Lorraine** "When I left him (the stalker) the first time, (first attempt at leaving) when I told him I was going to leave he took one of the children to the bedroom and tried to commit suicide in front of her (tearful), he took an overdose and then I left him, and when he came out of hospital he was on the phone all the time, ringing me up, he hired a private investigator to find out where I was living" **[P5:FS49/CE].**

However, in 1998, all the children were aged 16 and over and she successfully left the relationship. This resulted in her being relentlessly stalked for four years. Contributing factors to the stalking trauma were the domestic violence campaign and intense illegal behaviours such as rape and assault evident in exemplar three, previously presented in the sub-narrative course of conduct behaviours:

> **3. Lorraine** "He stalked me for over four years, mostly every day without fail (despair evident in tone of voice) … in a strange way I got used to it … I mean to some of the messages he used to leave … I still feared the most spiteful behaviours especially if it was directed at the children ... the legal order (restraining order) made no difference" **[P5:FS49].**

The stalking victimisation led to intense psychological trauma for Lorraine; at times, she had considered suicide and used alcohol extensively to cope on a day-to-day basis. Exemplar 22 from the sub-narrative sensitivity to threat illustrates the trauma manifesting as hypervigilance being sensitive to noises in the street:

> **22. Lorraine** "I remember checking out every noise in the street knowing that he had been here in the day … I didn't have OCD before I met him … but earlier I told you about him raping me … God (alarmed and upset) I stayed with him … he couldn't have done me any good" **[P5:FS49].**

Lorraine managed to survive the stalking and continued to care for her grown up children. The process of recovery was promoted by accessing psychiatric services and several tenets of social support such as friends and family. A summary of her story would depict a character that endured prolonged domestic violence and stalking, suffered ongoing psychological symptoms, developed obsessive-compulsive disorder and experienced great impact upon her general, sexual and relationship health.

Orientation: *identification of the time, place, and persons, their activity or situation;* the relationship started in 1979 when Lorraine was in her early twenties. Whilst pregnant by him she was raped. The relationship was to last nearly 20 years ending in 1998. The

key characters in the story were Lorraine, the stalker, her four children, (youngest at interview was aged 16 and eldest aged 21) her support network and her community nurse. The places or contexts were her family home and areas in the local community. The activities of the stalker are evidently based on indirect and direct stalking behaviours with the aim to reinitiate the relationship. Lorraine's activities were based on coping and surviving the stalking victimisation and the enduring the amassed psychological symptoms of trauma. These symptoms impacted on all aspects of her health, and particularly her sexuality, as illustrated in exemplar 25 from sub-narrative four sexual and relational fatigue:

> **25. Lorraine** "My sexuality was low I couldn't even dress nice … after he stopped stalking I felt more able to groom myself but it was kind of nothing like it used to be" **[P5:FS49].**

The activities of the children were supportive and based on trying to protect their mother. Support networks were family and friends whose activities consisted of listening and helping with household tasks. Professional support was in the form of her GP and a community psychiatric nurse. This is illustrated by exemplar 21 previously presented in sub-narrative three sensitivity to threat:

> **21. Lorraine** "I had a community psychiatric nurse because I had OCD (obsessive compulsive disorder) and was a bag of nerves every noise was perceived as negative … I took tablets to end it … I just wanted to give in (tearful)" **[P5:FS49].**

Complicating action: *the plot of the story, what happened?* Lorraine endured domestic violence and stalking that was responsible for psychological trauma. The complicating action within the relationship was the dilemma of leaving him whilst the children were young. The fear of leaving the relationship is clearly illustrated in exemplar 196:

> **196. Lorraine** "I was so scared of him … I had all the memories of past abuse and days and days of feeling totally powerless … always at the

back of my mind … trying to care for my children but struggling to care for myself" **[P5:FS49].**

Eventually, Lorraine left him and he started to stalk her by proxy through the children. The complicating action then is the stalker seeing the children and using them to stalk her. Lorraine underwent a four-phased journey of recovery: the acute recovery journey; emerging recovery; past, present sex and relationship factors and reflective learning. In exemplar 197, a critical event Lorraine shows how getting back to basics had helped her reorganise and feel better about her as she had control:

197. Lorraine "I felt better myself caring for the kids … I remember this being a catalyst for the basic care of myself … such as washing their clothes and mine as well" **[P5:FS49/CE].**

Recovery continued in themes three where intimate connections improved. However, she reflects on wanting to relate intimately, but her situation depicted the need for alcohol to improve confidence in showing affection:

198. Lorraine "I would like to be able to show more affection to a partner and not doubt his motives and not to have to have a drink" **[P5: FS49].**

In theme four, reflective learning, Lorraine defensively sought an intimate relationship. Even in the final phases of recovery Lorraine looked back on violent times. Her critical exemplar 199 reminded her to look forward to intimate relating in a cautious manner:

199. Lorraine "After being raped in the relationship and battered during the stalking I am worried about what could happen … if you give a man a chance, which I want to do if were to like him … then I'd worry" **[P5:FS49/CE].**

Resolution: *a description of events occurring after the high point of the narrative;* for Lorraine the high point of the narrative was leaving the domestically violent relationship and knowing her children were old enough to understand the process. The high point was also marked with the initiation of stalking victimisation because she was

prepared for the finalisations of her traumatic relationship. Events after these high points involved Lorraine rebuilding contacts with family and friends.

Evaluation: *an emotional assessment of the meaning of the narrative*; Lorraine involved temporal aspects of the past and present. Past emotional aspects such as sleeping, eating, weight loss and gain, alcohol and smoking increases were evident during the stalking. It is clear from Lorraine's story that the narrative is continuously stained with emotional injury that impeded all aspects of her life. In exemplar 200, Lorraine disclosed more than one suicide attempt during the relationship:

> **200. Lorraine** "I think the suicides were a cry for help. I rang the ambulance myself. I had taken about nine to ten Amiltriptyline with wine" **[P5:FS49/CE].**

The past emotional assessment was that Lorraine had stayed single for the three years of the stalking victimisation. In the fourth and last year of stalking, she met a man with whom she wanted to be intimate. Emotionally, she encountered intimacy problems with him but stayed friends with a view to improving; this is illustrated in the previously presented exemplar 30. Emotional impact regarding her intimacy problems consisted of sexual problems and trust evident in the previously presented critical exemplar 131:

> **30. Lorraine** "When sex happens I just completely shut down (sad tone of voice, sad facial expressions) I need a drink before sex (alcohol) to show my emotions" **[P5:FS49].**

> **131. Lorraine** "I had problems sexually with the new man I met based on trust and desire I persevered with this … I didn't want to speak to my GP about this" **[P5:FS49/CE].**

Coda: *a signal that the narrative is over;* Lorraine experienced a *defensive survivorship modality*', this signified the present state of her narrative. The present state of her narrative was one of relief and hope for the future. A main point for Lorraine's story for

continued recovery was the avoidance of potentially violent relationships. Her exemplar 201 depicts her reflecting on her stalker's behaviour. This enabled Lorraine to have responsibility for predicting future dangerous situations:

Kevin "How do you think you can avoid such future relationships?"

201. Lorraine "Body language observing them and how they react to my independence and friendships as this was the first to go last time … urmm, when we were together he tried to put me down (psychological abuse)" **[P5:FS49].**

Lorraine was the longest stalked participants in the study and endured the longest violent relationship. Moreover, stalking behaviours included severe assault and rape. Lorraine was interviewed 12 months after stalking cessation and the current state of her general health had seen improvement. Her sexual self-esteem had improved but sexual interaction, intimacy and trust were limited. Although she was single, she was friendly with a man whom she had tried to be intimate with unsuccessfully.

CHAPTER FIVE: DISCUSSION.

This chapter consists of:

5.1 Introduction.
5.2 The four research themes: Discussion and findings.
5.3 Methodological issues and personal reflections.

5.1 INTRODUCTION.

This chapter discusses the interpretation of the qualitative results presented within section 4.2. Initially, the researcher will discuss what the qualitative results tell us about the general health, sexual and relationship health of post-intimate (sexual) victims of stalking. The study discusses the results in relation to the current empirical evidence. Secondly, the researcher will evaluate the study's research methodology. This will include a discussion of how the qualitative methodology informed narrative interviewing and storytelling. Moreover, the researcher discusses the limitations and delimitations of the study. Delimitations pertain to how the study was narrow and exploratory in scope, whereas limitations identify weakness within the study. This will include an evaluation of the trustworthiness of the study. Lastly, the researcher will reflect on his lived experiences within the study. This will include how the researcher managed personal bias within the study.

5.2 THE FOUR RESEARCH THEMES: DISCUSSION AND FINDINGS.

In this thesis, the researcher has presented and evaluated four main themes: the acute recovery journey; emerging recovery; past, present, sex and relationship factors and reflective learning. The qualitative methodology of narrative inquiry, critical event analysis and narrative interviewing produced a rich and abundant source of data. This provided new and interesting insights into the recovery journey of the participants. The

four themes will be discussed in the logical order of the participant's journey. In addition, the researcher will discuss stalking victimisation and its impact on the participants' general, sexual and relational health recovery.

The participants in this study had experienced either domestic violence or stalking (n=8; P1, P2, P5, P6, P7, P8, P11 and P12) or stalking (n=6; P3, P4, P9, P10, P13 and P14). Collins and Wilkas (2001) describe the health impact of stalking as stalking trauma syndrome (STS). STS involves the victim experiencing a personal crisis that causes significant psychological impact. The participants who experienced the circular and abusive nature of domestic violence (Walker, 1979; 1984) and stalking endured more severe trauma than participants who experienced stalking alone. The acute-reorganisational continuum within themes one and two, intimate connections signifying an intermediate recovery in theme three, and the defensive survivorship modality forged though reflective learning within theme four, represent a story of general, sexual and relational recovery.

Theme one: The acute recovery journey.

The first theme the 'acute recovery journey' so called as it illustrates the participant's process through acute disruption to ongoing reorganisation (Narrative 1). The research objective was to examine how the stalker's course of conduct affected the victim's general, sexual and relational lives. The findings of this theme support previous early survey research that illustrated the prevalence and traumatic effects of stalking victimisation on a victim's health (Hall, 1998; Pathé & Mullen, 1997; Westrup, Fremouw & Thompson et al, 1999). Differences in this theme as compared to the above quantitative research are that this study gives a rich narrative viewpoint to complement the array of quantitative research reviewed in the early chapters. More importantly, it starts to address

the research gap on sexual and relational health within the context of post-intimate stalking victims.

Spitzberg and Cupach (2006) point out that much of the stalking research regarding victim health impact tends to address psychological impact (Westrup, Fremouw & Thompson et al, 1999; Kamphuis & Emmelkamp, 2001; Kamphuis, Emmelkamp, & Bartak, 2003). Psychological trauma is evident in this acute recovery phase and continues to a diminishing degree as participants travel though the recovery journey. However, Dahl (1993) found various sexual problems existed after sexual assault including a phobia of intercourse and avoidance of sexual contact meeting diagnostic criteria for Female Sexual Arousal Disorder and Hypoactive Sexual Desire Disorder, Male Erectile Disorder and Dyspareunia. The health impact reported by the 14 participants in this study supports the research reviewed in section 2.2. There is a clear absence of any research in the literature regarding the impact of stalking on the sexual and relationship health of victims.

Later more specialised studies centred on specific aspects of health impact with the exception of sex and relational issues were undertaken as discussed in section 2.2. However, the studies show high levels of trauma manifested as sleep, appetite, cognitive disturbances and depression. Moreover, victims in these studies and this MPhil study encountered physical and sexual assault. The complex multifaceted nature of human sexuality and relationship formation is affected due to trauma symptoms and the experiencing of significant events. In similar health, problems such as CSA and rape sexual and relational disturbances are evident and lasted over a period of years.

Narrative one: Acute disruption to ongoing reorganisation.

Participants react to the course of conduct behaviour (sub-narrative, 1) in a manner that causes immediate despair, fear (sub-narrative, 2) and are extremely sensitive to threat (sub-narrative, 3). This unpleasant and fearful experience is evident in all participants and constellations of psychological and physical health symptoms are consistent with STS or PTSD. The course of conduct behaviours is acutely ongoing until stalking cessation. Cessation of stalking victimisation is the point where the stalker has clearly ended the campaign of stalking; the end is usually signified with a total and permanent absence of stalking behaviours. However, the post-stalking era still causes degrees of despair, fear and sensitivity to threat. The degree or levels of psychological trauma in this study appear to be dependent on social support variables accessed throughout and after the stalking.

At the point of stalking cessation, participants have acute memories of the stalking experience and still feel and conceptualise immediate despair and fear. This is accompanied by an overwhelming sense of relational and sexual fatigue (sub-narrative, 4) caused by the relationship break-up and intimate stalking victimisation Relational and sexual fatigue seemed to act like nature's brake as it slowed down the participants racing hypersensitive thoughts that were apparent in the first three sub-narratives. The fatigue evident in the relational and sexual health dimension was an essential period of acute recovery because it enabled the participants to progress in recovery as it enhanced the participant's recuperation and accessing of resources to rebuild their lives. The participants were 'getting back to basics' (sub-narrative, 5) through addressing their basic security and needs to live, reorganise and make sense of their social situation. Their outlook regarding sex and relationships was based on self-grooming, meaning that

participants started to care about how they looked and took actions to dress and nurture themselves (sub-narrative, 6). However, sexual and relational desire was understandably low. Studies from topic areas that have similar characteristics to stalking highlight severe sexual and relational impairment. Many studies of rape examine sexual function and show a reduction in sexual interest in participants (Burgess & Holmstrom, 1979; Ellis, Calhoun & Atkeson, 1980; Feldman-Summers, Gordon, & Meagher, 1979; Orlando & Koss, 1983). Burgess and Holmstrom (1979) found that 74% of participants reported sexual recovery four to six years after the rape.

Future relationship impact and poor sexual outlook lasted up to six years for Lorraine who was the most severely stalked participant (116 weeks, 1740 behaviours). Severely stalked and domestic violence participants tended to reorganise more slowly than participants who were stalked for less periods. In a study of 12 rape victims sexual activity returned in just four weeks after the rape, this applied to ten victims who had been sexually active before the rape (Mezey & Taylor, 1988).

Participants had a negative outlook on sexuality in terms of being sexual with another person but took steps to look and feel sexual themselves. Relational outlook was central to participants' feelings of intimacy. Intimacy and interpersonal trust in victims of CSA are severely disrupted where course of conduct and ongoing threat are present. Davis and Petretic-Jackson (2000) examined intimacy function and sexuality in CSA adult survivors finding that they fear intimacy, have problems relating, and actively avoid intimacy and sexual relating. The acute recovery period of stalking in this sample lasted from stalking cessation to 14 months of being free from stalking behaviours. Exemplars from P1, P2, P8, P9 and P12 each of whom had had at least 12-months to reflect since

stalking cessation, appear to support the acute recovery phase. Reflections from the remainder of the participants also support this. This phase was a period where participants' health stabilised, as it was common for sleep, appetite and occupational disturbances to be present during and after the stalking. The general health impact was similar to other constructs of psychological traumatising events such as CSA and rape.

Summary of theme one: The acute recovery journey.

The findings of this theme the 'acute recovery' journey regarding the impact of the course of conduct behaviours on sexual and relational lives are new. In summary, participants were more concerned with basic survival and reorganisation than relationship and intimacy seeking. Relational and sexual fatigue is evident during and after stalking cessation. Although relationally participants feel a sense of fatigue, this appears to promote the period of acute recovery because participants centre on rebuilding their basic way of being. Moreover, participants lack the confidence and trust for intimacy. Previously abused victims face a real dilemma of interpersonal trust and vulnerability when developing an intimate relationship (Davis & Petretic-Jackson, 2000).

The important concept of the 'acute disruption to ongoing reorganisation' illustrated that disruption in the participants' lives was evident and that they underwent a process of ongoing recovery from their disrupted lives. The continuum was ambivalent because the facets of disruption and reorganisation were interrelated. General health recovery in this study was hindered by acute psychological trauma.

The general health aspect of the research question gives a narrative view of participants' general health, which is new in the research literature. The sub-narratives are representative of the general health impact. The new findings from stories are:

- Participants travel through the acute disruption-reorganisation continuum.
- Acute recovery process is dependent on the severity of stalking.
- Acute recovery depends on participant 'readiness' and their responses to social support.
- Narrative storytelling was therapeutic to participants.
- The process of relational and sexual fatigue was a protective factor in promoting recovery.
- Participants' general health is in an initial poor state because of stalking behaviours. This state resembles PTSD or STS.
- Participants undergo a 'staged' recovery with 'back to basics' being epiphanies (turning points in stories) within recovery narratives.

Psychosexual health recovery in the acute recovery phase is similar to rape and CSA whereby the majority of participants undergo fears of intimacy, distrust and emotional blunting. The first changes in sexuality are the experiencing of a relational and sexual fatigue, which resulted in the participants looking unkempt and having low priorities in this area. Participants did not want to appear attractive due to intimacy fears. Sexual reorganisation occurs after a period of relational fatigue and getting back to basics. Younger participants tended to engage in sexual relationships quicker than older participants did. This did not mean that they had sexually recovered fully as it led to problems such as trust and intimacy.

Participants who experienced domestic violence and stalking (n=8) entered the recovery process more slowly than participants who were stalked (n=6) because of

trauma experienced within a domestically violent context. The resulting post-stalking sexuality led to participants being able to groom themselves and build sexual confidence through interactions with potential suitors. However, it took a period of years as discussed later in the recovery journey to feel comfortable sexually in terms of healthy sexual cognitions. The psychosexual findings at this stage of the acute recovery journey are:

- Relational and sexual fatigue is an important factor and related regarding recovery as it allows the participant time and energy to rebuild basic aspects of their lives.

- Sexual and relational outlook is a process where participants start to address self-esteem, take care in self-grooming and self-nurturing, but intimacy and the desire for a sexual relationship are a low priority.

Relationship health involves the participants feeling that they need time to build trust, rebuild familial relationships with children, family and friends who they have recontacted after stalking cessation. The relational findings at this stage of acute recovery are:

- Severe relationship impact from stalking cessation and 14 months post-stalking cessation.

- Relationships with siblings, friends or family are more important at this stage and appear to act as a basis for interpersonal trust in the future.

- Younger participants entered a series of short-term relationships with reported poor relationship cognitions.

- Participants with domestic violence and stalking had stronger negative relationship outlook but closer familial relationships than stalking participants.

Theme two: Emerging recovery.

The second theme, emerging recovery, was the largest theme within the study. The research objective was to explore how social and service support influenced the degree of impact upon the participant's general, sexual and relational health. The theme

illustrates that participants personally interacted within social networks and systems in order to move through this phase of recovery. Service delivery to stalking victims has included hypothetical discussion (Dziegielewski & Roberts, 1995; Meloy, 1997). Spence-Diehl and Potocky-Tripodi (2001) surveyed the views of 194 victim service practitioners in the U.S. This involved the practitioners' ideas of what stalking victims should receive and their perceptions of community responses to stalking. The survey revealed that many service providers provided safety planning (77%), crisis intervention (80%), legal advocacy (81%) and support groups (50%). These services are designed for the acute phase of stalking victimisation with some support provided for therapy groups (27%) and family therapy (28%). In the U.K, services centre on providing domestic violence programmes and specialised court settings. The U.K Violence and Victims Programme (DOH, 2007; NIMHE, 2007) outlines plans for victim support in general but not specific to stalking victims.

The U.K Middlesbrough Mental Health Services provide a Stalking Consultation Service of a multi-disciplinary composition but this centres on a perpetrator centred service. There are charity-based services such as the Suzy Lamplugh Trust and the National Association of Stalking that offer advice for the acute and latter phases of stalking victimisation. These services are cyberspace based and physical locations in the U.K are sparse. The U.S survey of victims' need mentioned above (Spence-Diehl & Potocky-Tripodi, 2001) recommended that more community outreach services are needed. This is also the case in the U.K and essential given that life skills in a similar victim group domestic violence to stalking are lacking. This consists of the lack of managing money, seeking and maintaining employment, completing household tasks and parenting skills (Gorde, Helfrich & Finlayson, 2004).

Gorde, Helfrich and Finlayson (2004) examined how the levels of trauma influenced the level of life skills competence. They used an Occupational Self Assessment (OSA) tool on 84 women who participated in domestic violence delivery programmes to assess life skills. The sample was divided into three groups (emergency shelter n=36, transitional housing n=28, community group n=20). The study used a Trauma Symptom Inventory (TSI) to measure trauma symptoms; interestingly the TSI found that 25% of the sample had dysfunctional sexual behaviours suggesting that domestic violence in the last six months had affected one in four of the women sexually.

Narrative two: Emerging from stalking terror.

This narrative reflects the start of the emerging recovery phase whereby participants in this MPhil study illustrated the process of establishing coping strategies that lead to adjustment and reorganisation. Participants enter this phase of emerging recovery with some pre-existing coping strategies; the strategies improve within this phase (sub-narrative, 7). Coping was related to how other people in the family coped. Stalking victims in the study actively carried out coping behaviours (Kamphuis & Emmelkamp, 2001; Spitzberg, 2002). In the Kamphuis, study of 201 support-seeking victims 69% (n=139) sought legal help, 62% (n=125) changed their telephone numbers, 51% (n=103) increased security at home. As a last resort, 30% of victims (n=60) relocated.

Participants dealt with being emotionally fatigued and were uncertain where to go in life (sub-narrative, 8). They also felt extremely isolated. This was more pronounced in participants who had experienced domestic violence and stalking. A period of managing personal deconstruction (sub-narrative, 9) involved participants exploring their course of

conduct experience, and this tended to cause a tiredness (sub-narrative, 10). The tiredness existed until participants underwent a period of adjustment and reorganisation (sub-narrative, 11). Participants now entered another narrative and began a story about their family and occupational lives.

Narrative three: Rebuilding a family and occupational life.

The participant experienced changes in family and occupational structures of either a positive or a negative nature (sub-narrative, 12). Occupational problems caused by the stalking were usually resolved leading to greater feelings of self-esteem, increased financial security and family reorganisation. This narrative signifies further interactions along the acute disruption to reorganisation continuum. Recovery processes were strong at this point with the participant's feeling for the first time that they have made the right choices, that previous trauma was in the past, and that their future was positive. Participants started to feel recovered more than in the first theme. Recovery processes continued to be strong and positive leading to participants being more organised in relationships with family (sub-narrative, 13). Sub-narratives communication with services (sub-narrative, 14) and social support (sub-narrative, 15) were variables that improved recovery. For these participants, the more social support variables used the better and quicker the recovery.

Narrative four: Social and personal impact.

Stalking recovery depended on the participant's state of general health (sub-narrative, 16) and the change in their personality (sub-narrative, 17). The use of social support variables depended on the participants' social support tendencies (sub-narrative, 18). Social support influence varied from participant to participant because of their social

infrastructures being diminished by the stalker. A strong positive or negative attitude towards the stalker influenced recovery (sub-narrative, 19). The accessing of social support by participants seemed to facilitate the recovery journey. Social support and psychological recovery have been researched with domestic violence victims (Cohen & Wells, 1985; Kessler & McLeod, 1985; Tan, Basta & Sullivan et al, 1995). Informal supports such as friends, spouses, parents or children provide psychological support for victims. Victims with less informal support recovered less quickly. Mitchell and Hodson (1983) found that victims receiving less institutional help suffered greater levels of depression, confounded by informal supports avoiding them.

The narratives in this theme illustrate that social and service support is essential in terms of moving participants through the phase of intermediate recovery regarding general health and sexual and relational aspects of their lives. As discussed earlier social support and networks are strongly associated with psychological well-being. If psychological impact is minimised by accessing social support then participants can reorganise more quickly in terms of positive relationship thoughts than participants with less social support.

Summary of theme two: Emerging recovery.

The findings of this theme regarding general health are that participants' lives recovered quickly if they accessed more formal and informal social support. Informal supports such as family, friends, children and work colleagues were more readily available than formal support such as the GP and charity based services. The emerging recovery of participants was dependent on the severity of the stalking victimisation and whether the

participant had experienced prior domestic violence. Theoretical considerations arising from this study are that:

- Adjustment and reorganisation in social and occupational aspects of the lives of victims appears to continue and emerge from the back to basics sub-narrative in the first theme.

- Personal deconstruction and tiredness might be essential components for recovery. In this study, even the most resilient participant underwent some degrees of personal deconstruction.

- Family and support from employers can be helpful during this phase of recovery as occupation appears to assist the participant in reconstructing their own identity.

- Attitudes to the stalker were related to negative or positive personality changes in the participant. The presence and verbalisations of such attitudes might be protective of the participant wanting to reorganise.

- General health in this intermediate phase of recovery was an adequate base for some relational and sexual considerations by participants.

- Greater ability to use coping strategies might lead to a positive benefit in general health.

- General health state at this stage of recovery may be dependent on psychological trauma symptoms experienced during stalking and the prior use of coping strategies.

The findings of this theme regarding sexual and relational lives are indirect in that social support narratives were indirectly associated with improvements in these areas of the participants' lives. The main points here are:

- In this study, participants with ongoing supportive networks showed greater intimate relationship ideation.

- Relationship ideation emerged more quickly for participants who had experienced stalking rather than domestic violence and stalking.

- Participants who entered relationships in this phase struggled to experience intimacy and trust.

The participants were not ready sexually for encounters with others. The degree of their readiness seemed to be associated with their personality, and the degree of course of conduct experienced. Participants had started to groom themselves and express the right to have a sexual relationship in the future. In short, the findings here are new for intimate victims of stalking. However, they closely resemble findings from the research on domestic violence. Cluss, Chang and Hawker et al, (2006) interviewed 20 women with a current or past history of physical, sexual and emotional abuse from their partner. The researchers generated a 'psychosocial readiness model' from the qualitative data. This consisted of awareness, perceived support and self-efficacy or power. Cluss, Chang and Hawker et al, (2006) suggest there is a dynamic interplay between external positive and negative influences that affect the participant's internal state. The three variables above are represented as circles that converge and overlap each other as positive factors. On convergence of the circles, the participants were likely to be able to make the right choices and leave the abusive relationship. Cluss, Chang and colleagues' model can be likened to the sub-narratives in theme two that depict a story where participants move forward in terms of recovery. Readiness in theme two relates to participants utilising social support and repairing family and occupational aspects of their lives.

Theme three: Past, present sex and relationship factors.

The third theme, past, present, sex and relationship factors, illustrates how participants' life history experiences and present but changeable life factors interacted, showing how they emerged through the process of reorganisation. The research objective asked if the participants' previous, psychosexual and relational history affected the degree of impact upon their general health and sexual and relational lives. Narrative five appeared to illustrate that it did.

Narrative five: Intimate connections.

In this study, the participants' present day sexual thoughts and volition were more positive if reflections of sexual interactions (within the previous relationship) with the stalker (sub-narrative, 20) were reported as positive. Honeymoon cessation within the prior relationship (sub-narrative, 21) involved participants experiencing an end to romantic feelings in the relationship and a negative change in the relationship. This led to participants accepting a much a lower level of sexual functioning (sub-narrative, 22) then the honeymoon period. The lower level of sexual functioning continued within the post-stalking and post-stalking cessation period as they were rebuilding trust and intimacy. The process of this rebuilding trust and having thoughts of wanting to be intimate acted as a foundation for sexual and relational recognition (sub-narrative, 23). In this sub-narrative participants examine the rights of having a sexual relationship. In Sue's case, she met a partner soon after the stalking and married him. Recognition led to some relationships or at least the recognition that they have the right to seek out or acknowledge that they would desire a relationship in the future. The participant's psychosexual value system (sub-narrative, 24) was important in that previous sexual relating and relationship experiences promoted recovery resilience and the likelihood of more positive recovery. Slower recovery regarding seeking intimacy or conceptualising intimacy was evident in participants who had endured severe stalking and traumatic individual behaviours such as rape (Lorraine).

The quality of sexual interaction with the stalker was also important in influencing dynamic factors such as sexual and relational recognition. Participants tended to feel that it was their right to seek out a sexual and relationally safe relationship. Attitudes to the stalker were negative and varied from pity to anger. All levels of anger were a

protective factor in recovery but the intensity of anger worried the participant. This led at its worst to ideations of hurting the stalker. The findings here are brief but important in terms of general, sexual and relational health.

Summary of theme three: Past, present, sex and relationship factors.

In terms of general health, participants with more psychosexual experiences, tended to show greater recovery resilience. Psychosexual experience in this sample was a facilitator of reorganisation. Sexual and relational recognition in this theme represented degrees of disruption to the participant's sexual recovery. In short, at this stage of recovery, younger participants had been sexual physically but sexual cognitions, intimacy and trust were ambivalent. Conversely, participants were making 'intimate connections' where they debated or questioned their readiness to have a relationship. The findings are:

- General health seemed to be facilitated by the uneasiness of being ready for sexual and relational issues.
- Psychosexual value systems seemed to be protective in nature to future sexual relating as long as they did not develop alongside trauma such as prolonged intimate partner violence.
- Participants did not actively seek help for sexual or relational issues as the process of reorganisation to this point involved self-grooming, feeling comfortable, confidence building and having ambivalent thoughts about intimacy.
- Participants felt the right to be sexual, to want relationships and to develop ideation about interacting within a relationship.
- Historical developmental factors such as healthy sexual histories appeared to be a factor of resilience.
- If memories of sex with the stalker were good, this facilitated sexual reorganisation in the future.
- Existence of sexual dysfunctions in participants.

It is clear that a detailed but sensitive psychosexual history taking is required to help ascertain what helpful factors are present to plan a victim's recovery process.

Theme four: Reflective learning.

Research objective four asked how the victim's narratives of their relationship and post-intimate stalking could be used to improve future personal safety. A '*defensive survivorship modality'* was evident after analysis of the data. This was illustrative of participants being able to reflect, learn, and thus take some actions to inform future safety. The theme consists of narrative six entitled 'thinking back and looking forward'.

Narrative six: Thinking back and looking forward.

Sexuality change (sub-narrative, 25) in relationships was evident. When participants 'looked back' they were able to reflect that some sexual change is normal in relationships and at various life stages. However, this change was more pronounced towards the end of the relationship ending and existed throughout the post-stalking and post-stalking cessation period. The sexuality change here appeared to depict the start of the defensive survivorship modality where participants viewed relationships and sex with caution. Participants during this stage of 'reflective recovery' described themselves as survivors (sub-narrative, 26). This involved participants looking back in order to learn about their journey so that they could move forward towards the future. The presence of victim cognitive distortions (sub-narrative, 27) was a present state of being in participants that hindered the recovery process. The distortions consisted of minimisation of the stalker's behaviours and even the notion of self-blame. The ability for the participant to reflectively examine changing times in the relationship (sub-narrative, 28), was an essential component on looking back in order for the participant to enter a survivorship mode. The

participant's post-stalking cognitions (sub-narrative, 29) and cyclic stalking behaviour recognition (sub-narrative, 30) were sub-narratives that illustrated how participants looked forward towards the future. These were interrelated in explaining the participant's narratives leading to the re-storying of the defensive survivorship modality.

The participant's cognitive distortions involved an introspective debating forum where reasoning was undertaken in order to process such rationalisations as 'where did I go wrong?' or 'why did it take me so long to leave?' After a period of mental filtering participants were able to present a picture of clearer thinking. Post-stalking cognitions illustrate this (sub-narrative, 29). What is important about this sub-narrative is that it is a clear and determined cognition contributing to survivorship modality. Cyclic stalking behaviour recognition (sub-narrative, 30) suggests that participants were able to recognise a stalking behaviour signature within the stalker's course of conduct and that they were likely to be able to recognise this in the future.

The participants underwent a process of internal self-talk whereby they questioned themselves about being how they got involved in a relationship or stalking situation. This involved self-blame, shame and rationalisations. It would be important for a psychotherapist, therapist or other professional to assist the victim in looking back in a more positive and constructive manner. Participants demonstrated the ability to look back and see how the stalker had treated them; post-stalking cognitions underwent several changes and eventually assisted the participant in entering a defensive survivorship modality.

Summary of theme four: Reflective learning.

This theme was important in that it showed that participants were proactive in changing and not entering another relationship that could be damaging. Participants were able to look back at the cyclic nature of the violence and abuse in either their relationship or post-intimate (sexual) stalking era in a critical manner. This reflection was cathartic in function and supportive of an adoption of the defensive survivorship modality. This vehicle was a process whereby participants finalised all their previous reorganisational efforts in a defensive manner. In short, the main findings that support the research question from this theme are:

- In general health aspects, participants entering the defensive survivorship modality felt healthy enough to move into sexual and relational experiences.
- Participants underwent a process of self-blame prior to adopting post-stalking cognitions that reduced the self-blame process.
- Participants were resilient and could make the right choices regarding sexual and relational decisions in the future.
- Ongoing interactions with potential relationship partners were screened and decisions were made from a defensive standpoint.
- Participants were able to appraise relational opportunities with safety in mind.
- Sexual recovery involved for the first time clearer and more positive outlooks regarding intimacy.

Summary of qualitative findings.

In the first theme, the 'acute recovery journey' the notion of the '*acute disruption-ongoing reorganisation'* was outlined. The most important need was to protect the stalking victim from further stalking and to provide the necessary care for the acute phase of the trauma through multi-agency referral and working. The first phase of

recovery is constructed from the participant's life experiences captured in sub-narratives. This period of acute recovery is a time where victims should receive essential care. The ten essential shared capabilities utilised by Mental Health Service Providers could incorporate supportive systems for intimate and non-intimate stalking victims (Hope, 2004).

The recovery model utilised by mental health patients could be modified to assist victims of stalking. Dun and Fossey (2002) point out that 'the concept of recovery draws strongly from consumers' first-hand accounts, in which recovering is seen as a deeply personal process of adapting and overcoming the challenge of 'psychiatric disability' to live a satisfying, and hopeful life (p. 45). Psychiatric disability can be compared to the stalking victim's high levels of PTSD and their struggle to recover from stalking victimisation.

The second theme, emerging recovery, illustrated the interplay of positive recovery factors that promoted the participants' recovery. This theme contributed to the participant's recovery journey because they emerged from stalking terror, which was an ambivalent period. Accessing social support and rebuilding family life was seen as positive ambivalence.

The third theme, past, present, sex and relationship factors, contributed to a recovery stage where an essence of 'intimate connections' was being formed. This was because in this theme participants conceptualised the notion of intimacy. An important finding was the protective role in recovery of the participant's prior psychosexual value system.

The fourth theme, 'reflective learning', shows that participants could reflect and learn from their experiences. They were able to look for warning signs of future stalking prior to relationship formation, and to make decisions about whether they wanted to take relational opportunities forward. This theme contributed to the theoretical construct of a '*defensive survivorship modality'*. In this part of the recovery, journey participants remained positive about relationships and sexual aspects of their lives but remained defensive about relational opportunities. In short, the combined findings of each theme led to narratives of a recovery journey. Lyer (2005) writes, 'recovery means overcoming the functional disabilities of severe mental illness and achieving the best possible quality of life' (p. 43). Similarly, intimate stalking victims strive for recovery, but no known forums for recovery groups exist in the U.K. The description and possible application of the mental health recovery model to post-intimate stalking victims will be discussed in chapter six.

5.3 METHODOLOGICAL ISSUES AND PERSONAL REFLECTIONS.

Design and ethical issues.

The design of this qualitative methodology utilised narrative inquiry and critical event analysis. The data collection tool incorporated narrative interviewing, using a specifically designed semi-structured schedule, the SASI. The critical event analysis and the SASI appeared to be useful, effective and ethically sensitive throughout the course of the study. Prior to the study, the SASI was designed and piloted. During the study, my use of the SASI combined with constant reading and adding to or utilising field notes helped me to stay connected to the field or context of exploration. The field notes were to be useful in providing a thick description of the qualitative results of this study (Geertz, 1973; Denzin, 1989).

Narrative analysis was a very subtle and ethically sensitive method of encouraging participants to unfold their story. This was particularly important with female participants due to my male gender. The purposive sampling procedure assisted in the recruitment of participants who had experienced intimate stalking. This enabled the coverage of a diverse range of personal demographics such as age, occupational status, times in relationship, duration of stalking, and mixed gender representation. Delimitations of the study are that due to time constraints I could not recruit from ethnic minority groups or from those with a non-heterosexual orientation. I accept that more intensive recruitment in cultural communities may have led to a richer cultural sample.

A crucial part of initial planning was to design and implement ethical structures to minimise any adverse effects found with interviewing participants about sexual or intimate issues. As illustrated in section 3.1 qualitative interviewing appeared to be successful, with no adverse effects noted at interview, or subsequently reported. In summary, I believed that I had prepared as much as possible for the unpredictable nature of qualitative research as I had completed an M.Sc using interviews and case study design. In addition, I had attended several workshops regarding the undertaking of qualitative research and ethical issues provided by the North West Research and Development Forum.

Personal experiences and reflections of the study.

This is the second qualitative study that I have undertaken. On reflection, I feel that this study is more robust than my first due to learning from the first study and employing aspects of good qualitative research such as the employment of thick description (Geertz, 1973), data saturation (Glaser & Strauss, 1967; Morse, Barnett & Mayan et al, 2002;

Scott, Brown & Stevens, et al, 2002) and a transcription protocol (McLennan, MacQueen & Neidig, 2003) within this study.

On reflection of the initial use of computer software, this was time consuming to learn and I became disconnected with the first transcript. At this point, I decided to code the transcripts by hand. Although this was even more time consuming than mastering a computer programme I felt more connected with the study. I was not and did not consider myself an expert in qualitative methods. Webb has recommended that novice qualitative researchers should utilise manual methods of coding (Webb, 1999). Further reflection lies in the importance of maintaining regular contact with the supervision team as this provided a rich environment in which the coding, analysis and presentation of data was challenged. Critical reflection took place regarding my male gender and how I felt from interviewing female participants who had endured abuse from males. My professional role as a psychosexual therapist and registered mental nurse was evident on the participant information leaflet (Appendix 3) and recruitment poster (Appendix 5) and the titles above depicts a male who is trained in nursing and therapy that addresses sexual issues. This may have reassured female participants who had previously been stalked by males in consenting for the study, as both of the professions require enhanced vetting to be undertaken.

I listened to many traumatic stories throughout my interactions with participants which were harrowing, disturbing and upsetting. These feelings did not immediately transpire during interview but were more evident during data collection and analysis at the time when I was isolated. I used these feelings constructively and in a cathartic manner through entering feelings within a field diary and examining why I felt like this.

The field diary was an essential tool, constructing such notes and consulting them in conjunction with being able to relisten to the audiotaped interview. This assisted greatly in providing a thick description evident in chapter 4.2 and Lorraine's paradigm case in section 4.2.5.

Vicarious victimisation is a process whereby the researcher or therapist can take on feelings from the participant. This is due to the process of transference and counter-transference. I had received training as a Psychotherapist in the management of such issues. The management of vicarious victimisation was an important part of managing personal biases. Over the past two decades, others have recognised vicarious trauma (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Researchers have described this as being strained emotionally or having experienced 'secondary victimisation' (see, Creamer & Liddle, 2005; Deighton, Gurris & Traue, 2007; Eriksson, Kemp & Gorsuch, et al, 2001; Figley, 1983). In summary, professionals and volunteers in the helping field must recognise their vulnerability to exposure of trauma. In addition, this applies to researchers who expose themselves to traumatic stories. My previous training provided an awareness of such interactions. Supervision and reflection was a means to minimise such phenomena.

Another important part of addressing personal bias includes reflexivity, my awareness of who I was in the study and how this influenced the study. Participants were engaged in a therapeutic, friendly and non-pressured manner before, during and after the interview in a consistent manner. This was essential, as the participants' stories were illustrative of disturbing events. This reflexive process of self-introspection was a major integral part of the study in managing personal bias and assisting in the transparency of

the study. In conclusion, I attempted to set up and to run a sound ethical study, informed by the reflexive management of my personal biases and an awareness of the limitations and delimitations of the study.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS.

This chapter will discuss the relevance of the findings of this MPhil in two contexts: firstly, in the context of psychological interventions; and secondly regarding the preventative measures for personal safety. Psychological interventions will be discussed in relation to the recovery journey illustrated by participants' stories evident in chapter 4.2. Personal safety will be discussed in the context of patient safety in mental health contexts. In addition, the impact of current policies and guidelines that influence mental health care and patient safety in the U.K are explored.

Psychological interventions.

The priority psychological intervention is to address the acute level of PTSD experienced by victims during and after stalking cessation if future studies indicate that these findings can be generalised. Secondary priorities should aim to assess and provide interventions for all aspects of the victim's life including sexual and relational issues. This is difficult because specialised services for all victims of stalking typologies do not exist. Becker, Skinner and Abel et al (1984) pointed out that treatment for sexually dysfunctional women should be directed at the cognitive aspects of the negative perception of sexual stimuli. Furthermore, it is important to prevent sexual problems by paying attention to the emotional reactions, such as anger, shame, and guilt feelings. Cognitive intervention may help to overcome these feelings and may minimise the risk of chronic problems.

There is no known guidance for working psychologically with the general, sexual and relational health issues of stalking victims, although there is a foundation of knowledge used for the treatment of sexual problems in general within Psychosexual

Therapy (Bancroft, 1989; Hawton, 1985). This study has illustrated stories of recovery that consist of general health, sexual and relationship impact.

The majority of stalking victims are referred to psychologists, therapists or counsellors by their GP or outlying clinics, as the U.K does not have specialist stalking victim clinics apart from Sexual Assault Referral Centres (SARC's) that treat sexual assault. The basic education of stalking victimisation needs to be provided within therapeutic and mental health statutory and charitable associations before greater psychological work can be undertaken.

The recovery stories of stalking victims in this study have some common factors, but recovery is an individual process, experienced individually. The recovery of clients with mental health problems has been improved through attendance at recovery groups that provide a forum for storytelling and for psycho-educational aspects of their illnesses (Barker, 2001; Barker, 2002). Perhaps the philosophy and components of a recovery model could be adapted to provide intimate and non-intimate victims of stalking with a recovery process. The next section elaborates on the mental health recovery model and how this might be modified for victims of stalking.

The mental health recovery model.

There has been and still is a great deal of interest in recovery throughout mental health settings. Consumers of mental health services who discover that there is such a concept are given the hope that they can reach some level of normal life. Health care providers and funding agencies are realising that to have their clients recover is to their advantage because the clients can enjoy better health, and recovered clients reduce

services and costs. Early research into mental health recovery paved the way for more recent investigations. Harding and Zahniser (1994) included a sample of 269 chronic patients in the 1950s, who had had been mentally unwell for an average of 16 years and inpatients continuously for six years. The patients participated in an innovative rehabilitation programme, which saw them discharged with community supports in place. They were followed up 32 years later, resulting in 97% (n=262) being traced; 34% who had a diagnosis of DSM-III schizophrenia had experienced a full recovery in mental state and social functioning. This demonstrated the usefulness of pre-discharge rehabilitation training.

The concept of mental health recovery is supported by Government directives and guidelines such as Modernising Mental Health Services (1998) and the NHS Plan (2000). These documents include direction that the planning for and provision of mental health services should be led by, or partnered with, service users. In the U.K there are several versions of recovery models. The best known is the 'Tidal Model', which reflects a recovery philosophy for mental health (Barker, 2001; Barker, 2002; Barker & Buchanan-Barker, 2003; Buchanan-Barker, 2004; Buchanan-Barker & Barker, 2006). The National Institute of Mental Health England (NIHME, 2004a) points out that Mental Health Services that embrace the recovery approach will exhibit the following characteristics:

- Be people focused rather than on services.
- Value outcomes more than performance.
- Promote strength rather than weaknesses.
- Educate people who provide services (including the media) to combat stigma.

- Encourage those who provide services to collaborate with those who need support instead of relying on coercion.
- Encourage services to support people to self-manage; by promoting their autonomy, people will have less need to rely on formal services and professional assistance (NIMHE, 2004b).

The six NIHME tenets could be used as an organisational framework to formulate a recovery model for victims of intimate or other types of stalking victims. Existing programmes currently undertaken within the UK (Violence & Victims Programme, DOH, 2007; NIMHE, 2007) could be adapted to focus on stalking victims in order to emphasise the stalking victim's strength as a survivor ready to undertake recovery training. Existing services could undertake education regarding stalking victimisation thus promoting empowerment in staff and then greater collaboration with potential and actual victims. Promoting self-management by victim led services with initial guidance has been successful in mental health recovery and led to reduced reliance on formal services (Buchanan-Barker, 2004; Buchanan-Barker & Barker, 2006). Self-management by 'training' survivors who have gone through recovery training to be 'trainers' could promote autonomy and greater resilience.

In a review of the mental health recovery literature, Ralph (2000) identified four dimensions of recovery found in personal accounts: internal factors; self-managed care; external factors and empowerment: internal factors that are within the consumer consist of an awareness of the toll the illness has taken, recognition of the need to recover, insight about how change can begin and a determination to recover. These internal factors are similar to the recovery journey encountered by participants within this MPhil. Self-managed care is an extension of the internal factors in which consumers describe

how they manage their own mental health and how they cope with the difficulties and barriers they face. Largely the participants within this MPhil study have managed their own care. Tenets of the Tidal Model, the well-used mental health recovery model in the U.K, emphasise the notion of empowerment and self-care. External factors include interconnectedness with others; the supports provided by family, friends and professionals; and having people who believe that they can cope with and recover from their mental illness.

Participants in this study utilised external factors such as family and social networks to assist in recovery. However, such networks might be more fragmented than the networks of people who have mental health problems because of fears of reprisal from the stalker. Therefore, the recovery group for stalked victims might need careful input from a trained facilitator. Empowerment is a combination of internal and external factors, where the internal strength of the consumer is combined with interconnectedness to provide the self-help, advocacy, and caring about what happens to us and to others (Ralph & Kidder, 2000). Empowerment here can be likened to all the themes formulated by narratives in this MPhil study but is intrinsic to theme four where participants reflectively look back to move forward with recovery. The mental health recovery model could be adapted to provide a recovery group for post-intimate and other classifications of stalking victims.

Personal safety.

Any person can be either a victim of stalking or a perpetrator within or across any context, such as the community or an institution. Stalking of mental health professionals is highly prevalent (see, section, 2.1). Coupled with the sexual vulnerability of psychiatric inpatients, this illustrates a real priority for services and staff to be ready to act in the

best interests of patients and colleagues. Patient safety in the U.K has received much Government attention. This includes sexual vulnerability in Mental Health Service Provider contexts (NPSA, 2006), safety, privacy, and dignity in mental health services (DOH, 2000), women's mental health (DOH, 2002) and guidance for violence and victims of abuse (DOH, 2004a). Managers have received guidance documents on building assurance frameworks, improving the impact of patient care and social care standards (DOH, 2003; NIMHE, 2006; DOH, 2004b). Moreover, recent guidance included best practice in risk (DOH, 2007) and recommendations for sexual boundaries in Psychiatry by the Royal College of Psychiatrists (RCP, 2007). It is beyond the scope of this section of the thesis to discuss all of the guidance but these references illustrate that the findings and recommendations of this thesis are timely.

Scobie, Minghella and Dale et al, (2006), who authored 'With Safety in Mind: Patient Safety in Mental Health Services' (NPSA, 2006) revealed 122 sexual safety patient incidents of which 19 were allegations of rape, eight had been perpetrated by a fellow patient and 11 by members of staff. Stalking behaviours are recognised as precipitants of sexual violence. Mental Health Service Providers 'do not have a consistent approach to dealing with such incidents and would welcome further guidance' (NPSA, 2006, p. 40).

The National Institute for Mental Health England (NIMHE, 2006) launched ten 'high impact changes for mental health services' regarding various aspects of service improvement such as the use of an integrated care pathway approach. One of its high impact changes encourages services to increase the reliability of interventions by designing care around what is known to work. It also encourages a systematic approach

to recovery of people with long-term mental health problems. These values and the framework of the ten essential shared capabilities for mental health proposed by the DOH (Hope, 2004) provide a current political and timely context for the recommendations within this thesis. All of the capabilities are applicable to victims of stalking and the wider patient safety issue. However, capabilities five ‘promoting recovery’ and nine ‘promoting personal safety and positive risk taking' provide an organisational framework for this MPhil’s recommendations.

The clinical recommendations arising from this study include organisational, educational and clinically preventative measures of action. Mental Health Service Providers should formulate organisational policies and guidelines that provide frameworks for clinical practice in stalking prevention, sexual assault management and sex and relationship issues. A policy regarding sexual assault management is important and professionals could achieve this through interdisciplinary liaison between Sexual Assault Referral Centres and Mental Health Service Providers. Recommendations by the Safety in Mind Report (NPSA, 2006) and the experiences and stories of participants in this MPhil study support the need for such a policy. Moreover, sexual assault is precipitated by stalking behaviours within inpatient or community based Mental Health Services. The U.K has harassment or ‘dignity at work’ policies designed in the main to address bullying. These policies are not multi-contextual or relational in nature and are not formulated to address serious stalking behaviours.

A specific stalking policy should be adopted by all Mental Health Service Providers with the organisational acceptance that staff can stalk staff, patients can stalk staff and staff can stalk patients; not forgetting patient to patient stalking. To finish, Mental Health

Service Providers should adopt the formulation of a family of ‘psychosexual’ policies. Services could adjust existing vulnerable adult training programmes to cover stalking victimisation and management.

Guidance for the clinical prevention of stalking and sexual assault or abuse is sparse in Mental Health Service Providers whereas other health and medical environments employ strategies for patient safety. An example is in Surgical Medicine where surgical marking checklists are commonplace. No known checklists exist for patient sexual safety in Psychiatry or other patient or client contexts. However, observational checklists for physical safety are common practice. Services need to develop a checklist that encompasses a global assessment of sexual issues such as past abuse, premorbid sexual function, sexual dysfunction recording, chaperoning, past bullying and harassment victimisation and sexual assault experiences. Professionals should implement the checklist at point of initial contact with the patient and periodically at important times within the patients care such as admission to hospital. The checklist needs to be able to ascertain if the patient has been a perpetrator of any stalking or sexual assaults in order to afford considerations for care within a safe environment. This checklist should be encompassed within current service risk management plans and integrated care pathways (NPSA, 2006) it could be designed around care that is known to work (ten high impact changes, NIMHE, 2006) in order to reduce harm (seven steps to patient safety, NPSA, 2003).

Sexual and relational rehabilitation is essential in victims of post-intimate stalking and mental health patients who have experienced mental distress or a diagnosis of

mental disorder. The recovery model approach in mental health settings should include sexual and relational components. This approach can be generalised to all mental health contexts and other health institutions. However, a supportive and therapeutic context is needed for delivery. To conclude, risks and hazards to patients and all persons should be reduced to as low a level as possible and a culture of safety should be encouraged throughout the NHS (NHS Act, 1999). Mental Health Service Providers within the NHS, private sector and charities are strategically placed to offer specific and specialised services to victims of intimate victims of stalking.

The Sexual Assault Referral Centres have experienced provision in specialised care for adult victims of adult sexual assault and Manchester's centre has recently extended this service to children. This hub of experience with other regional expertise could provide a centre of excellence for specialised victim care. This MPhil has illustrated a recovery journey that includes sexual and relationship components. The recovery journey illustrated that sex and relational issues are important factors to consider even at the acute recovery stage. More importantly, sexual reorganisation, relational fatigue and a healthy past psychosexual value system are protective factors of overall recovery. Future research could develop the mental health recovery model for stalking victims of all categories inclusive of sexual and relational aspects of health.

Until specialised services extend their expertise to victims of stalking mental health professionals should ensure that the audit trail of victims remains intact in order that clinical interventions can follow the victim throughout their journey. The future development and validation of a patient sexual safety checklist will act as important

clinical frameworks for psychological interventions and patient safety. The organisation requires the development of a family of psychosexual policies with amendments to existing training in this area of personal vulnerability.

Future research lies in the development and ratification of a complete family of psychosexual policies that protect patients from sexual predators; promote postitive sexuality and intimate relationships; address censorship of multimedia devices and materials; and offer guidance for stalking prevention. In addition, the development and validation of a sexual safety checklist is needed. Future development of the existing recovery programmes could in the future help to provide a recovery haven for the telling of stories by stalking victims.

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The University of Central Lancashire.

Faculty of Health.

SASI: Stalking and Sexuality Interview.

The Impact of Post-Intimate Stalking on the General Sexual and Relational Life of Victims.

Date ----- -----/----- -----/----- -----

Participant code ----- ----- -----

CONFIDENTIALITY STATEMENT.

No part of this interview will ask you to record or verbalise your name, address or other personal details.

Main idea: Persistent unwanted attention from your ex partner can have an overall adverse effect on your health. This interview will ask you about the structure and duration of this unwanted attention. The interviewer will also ask about the intensity of this unwanted attention. Further enquiry, involves asking about the level of support you got from friends, services or family. This interview seeks then to examine how all of these factors have affected or influenced your present sexual and relationship function.

Introduction (1st ethical prompt).

1. Thank you for attending today. I mentioned on the patient information letter that I would audiotape this interview. **Do you still wish to continue?** Observe for answer if yes prepare to set the audio recorder. If no reassure the Participant and assist the Participant to leave the room. Inform the Participant that all information collected so far will be destroyed and that they will receive a letter stating as such. Ask Participant what their perception of the reasons for the study is. What do you think I am trying to find out today? (Paraphrase answer and add to if need).

Interview initiation. (about the harassment experience).

2. Generally begin the interview by saying something like "I am doing some work today regarding harassment or unwanted behaviours, I am interested in the effects of this on your present or future sexual and relational lives. It would be useful for me to know a little about your harassment experience. When did this first become apparent? (Was this before during or after the relationship or a combination?). What behaviours did this involve? (These usually take the form of following, intrusive interactions, watching or spying, driving by your place of work or home, sexual propositioning, telephone calls, physical/sexual assault or threats, sending gifts, undermining you, obscene messages, unlawful entry, damage to property). What behaviours were the most common? What behaviours did you find most concerning? How frequent were the behaviours? (Once per day, two to three times per day, two to three times per week, once per month, two to three times per month, less frequently than monthly). How long did the harassment last? When did this stop? What do you think the reason for this was?

Harassment and health: How did the harassment behaviours affect your health and employment? (2nd ethical prompt).

3. It is known that the whole experience can affect your health and people close to you. How did the experience affect your health? What is the gender of your GP? Did you find your GP empathic? Is your GP still the same as the one whilst you were being stalked? Is this attributed to dissatisfaction with your GP? Did you take time off work during this period of harassment? If so how long? Are you still presently off work? Is this the same job? Why did you change jobs? What symptoms did you suffer? (such as phobias, sleep disturbances, appetite loss or gain, increased tobacco or alcohol use, illegal drugs, anxiety, depression, fearfulness) Are any still apparent? How often did you visit your GP during this period? Did you receive any treatment? If so what was this? A little more about your health, **General disturbance:** Did you seek counselling? How did this experience compare with other ill health experiences? How have you changed? How has this affected your quality of life? **Affective health:** Have you become aggressive or violent? Do you fear crime? Have you felt anxious, jumpy suspicious or paranoid? If so, tell me a bit more. Have you been depressed? How have you been sleeping? (nightmares, stress and PTSD). **Are you feeling ok? Shall we**

continue?

Cognitive health: Have you felt distrustful of others? More suspicious (cynical, more cautious, questioning choice in partners). Have you felt helpless or imprisoned? Tell me more. How was your concentration? (recollections, flashbacks and intrusive thoughts). **Physical health:** How was your appetite? Headaches? Homicidal actions? Did you experience physical injury? Tell me more. **Resilience health:** How was your awareness? Self-empathy and empathy to others? How were your relationships with others? (greater, more strengthened or strained). Describe your sense of determination (strong, diluted or non-existent).

Coping strategies: How did you respond, what measures did you take?

4. What were your initial thoughts on the start of the harassment? Did you expect something like this? We have talked about health consequences earlier; did you seek any help from the mental health services? If so, what did this consist of? Did you ask for police help? Did you start any legal action? Did you enquire about changing your phone number or getting an unlisted one? Are you still living at the same place? Did moving reduce or stop the harassment? Did it increase the harassment? Did you attempt to go underground? Tell me a little about how this affected you employment. Did you change or leave your job? What effect did this have on your experience of harassment? Did you avoid social opportunities so you did not meet the stalker? Did you use social opportunity to help you cope with the whole experience? Did any of the topics in this section make you feel more in control? More secure? Did any coping measures make you feel less secure? Did you take any additional security measures? If so what? (person, house or in transit or at work). What were your feelings towards the stalker? Did you consider assaulting the stalker? If so, how? ***In hindsight, is there anything that you would do that would help you cope, stop or lessen the experience?***

Social and service support: What help did you get?

5. Did you seek help? What help did you receive? How did you cope? Did you find any particular response helpful? Whom did you lean on the most? How did the harassment experience affect your social support? Did you contact any agencies for support? If so, what help did you get? What was the most helpful thing to happen from any person or service? Did anyone in your family need support?

In hindsight regarding social and services or agencies, is there anything that you would do, that you feel would either stop or, lessen the harassment experience?

Police expectations: Credibility, victim status and continuity of contact.

6. Did the police doubt you or your sanity? Were you believed? Tell me a little about this. Were you taken seriously? Did you know whom you were dealing with? Did you have a named contact? Did you know what to do if something further happened? How did you find reporting new development? How were you actively involved in gathering evidence? What practical help did you get? How did police contact make you feel? (more empowered in control). How much help did you get with the court process? Was a restriction order granted? What happened? Did the stalker abide by this? Were their any other outcomes from court? Did you have a named officer? What progress did you feel you had made? Any regrets. Did the police give you their contact number? Did the police warn your stalker? What effect did this have? Did the police talk to your family or neighbours? Did you feel like a victim? (aware that this experience was an offence). ***In hindsight regarding your police expectations, is there anything that you would do, that you feel would***

either stop or, lessen the harassment experience?

Sexual and relationship history: Sexual development, experience, outlook, and past relationships. (3rd ethical prompt).

7. I need to ask a little about your sex and relationship history. Do you feel okay with this? Can you remember anything significantly positive or negative about your sexual development during puberty? If so what was this? Did you parents discuss sexual issues with you? (birds, bees, contraception etc). Did they show affection openly to each other? Describe your first sexual experience? Was this enjoyable? How best would you describe your sexual orientation? Would you describe yourself as sexually experienced or inexperienced? Have you had other relationships? ***Has anything happened to you sexually that you wish had not?*** (explain we can talk about this later). Has anything else happened that has affected you sexually? If so how did these end? Has the harassment experience changed your sexual or relationship outlook? (ask for elaboration). What is your sexual relational outlook? Think back before you met your ex partner: Would you describe yourself as a sexual person? What about now? (are you on your own? In a sexual relationship, do you feel sexual? Is it the last thing on your mind?)

Yourself and the ex partner: How you met, got on relationally, sexually, domestic situation, context of change (4th ethical prompt).

8. To assist in this I will ask some questions about the time before you were harassed, this involves how you were sexually and relationally. I will ask you about these aspects during and after your relationship ended. 'From your point of view do you feel or remember any problems with your sex life before the harassment experience? 'You were in a relationship with your ex partner at the beginning, what was this like sexually? At the beginning what kind of partner were they?' Did this change after the relationship established? If so how did this change? What do you think caused this? How did you get on with each other? Disputes? What were these about? How did you resolve disputes? How did the ex-partner get on with your family friends? Did the ex partner have to know where you were all the time? How are you feeling? (Gauge verbal and non-verbal communication in relation to personal affect). Ever accuse you of being unfaithful? Try to isolate you from friends or family? If so when this start? Did your ex-partner ever make or try to stop you going to work or college? Were you criticised for little things? Did your ex-partner get angry easily? Use drugs or alcohol? Did your partner control finances and make you account for every penny? Did your partner go to work? Did you share the bills? Tell me more about this. Did your partner humiliate you in front of others? Give example. Did your ex-partner destroy your property or sentimental things? Demand sex even when you did not want it? Did your ex partner threaten to hurt your children or you? Tell me about this. Did your ex-partner ever hit, punch slap or hold you aggressively? Threaten or use a weapon against you or children? Force you into sexual acts? (ask participant about treatment for psychological trauma signposting to services)

Sexuality and relationship issues during harassment experience.

9. Did you form another intimate relationship after you finished with your partner? If not elaborate (time out for self, too distressed). If yes, how was this sexually? (desire, sexual interest, motivation). Did you receive sexual advances from your new partner? If so, how did you respond to this? How important was sexual relations during the harassment experience? Did you feel safer if you were with a new partner?

How did your ex-partner react to your new partner? How did you manage with courting (Non-sexual) behaviours such as handholding, gentled petting, cuddling? Was it difficult to trust again?
Sexuality and relationship issues after cessation of harassment. 10. Do you think that being stalked has had any negative costs to your sexuality? If so what are these costs? How do you sexually relate to others? How is this as compared to before the harassment experience? Do you currently desire a sexual life? Is this in your thoughts? How often do you think about sex? Are you sexually active? “By this I mean in terms of having a partner or engaging in self-pleasure”. Is this different from the time you were not stalked? If so, what was the difference? Is there anything that you would want to change about your present sexuality? What are you feeling for the future in this area?
11. Interviewer takes time to sum up main points of interview through paraphrasing. Interviewer asks Participant for any further points. Finally, interviewer thanks Participants reassures Participant about confidentiality issues. Checks out how the Participant is feeling.

Appendix 1: SASI.

Story Map Matrices	1.PARTICIPANT CODE: FS40	DATE OF INTERVIEW: 06/2005
Date of relationship initiation: 2/2003 **Relationship ended: 2/2004**	**Stalking initiation: 2/2004** **Stalking cessation: 1/2005**	**Age at interview: 40**

Psychosexual history No issues during puberty, sex not talked about in family, sexually active from age 17, enjoyable first experience embarrassed that mother spoke to teachers about first period. Parents strict about clothing, not to loose/tarty, but parents display warm appropriately to each other and children. Describes self as average in sexual experience, three long-term relationships before stalk relationship, first of these married to partner who displayed domestic violence.	**Social and family history** Mother and father elderly very close family no use of drugs except brother on heroin in past. Past occupation was clerical and trained to O level and clerical level. Sister older than her who she did not have a good relationship with, did not disclose her stalker experience to her but in the end spoke to her elderly parents about it. Reflects on happy childhood with family but strict upbringing
Relationship quality with stalker Domestic violence throughout the relationship, with control and rage threats of violence, damage to sentimental things, initially got on well, sexual intensity and closeness. Reports stalker as sensitive and charming. Invasion of personal space couldn't even go to toilet or sleep without intrusion Stalker aged 47 when met stayed with him until he was 48 Excessive anger and rage, over intrusive to her could not even go to toilet. Jealousy, distrust humiliation, psychologically abused	**Sexual factors with stalker** Consensual sex warm loving changed when he was arrested by the police, and given a short sentence, became aggressive during love making less affect with sex, initially he was warm in first few months, then changed less caring.
Reaction to ending relationship Stalker went into a rage, started course of conduct and continued this from relationship, fainting type behaviours, begging for another chance. Victim felt release for violent controlling relationship. The participant viewed stalking as less stressful than living with him.	**Course of conduct** Victim really frightened a few days a week over 11 months in total. Spying, following, letters of desire sent frequently. Visiting places of past social contact, loitering, threats to kill, property damage. Muchaneusen behaviours from stalker, fainting and feigning illness for sympathy. Brought knife into her bedroom asked her to kill him. Held down by throat, feared forced sex but did not happen.
Social support Isolative at beginning due to stalker, reducing social contact and circle, victim felt release from violent relationship. Work colleague's supportive main mode of listening, emergency shelter given at start of stalking, Police support mostly after three months of course of conduct. Stalker tried to break social support by threatening work colleagues and family.	**General health prior and after stalking** Alcohol abuse by victim to help sleep diazepam used regularly, appetite disturbance in terms of loss. Nightmares low mood and suicidal ideation. Hyper-vigilant and more mental distress than physical. Never attempted suicide.
General health now Still experiences poor sleep, accessing long term psychodynamic counselling. No evidence of suicide, slowly rebuilding her life, still evidence of alcohol and tobacco increase. Less suspicious of people.	**Future/present sexual/relationship** A series of short-term sexual experiences that she does not consider as serious relationships. Reports sex as enjoyable but lacks the ability to commit as aware of the pain she has been in the past. Single at present with many male friends who are a lot older than her and associated with alcohol and social isolation.

Story Map Matrices.	2.PARTICIPANT CODE: MS47	DATE OF INTERVIEW: 1/2005
Date of relationship initiation: 2/2002 **Relationship ended: 4/2004**	**Stalking initiation: 4/2004** **Stalking cessation: 12/2004**	**Age at interview: 47**

Psychosexual history No problems with puberty average developer, sex openly discussed parents openly affectionate in family home. Reports good sex drive prior to stalking, feels that he is reasonably sexually experienced, feels not affected sexually by stalking, first sexual encounter when aged 18 went okay, heterosexual and says always will be no fluctuations or experimentation with same sex. Had been married for over 15 years prior to meeting the stalker and was looking forward to good new relationship.	**Social and family history** Had previous marriage and two children to her, children aged late teens occasional contact with children and almost no contact with ex wife, his parents are still well close family no discord or significant events within family.
Relationship quality with stalker Initially very good, changed when her shift pattern meant she had less control of her victim stalked within the relationship, and controlling intrusive behaviours, stalker aged 40 when he met her, he always felt on edge during the relationship and did not know when she would explode. Scared of trying to end the relationship because of her threats to hurt self and him.	**Sexual factors with stalker** Sex good with stalker found this intense loving and rewarding, even between episodes of domestic violence from her. After sexual intercourse, she did not seem to like any cuddles or after play that was emotional in context. Sex was frequent throughout the relationship at least 1-2 times per week.
Reaction to ending relationship Absolute rage, threats to kill intensified post relationship, campaign of stalking. She stated that she would get him back at all costs, his reaction was relief until the stalking started he did not expect this to happen for such a long period but expected short-term problems with her.	**Course of conduct** Eight months in duration, nearly every day and a few times per day towards the end 2-3 times per week at least once per day. Telephoning mobile and house phone, no letters, and property damage smashed his car on several occasions. Threats slaps informed other men that he was stalking her. Followed him and spying he had to avoid past places of social contact. Control in relationship excessive rage and jealousy lack of trust and humiliation. Lack of affect to him. Significant levels of assault from her.
Social support Sought counselling from work, had time off Police contact log number, they spoke to her and warned her off, a rise in COC as result of this more rage. He leaned on work colleagues and used the GP a bit more than normal but did not start any medication.	**General health prior and after stalking** Less sleep initially but adjusted well sleep better than in relationship, he had appetite disturbance not wanting to eat at all and cognitive problems lack of concentration and stress.
General health now Some use of cannabis to cope with overall situation generally feels better now that stalking has stopped. Was unfriendly to women who approached after stalking cessation period. Able to sleep eat and socially function some hyper-vigilance and distrust present.	**Future/present sexual/relationship** Had short-term relationship after stalking, but wary of progressing into longer-term relationship in case she turned out to be bad. No reduction or reports of psychosexual problems.

Story Map Matrices	3. PARTICIPANT CODE: MS51	DATE OF INTERVIEW: 12/2005
Date of relationship initiation: 1/1990 **Relationship ended: 1/2001**	**Stalking initiation date: 1/2001** **Stalking cessation: 1/2002**	**Age at interview: 51**

Psychosexual history No problems with puberty. Sex swept under carpet in his family home, parents openly affectionate in family home. Reports good sex drive prior to stalking, feels Sexually experienced, feels not affected now sexually by stalking, first sexual encounter when aged 14 went okay, heterosexual and no sexual traumatic events or memories. Not enough sex education at school found out by 'boy talking in play ground'.	**Social and family history** Was married to the stalker had three children with her, she left him and went to live with another man, it was sometime after that she started to stalk him, harassing him through the children. His parent had both passed away but he had brothers and sisters younger than him that he had regular contact. He had three children aged 14 18 and 20. Close family with children being associated with crime, boy aged 18 served short-term sentence for violence.
Relationship quality with stalker Initial good marriage of over 10 years. Normal relationship disputes towards the end he describes mental torture where he could not do much without explanation, he found out that she was having an affair with a younger man and this resulted in them breaking up, her then moving with children. He got custody of children due to her drug use and alcohol problems influenced by the younger man. He has maintained his role of the main caregiver since.	**Sexual factors with stalker** Developed sexually with his wife from their late teen's good sexual life considerate, caring everything was fine until the last year of the marriage. Last two years of marriage were dire, sexless, and loveless. Recognises jealous narcissistic qualities in stalker. Always grooming her self more so than what he considered normal but it was not for me! Described her as angry impatient and easily volatile.
Reaction to ending relationship Angry that he had found out about her affair denied this until she couldn't any longer, hate and humiliation taunting about his lack of sexual desire in the last two years due to his occupational stress and feeling unwanted by her, sensing that she was seeing someone but being left to look after the children night after night after long hours of arduous unskilled heavy work.	**Course of conduct** This lasted 12 months in duration, for 2-3 times per week and up to 3-4 times per day. However, stalking did not start immediately post relationship, until 4-5 months after finishing**.** The stalker went into the home with spare keys and changed things about, spying, telephoning, property damage, and threats of violence. Stalking reduced to 3-4 weekly after 6-7 months of duration. Stopped abruptly, for no known reason to the victim.
Social support No GP support used felt stupid going to the GP. Felt that his work colleagues were supportive, Manual unskilled job where physical demand was high, did not seek counselling, took additional security measures where emphasis was to make children feels safe.	**General health prior and after stalking** Lost over 4 stone in weight due to stress vomited often with nerves, anxiety depression went unmediated sleep and appetite problems increased alcohol and smoking. More aggressive as a person but more caring as a father to siblings. Suicidal but did not act on this because of children.
General health now Feels vulnerable let friend stay recently who took over, difficult to get him to leave. Unmotivated and in low-key job for company and social mixing opportunities. Low confidence self esteem low.	**Future/present sexual/relationship** Would like to meet someone but lacks trust, thinks about sex daily good sexual desire, self-sex, and no encounters with women since her. Is confident in talking to women but worries if it could go further.

Story Map Matrices	4.PARTICIPANT CODE: FM42	DATE OF INTERVIEW: 1/2005
Date of relationship initiation: 3/1990 **Relationship ended: 4/1991**	**Stalking initiation date: 4/1991** **Stalking cessation: 10/1991**	**Age at interview: 42**

Psychosexual history Admits to being a late developer, first sexual experience failed when a teenager, several short term relationships from early twenties which went well sexually, no hang ups about self discovery or body change during puberty, loving open parents able to discuss most things openly, parents display affection to each other and siblings openly.	**Social and family history** Ex university student who gave up education to work in the bar with her stalker, family close parents alive and healthy, brothers protective of her, father and brothers ending up fighting with stalker. No issues in family no abuse of dysfunctions.
Relationship quality with stalker This lasted for over a year with the stalker, initially went well but he became very controlling possessive, angry, jealous, although it was time to leave in the first few weeks she did not physically have the power to do so. His courting skills were poor and she felt sorry for him and thus courted him, they lived separately but he always pestered to move into her house, which she refused. Many people did not like him and they always commented on why they were together.	**Sexual factors with stalker** Sex was always poor emotionally with the stalker, physically the relationship was not great he was sexually unskilled and she did not look forward to the sex. He felt he was a sexual person and a good lover very narcissistic in his ways, felt he was popular but was not. Despite these feelings he always needed reassurances about his looks and performances, she was too scared to say the truth.
Reaction to ending relationship Severe reaction felt betrayed, because he had little contact with anyone else other than her since the relationship had started. Grovelled for her to come back and then the stalking started. Stalkers father was a womaniser, and alcoholic split from his wife when staler was young child had little time for him, neglect social care services and some petty crime. She does not view him as domestically violent but some shoving pushing present, accusations jealousy, and control tactics, psychological abuse present from beginning of relationship.	**Course of conduct** Phoning, surveillance, used to phone her and say watch my car come in the distance. She could see his care in the hills coming to her residence. Property damage to her car, threats to her and her female colleagues who lived with her, restraining order, which worsened the stalking, Initially 2-3 times per day fro three months and then diluted, used a male friend to accompany him on the trips to terrorise her. Last three months was weekly until she met a new boyfriend who was physically tougher than he was.
Social support Mother and father very supportive, Police were not useful, GP assistance prescribed medication to help her cope with nerves, did not know what other support was available at the time but would in hindsight contact services or seek out services, such as women's aid.	**General health prior and after stalking** Drank more alcohol then than normal and felt nervous homicidal to him, lack of sleep appetite poor, was in hospital with Quinseys unable to speak and he visited her in hospital without her consent, Loss of confidence and self-esteem.
General health now 15 years on has no significant health problems, Still feels that he will appear from nowhere.	**Future/present sexual/relationship** Wishes to remain in marriage met a new boyfriend towards end of 6-month post stalking and stayed married to date, no significant problems sexually with her new partner, saw him as a saviour and got on well with him.

Story Map Matrices	5. PARTICIPANT CODE: FS49	DATE OF INTERVIEW: 2/2005
Date of relationship initiation: 2/1979 **Relationship ended: 4/1998**	**Stalking initiation: 4/1998** **Stalking Cessation: 5/ 2003**	**Age at interview: 49**

Psychosexual history Past short-term relationships prior to age 22, beaten by father is she wore any nice clothes or make up or shown interest in boys. A lack of experience in sex prior to age 22. Experienced puberty without issues confided in mother and no real embarrassment developed a normal rate, restricted affective environment in family from parents.	**Social and family history** Four children to a stalker who was West Indian in origin, she was pregnant within the first three months of being with him. Youngest child now sixteen, with elder teenage brothers who are violent. 21-year-old daughter in a good relationship with boyfriend that appears functional. Her mother is still alive but father passed away ten years ago.
Relationship quality with stalker Domestic violence from first three months raped during pregnancy, threats to kill he shown any interest even social level to any other man or woman. Charming at first but became controlling as soon as she was pregnant to him. Described as brainwashing to her, humiliating she could not find strength to leave. Met him in a club, stalking followed the relationship for over four years.	**Sexual factors with stalker** Good at first until pregnancy, sex was feared after the rape and consensual sex was not enjoyable after this. Loved him prior to rape. Sex loved and emotional but changed from point of rape. Relationship of over 18 years.
Reaction to ending relationship Did try to leave on many occasions, but came back because of children, left him for the last time and was successful, post intimate stalking since leaving for over four years, but this was preferable to living in a relationship with him.	**Course of conduct** Phoning calling her at all times of the night, following her stalking through child contact innocuous questions to gather information. Breached injunction, escalation in stalking behaviour, property damages clothing line with children's clothes smashed to floor and stamped on. Stalked four to five days a week at least two to three times a day.
Social support Not taken seriously by Police either the domestic violence or the stalking, only received good help from police with the most recent stalk four years ago where she was given a log No, Excellent GP support, domestic violence helpline used to good and regular extent, Counselling from psychology department. Most friends left her due to him cutting off contact, her mother remained a close confident throughout this long relationship.	**General health prior and after stalking** OCD hyper-vigilant, sleep problems eating problems lost a lot of weight, alcohol and smoking increased during the stalking; this was only social during the relationship violence. Use of Amitriptyline, Diazepam and Clomipramine over a period of several years. More tense or angry with people. Depressed suspicious and cynical of most things.
General health now OCD is a lot better with effective use of CBT, under care of a CMHT. More confident with residual health issues. Reduction of alcohol and smoking with cognitive aspect still moderate to severe such as nightmares frequent and flinching in new relationship when it comes to sexual touch.	**Future/present sexual/relationship** Stayed single for three years of the stalking and in the last year of stalking was able to meet a man who was friends at first and now in process of making a long term commitment he agrees to see her mental health workers for relationship type work. Psychosexual functioning is interrupted by cognitive imagery of her sexual violence.

Story Map Matrices	6. PARTICIPANT CODE: FS20	DATE OF INTERVIEW: 2/2005
Date of relationship initiation: 11/2003 **Relationship ended: 12/2004**	**Stalking initiation date: 12/2004** **Stalking cessation: 1/2005**	**Age at interview: 20**

Psychosexual history Lots of affect in the family. This victim young adult, aged 20 was 18 on relationship formation. Good sexual value system was able to discuss sexual issues with mother and was able to date boyfriends with family support, no hang-ups puberty traversed with no adverse effects. Sexual first experience went well. This relationship was the first serious relationship with a view to commitment. No adverse sexual events reported.	**Social and family history** Good close family mother and father in late forties both healthy and supportive. Only sibling got most things that she wanted. No competition, average socialiser at school with some friends but not overly popular. Worked away from home-some conflict after the stalker had robbed her house a few times got the blame, however, they are now very supportive now they realised the full extent of the stalking which at first they was kept in the dark.
Relationship quality with stalker Humiliation from onset of relationship quickly established control he was only a few years older his parents were domestically violent to each other. Sex was okay nothing special bother were young and just trying different things, no sexually traumatic events reported no physical assaults reported in the relationship, but some pushing slapping in the last days when she finished the relationship.	**Sexual factors with stalker** Sexually he was a virgin and she took the lead sexually, she went off sex as he was a controlling personality and he pressured for sex but was not forcing in any way. Not receptively warm in any way during sex more of a physical thing to from him to her, pre and post sex lack of emotion and hand holding courtship behaviours very poor. Stalker employed doing unskilled labour and failed to settle socially in most jobs. Stalked one to two times a day two to three times per week.
Reaction to ending relationship Accusations bout being unfaithful and humiliation in front of her family, Stalked for four weeks and she felt fearful of this he quickly moved away from the area and got involved in serious crime with local gangsters. The participants wanted the stalker to be physically harmed 'wanted him battered'.	**Course of conduct** Property damage robbed her house and stole money from mother's purse, threats to kill and slapping punching of victim, phoning house and mobile phone. Spying surveillance of her attended her workplace and caused trouble nearly lost .her job, the stalking ended when he saw her with a new boyfriend**.** 4 weeks a few times every day
Social support No Police or GP support felt depressed and lack of ideas to cope with the stress over the month spoke openly about issues with mum/dad. No contact with Police as fear of reprisals. Attended Well woman clinic and got advice from there. Changed mobile number.	**General health prior and after stalking** Affected her work and headaches stress increase in drinking, depression, sleep problems, appetite loss paranoid hyper-vigilant and suicidal ideation but no great plans of suicide.
General health now Less empathic to people, still hyper-vigilant, some sleep disturbance, more or less a full recovery in terms of health.	**Future/present sexual/relationship** No sexual problems or relationship problems entered a relationship that was fine. This ended because of reasons not associated with prior stalking.

Story Map Matrices	7. PARTICIPANT CODE: FM40	DATE OF INTERVIEW: 1/2005
Date of relationship initiation: 11/83 **Relationship ended: 11/1985**	**Stalking initiation date: 11/1985** **Stalking cessation: 12/1986**	**Age at interview: 40**

Psychosexual history Discussed sexuality issues with oldest sisters rather than mother. No negative events during adolescence. Disclosed a rape in early teens prior to her relationship with stalker. Closed shop when talking about sex with her parents, heterosexual, lost virginity at age 18,	**Social and family history** Three sisters older than her good close family mother and father healthy. One child aged three in current marriage that has had severe problems break-ups no violence but he will not accept father responsibilities out drinking with friends all the time, she has given many chances for things to be equal. No dysfunctions in family.
Relationship quality with stalker Drug and alcohol taking from stalker over the two years of their relationship, which seemed to increase when she broke off with him. He was fun loving before drug taking, met him in a club and felt sorry for him initially. Lived with him briefly, controlling, lack of trust had to give him explanations of her time, then he would be apologetic and minimise his behaviour. He had a temper and used to isolate himself in order to calm down.	**Sexual factors with stalker** Sex was good initially able to be warm caring loving but became abusive when on drugs. Stalker aged 25, he was experienced sexually had many relationships, which ended, did not talk about other girlfriends. Would initiate sex, regular throughout relationship often that he would experience a sexual problem because of drug intake.
Reaction to ending relationship Anger expected the relationship not to end from stalkers point of view, the victim expected problems because he was so controlling, severe stalking with threats to kill	**Course of conduct** Stalked two to three times a week at least a few times a day for over a year in duration. The stalker phoned her place of work and home. Threats to kill victim. Following surveillance, assault during stalking. Followed her from work whilst in company of a male colleague threatened both of them. Property damage symbolic violence drawing on wall of her house. Sent her wishing her well cards.
Social support Lost job as result of stalking, no GP attendance or Police sp sought, mother and sisters supportive and eventually gave assistance in leaving the relationship. Victim moved 5 miles away, which reduced contact.	**General health prior and after stalking** Sleep disturbance and appetite gain weight gain, felt useless helplessness and like a prisoner, depressed anxious. Lack of concentration. Hypervigilant.
General health now 20 years later, this Participant experiences no trauma and her health is fine. However, she reflects that it took five years to fully recover from this year of stalking.	**Future/present sexual/relationship** Presently in a marriage with five-year-old daughter, relationship is fine. Sexual interactions are now positive. The first five years after stalking resulted in many short-term relationships failing because of her reluctance to commit emotionally.

Story Map Matrices	8.PARTICIPANT CODE: FS36	DATE OF INTERVIEW: 3/05
Date of relationship initiation: 1991 **Relationship ended: 2/2002**	**Stalking initiation: 2/2002** **Stalking cessation: 7/2002**	**Age at interview: 36**

Psychosexual history No untoward events during sexual development, her foster parents were much older than she was and were not forthcoming with information such a menses or other information. They did not show affection openly and were overly strict. She was not allowed to have boyfriends at the house First sexual experience aged 16.	**Social and family history** Lived with foster parents as result of her mother death when she was aged 6, they were her natural aunt and uncle who had two daughters much older than her and a son who had drug problems and rarely stayed at the house. The victim lived with them until she was 16; she then left and got a flat, soon having a daughter.
Relationship quality with stalker Met him when she was 22 and he was 32, first 1-2 years no problems, funny caring and charming to be with loved him very much, 2-4 years started to feel controlled and he was introducing control type tactics in an innocuous manner. He became domestically violent, rages alcohol and drug misuse, psychological abuse of victim and her daughter who was a toddler.	**Sexual factors with stalker** In the beginning he loved caring, a good sexual experience experienced had a previous wife, and children split up due to his temper and unreasonable behaviour. He was emotional and affective in his sexual behaviour, cuddles warmth in plenty supply. Changed has he got older and she wanted to go out to clubs restricted he clothes she could wear.
Reaction to ending relationship Post intimate stalking totally smashed house and sold everything of value. Victim and child had to locate to friends house and went on a salvage mission when he had left their house, managed to get some sentimental objects, upsetting powerful experience, all time low in her life, intense feeling of shame for the upset and turmoil she felt she had put her daughter through.	**Course of conduct** Stalked her for five months post relationship and in the relationship from the seven-year point. This involved following spying, letters of regret and apology, smashing property threats to kill her and daughter, telephoning her friends asking them to pass on his nasty messages, would get a tax and she worked on switchboard grab the radio and speak to her, this was daily and at least three times per day for a solid five months.
Social support The most important social support was from her friend who helped her relocate and get back on her feet, her friend actually had a physical fight with the stalker because she was so enraged at the state of the victim and her daughter, and this was when he came to her house. Listening and being believed were the most important issues. GP was female empathic and helpful, the Police were unhelpful on arrival.	**General health prior and after stalking** Remained strong because she had a child to care for and felt she had to keep going, never felt suicidal but had sleep disturbances and nightmares, appetite loss, hypervigilance, feelings of shame and helplessness. Did not get any medication from GP but felt depressed, lack of trust in others.
General health now Two years on there is little evidence of poor health in this Participant. However, There is disclosure of under eating, some drug misuse still evident.	**Future/present sexual/relationship** There is evidence of over compensation in seeking out relationship interactions such as clubbing on a more intense level for her age, says she wants to catch up with her restrictive past relationship.

Story Map Matrices.	9.PARTICIPANT CODE: MS50	DATE OF INTERVIEW: 2/2005
Date of relationship initiation: 10/2003 **Relationship ended: 1/2004**	**Stalking initiation: 1/2004** **Stalking cessation: 10/2004**	**Age at interview: 50**

Psychosexual history Later developer found books when he was a teenager that was his main source of education, cannot remember his parents being close to each other, sex not discussed affection limited. First sexual exploration near puberty, disclosed personal exploration felt okay about this.	**Social and family history** Divorced 15 years ago due to having an affair and his wife finding this out. Two children now in their twenties, girl and boy, developed drink problem in the last few years of his marriage, which he conquered and went on to do a psychology degree. Mother and father passé away but close to his sisters and brothers. Feels close as a grandfather to his two grandchildren
Relationship quality with stalker Female stalker who had a drink problem, he got on well with her when she was not drinking, Fixed feministic views, she was in an 'open' relationship with another man and said that she was only staying with him for her 9 year old son, suspected victim of past partner abuse from this man. This victim was seeing her on the side but was waiting for her to commit. Female stalker started to stalk after he waited two years and she would not leave her husband as promised	**Sexual factors with stalker** Sexually gratifying, maybe because it was in secret and then perhaps it added a dimension of excitement. Emotional involvement described her as very needy from the onset of the relationship. Adventurous, outgoing liberated. He felt sexually compatible with her, she did not want the relationship in the open and he had to live in secret towards her side of the family.
Reaction to ending relationship Intense rage for over four weeks in duration, felt that they should still be together and promised to end it soon with her husband. Started to stalk which caused fear for the male victim. Very jealous and over protective to him, required constant reassurances over her looks and well-being.	**Course of conduct** This consisted of nine months in duration and behaviours included spying, threats to smash his windows in and driving past his place of work, telephoning, leaving obscene messages, at least four days a week on at least two occasions per day, most common was telephoning when she was under the influence of alcohol. Threats with weapon baseball bat, did not expect this from her.
Social support Saw GP felt depressed within the relationship and the stalking saw prescription of anti depressant medication, which he had to change a few times due to experiencing side effects, stayed on Citalopram for a few months but came off this, ended up depressed again but did not revisit GP. Did not tell his children or his ex-wife about this that he was friendly. He had a close friend who listened no contact with police or Mental health Services	**General health prior and after stalking** Very concerned about the unknown and what she was capable off, sleep disturbance, appetite and low mood. Lack of concentration felt in 'midlife crisis' Met stalker on a two-year counselling course, she worked in domestic violence and was hyper-sensitive to males. Missed her very much but knew that she would never leave her husband.
General health now A year on little or no health concerns some depression but cannot solely be attributed to the stalking, as he was depressed prior to meeting her.	**Future/present sexual/relationship** Appears to go back to old girlfriends who he feels comfortable with. Looking for relationship, but despondent with trust issues. Sexual desires sex sexual with self.

Story Map Matrices	10.PARTICIPANT CODE: MS48	DATE OF INTERVIEW: 3/2005
Date of relationship initiation: 3/1985 **Relationship ended: 4/1997**	**Stalking initiation: 4/1997** **Stalking cessation: 7/1997**	**Age at interview: 48**

Psychosexual history Describes self as normal red blooded male with no issues during puberty normal developmental sexual milestones achieved, no information received from patients but learned about sex from friends at school. No sexual events of concern, described first sexual intercourse aged 14 thought this went well, pleasurable, no issues, and psychosexual history not of concern.	**Social and family history** Mother not very well. Physically health poor, biological father, left family when he was aged 2-3 but his mother remarried and he had a good relationship with his stepfather until he died when he was aged 6-7. Victim has three children from stalker who live with him, two teenage boys involved in crime and fourteen-year-old daughter.
Relationship quality with stalker Domestic violence and psychological abuse from stalker throughout the last three years of the relationship, always fond of a drink that got worse as her father died 18 months pre of finishing the relationship. Alcoholic level of drinking, most parenting skills left to him. Expected her to assault him most of the time but this was rare. Humiliation, threats of her committing suicide, eventually left him for another man and moved out of the family house. Although she no longer wanted him, she stalked him in order to reduce his care-giving role and to vent her anger.	**Sexual factors with stalker** First ten years amicable relationship went down hill after drinking problem entrenched, sex was good and regular. Emotional spiritually rewarding, last 18 months dwindled and extinguished she started to go out regularly and was having an affair with a man that she left the victim for.
Reaction to ending relationship Stalker terminated the relationship through leaving in a rage and going off with a man she was seeing but she started to stalk the victim to reduce his ethos as a caregiver to the three children that she left behind, he got temporary custody, which fuelled her stalking behaviour.	**Course of conduct** Phone calls almost daily, surveillance, following phoning place of work impersonation to obtain his number, tried to turn colleagues and family against him through pretending to be a stalking victim. Three months of varied behaviour asking children innocuous questions to find out information about him. Stopped as she realised that the order for children became permanent and she established her relationship with her new partner.
Social support Had access to a staff counselling service but chose not to use this, felt stupid about this. Did not involve the Police but involved the Social Services in terms of the children and found this very helpful and supportive. He would in the future use the police. He used to collect the calls on an answer machine in case he did feel like using them as evidence.	**General health prior and after stalking** No alcohol issues, needed to stay sober for children, depression, anxiety, sleeplessness and smoking too much, excessive headaches, hypervigilant and always looking for her car even after the stalking had stopped. Rates functioning at 4/10.
General health now Seven to eight years on there is no evidence of adverse health effects. He continued with work and felt a little depressed from time to time. He presents as overweight and socially drinks alcohol, some hypersensitivity if he sees a car similar to the stalker's car.	**Future/present sexual/relationship** Some short-term relationships, would like to meet somebody in the future when his children have left home. He has sexual desire himself and this leads to masturbation if he watches some adult films by himself.

Story Map Matrices	11.PARTICIPANT CODE: FC37	DATE OF INTERVIEW: 4/2005
Date of relationship initiation: 1989 **Relationship ended: 2/2001**	**Stalking initiation date: 2/2001** **Stalking cessation: 1/2002**	**Age at interview: 37**

Psychosexual history No sexual issues during puberty, normal milestones sexually, first sexual experience at age 12 described as a disaster, no traumatic sexual experiences prior top stalking episodes. Relationship with stalker was her first serious relationship.	**Social and family history** One of five children, mother died suddenly when she was 31 and victim 11, father alcoholic, looked after children for two years had breakdown, resulted in the victim and her sisters and two brothers going into care. Brother later was to commit suicide. Victim has three children to the stalker now aged 13, 14 and boy aged six.
Relationship quality with stalker Relationship happened very quick moved in with him within few weeks, nice guy charming, funny, no issues ok until first 3-4 years got pregnant with first child, changed became less trusting more impulsive and argumentative, around seven year point drastic change in his persona due to occupational pressures, domestic violence got worse such as humiliation, PA, jealousy and total control.	**Sexual factors with stalker** Good at first and at least for 5-6 years regular loving equal sex, became less often as business hit hard times, sex used as a method of alleviating real bad arguments with him, which she did not enjoy.
Reaction to ending relationship Psychiatric treatment due to his trying to hang self, threats to kill self if she left him and tried this in front of children. They had split many times before and she always came back, but this time left the family home after a serious beating, packed all her stuff and made her way to her family over 200 miles away. Children were relieved and happy about this. Felt that she deserved the stalking that he had a right to try to get her back because they had been t together for so long	**Course of conduct** Up to 50 calls a day until the number was changed stalked for over one year she had to move 200 miles to get away but he still followed her, letters of apology and love, on a regular basis, property damage to her families' house where she was staying. He hit her on leaving in front of her children. He was well known to the police and had a psychiatric illness. Spying and stalking through child visits, innocuous questions to gather information from children about her.
Social support Supported by family on arrival and supported well by GP, police, and friends who listened to her problems and gave sanctuary when she needed it. Aware of Women's Aid services but did not actually use them or 'feel' that she deserved them. Social Services input with her children who were disruptive and behaviourally out of control.	**General health prior and after stalking** Depression throughout her relationship, which got worse after the break-up, expected trouble, lack of motivation, energy concentration inability to care for children relied heavily on family to do basics, started to drink and smoke more than usual and travel out to meet people.
General health now Says that she drinks a lot and relies on eldest children of 15 boy and girl 14 to care for youngest boy of aged six, left with family health poor concentration poor short tempered and jobs of manual unskilled on social security benefit working additionally on the side.	**Future/present sexual/relationship** Feels distrustful of men met men and had short term relationships with men sex was okay looking for something long term and permanent but only just a few years after stalking been out with older man 15 years older and managed to stay with

Story Map Matrices	12.PARTICIPANT CODE: MC35	DATE OF INTERVIEW: 1/2005
Date of relationship initiation: 1/2004 **Relationship ended: 5/2004**	**Stalking initiation date: 5/2004** **Stalking cessation: 7/2004**	**Age at interview: 35**

Psychosexual history No reported or remembered adverse sexual events, parent's open sexually discussed issues with him, mother left issues to be discussed on a father-son basis. No issues at puberty. Remembered first attempt at masturbation, which went well, did not feel any guilt about this several relationships from early twenties, met wife aged 28 and married for over eight years. First five years of marriage went well relationally and sexually and then deteriorated when he funded her training and occupation.	**Social and family history** Mother has schizophrenia and responds well to medication she remarried and lives with her second husband of many years, victim gets on well with mother and stepfather. No brothers or sisters. Small family unit. Son to his ex-wife who he maintains regular contact with as much as he can with him living in another country.
Relationship quality with stalker He met her 1-2 times per week as an intimate arrangement but never said that he wanted anything further, he just had divorced from his wife who had been unfaithful and left him, childcare issues his wife took his son out of the country.	**Sexual factors with stalker** Just a sexual arrangement at the beginning and, she got more involved buying presents and making assumptions. Sex was good exiting lots of flirting on the internet and spontaneous 'get here now' arrangements. He did not fancy her but it was better than just sitting depressed after the break-up of his marriage.
Reaction to ending relationship He met her on the internet and she was married, when he tried to call it off she came out with innocuous meaning that bordered on black mail 'image if my husband found out where you lived' Threats to try getting him back. Ending of relationship signalled but intense anger and rage, this was demonstrated with nasty e-mails.	**Course of conduct** Phone calls from her, thinly veiled threats but he could not dismiss these. Loitering near his house and place of work. Constant e-mailing, from her several times per day for over six weeks. Following him whilst he was travelling to his job,
Social support Friends from his social work college listen and support him, work colleagues good source of support. Had time off work with break-up of marriage but was back at work during the stalk campaign. Did not need any security measures did not utilise any police support or GP support, but would have if any threats had been carried out.	**General health prior and after stalking** More contact with GP than usual, sleep and appetite problems over eating and drinking a lot smoking a lot. Generalised anxiety and poor overall feeling of ill health poor concentration and tearfulness.
General health now Anxious about her trying to get into contact with him, poor sleep now but may be attributed to his smoking and upset from marriage.	**Future/present sexual/relationship** Now with a new girlfriend of over a year who has two children from other marriage bit of a whirlwind romance he is now living with her and sold his house, which was the address of the stalking events. Sex is good with new partner no issues with sexual events with her able to trust and cuddle and interact, relationship is plagues with distrust as he was unfaithful to her on another woman who was his old neighbour during the stalking harassment.

Story Map Matrices	13.PARTICIPANT CODE: FS22	DATE OF INTERVIEW: 6/2005
Date of relationship initiation: 5/2003 **Relationship ending date: 4/2004**	**Stalking initiation date: 4/2004** **Stalking cessation date: 12/2004**	**Age at interview: 22**

Psychosexual history Participant found out about sex from school and magazines. Lost virginity aged 16. This was enjoyable and well planned. Have had three sexual relationships, presently in a short-term relationship which she feels will not last. Feels sexual desire and enjoys sex at present. Sexually abused by Uncle in her early teenage years.	**Social and family history** Fragmented social and family life, father alcoholic and parents separated, mother is working and appears functional. Reports domestic violence from her father to her mother, Father is registered alcoholic.
Relationship quality with stalker Her stalker was domestically violent to his past girlfriends. He was a drug user as was his sister. The relationship was 'reasonable' until she wanted to leave the relationship. He was jealous of her talking to other lads in the hostel and would beat her once they were on their own. Imprisoned and starved within the relationship.	**Sexual factors with stalker** In the first three months, he was sexually loving and very gentle. He lived in the same hostel as her and became possessive. During the time of the relationship, she was pressurised for sex and felt that it was an emotionless interaction.
Reaction to ending relationship Participant did not expect him to stalk her; he had to be arrested for contact stalking behaviour and threats to kill her. Participant was relieved at the relationship ending but struggled with the stalking conduct due to her young age. Participant felt angry towards him and wanted to attack him.	**Course of conduct** Stalked for over eight months in duration at least three to four times a week initially for a few months and then this dropped off, increased with Police contact and injunctions being enforced. Most common behaviour was phoning, leaving messages that were sometime nice or nasty content. Stalker was aged 18, during the relationship he used to force her to go on a diet and lose excessive weight.
Social support Her mother was supportive and she moved back with her when the stalking commenced. Legal and police support accessed by victim. Her close friends helped her a lot, she accessed psychotherapy to deal with the aftermath of the relationship, and it is stalking. Felt well that she had left the hostel and was living back at her mother's house. Most helpful aspect of support was being listened to and believed.	**General health prior and after stalking** Hospitalised through severe beating which ended the relationship, stalked whilst in hospital. Phoned her forty times a day. Did not encounter any sexual assaults, would not sleep at first, and took sometime to settled back into her mothers. Reports screaming to nightmares. Anti-depressant SSRI medication utilised. Weight loss wanted to look ugly. Would not go out of her mother's house because he had told her and friends that he would put her back into hospital.
General health now Health at interview stabilised in health, sleeping better still some residual nightmares, eating better and relationally involved with another man but not in a relationship with him. Lack of deep trust. Not as happy now as before. More introvert now than before.	**Future/present sexual/relationship** Had sex with a man on and off for a few months within six months of stalking cessation, said that she pushed him off a few times and that they went back to basics in terms of cuddles, but the relationship did not last, short term sexual contacts only to date.

Story Map Matrices	14.PARTICIPANT CODE: FS48	DATE OF INTERVIEW: 2/2005
Date of relationship initiation: 3/1992 **Relationship ending date: 4/2001**	**Stalking initiation date: 4/2001** **Stalking cessation: 1/2004**	**Age at interview: 48**
Psychosexual history Two past relationships aged 17 on first sexual encounter, no sexual abuse disclosed. Family parents loving and open in affection. No dysfunction in family such as drugs or alcohol. No problems with menses, sex not talked about in the family house. Found out about sex at school. Married for long period and divorced due to his infidelity. Met the stalker after this divorce.	**Social and family history** Two children boy and girl now in twenties to husband, no children to stalker. Mother still alive and healthy father passed away. Still friends with ex-husband who was supportive through her stalking experience. Acts as carer for her mother who is in ill health. No siblings.	
Relationship quality with stalker For the first three years the sex and loving aspects was of a good quality, but when they moved in together this changed, she suspected him of infidelity but he would never admit to this. The last six years deteriorated with him having affairs with a woman and going back to Participant intermittently. Very close management of her by stalker throughout relationship, he self-isolated her through moving away from her family.	**Sexual factors with stalker** Sexual factors were okay but soon became barren after a few years sex was nonexistent and she became a house cleaner to his other needs. Sex was frequent in the first three years and before they lived together, mutual and equal.	
Reaction to ending relationship Participant did not want to end the relationship but his behaviour, treatment forced her to say No, and she was upset and had mixed feelings about this. He eventually realised that he could not come and go has he pleased. In some ways when he was stalking, her she wanted to be reciprocal.	**Course of conduct** Phone calls most common to her workplace and home on daily basis, he still had keys to her house and used to come in when she was there and at work to abuse her verbally, eventually got the locks changed. He used to wait outside her home to speak to her and sit near work, left text messages on phone and voice mail.	
Social support Female GP was very empathic. No police support or legal advice sought as she intermittently welcomed the stalking behaviour until it was evident and proved by informants in the family that he was seeing another person in the next street. Ex-husband most helpful in listening to her experiences, split family as she took him back a few times.	**General health prior and after stalking** Depression, anxiety and bad nerves present during the stalking, increase in smoking and decrease in appetite. Sleep disturbance and nightmares were evident. Although she was able to feel empathy towards other she was cynical of other person's relationships feeling that they would go wrong, not optimistic about life in general	
General health now Still presents as nervous, neurotic and anxious, hypersensitive and fears the worse. Socialises for needs and occupational input only.	**Future/present sexual/relationship** Refrained from relationships. Lacks confidence still in general issues. Good self-esteem.	

Appendix 2: Story Map Matrices.

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Fax: 0161 720 4700

E: mail: kevin.kennedy@nhs.net

24th October 2005 version 3.

Participant Information Leaflet.

1.1 Introduction.

You are being asked to participate in a research study. This letter provides you with some brief information that may allow you to decide if you would like to take part in the study or stimulate your interest in seeking further information. The Chief Investigator (the person in charge of this research) will describe this study to you and answer all of your questions. Please read the information below. Feel free to contact the Chief Investigator to ask questions about anything you do not understand before deciding whether to take part. Your participation is voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can withdraw from the study at any stage either verbally or in writing.

1.2 Title of research study.

The Impact of Post-Intimate Stalking on the General, Sexual and Relational Life of Victims.

1.3 Chief Investigator and telephone number

Mr. Kevin Kennedy who can be contacted on 0161 720 2045.

1.4 What is the purpose of this study?

The purpose of this study is to obtain information about experiences people may have had with intimate stalking. This is better known as ex-partner stalking. The experiences I am interested in are the general, sexual and relationship aspects of your lives and how stalking has affected them. The study also intends to explore the level of support that

was available to you as this may influence how your sexual and relationship lives were affected. To collect information about all this I will audio record an interview expected to last no more than an hour. At present, there is only research from surveys regarding general health but no known research on the sexual and relational impact of stalking. This is your opportunity to tell your story about your experiences. A critical analysis of your story will help Clinicians and Therapists understand how to address sensitive and personal aspects of a victim's health.

1.5 How will your privacy and the confidentiality of your research records be protected?

Your responses in this experiment will be confidential. This means that none of the written responses you give during this study will ask you to report any information that could be used to identify you (such as your name, address, NHS number). All of your responses will be used for research purposes only and will not be shared with others.

1.6 Safeguarding your anonymity.

The following steps will be undertaken:

- the survey questions used in our research do not ask participants to provide any information that could be used to identify them**;**
- the survey itself instructs participants to be careful not to provide any information that could be used to identify them. Any paper documentation used in the study will not contain any personal information;
- access to all data is restricted to the Chief Investigator and his immediate supervision team who are qualified Medical Professionals;
- data is transferred from the researcher's bag or carrying case each day. This ensures that all response information is stored safely and securely overnight; and
- if the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

1.7 What will I have to do if I take part?

Participants in this research will be asked to complete a survey. This survey will ask you to answer questions about your experiences with stalking and your sexual relational lives. The surveys will take about half an hour to forty minutes to complete. After this, the survey will ask you if you want to be interviewed about your stalking experience and sexual relational lives. You can opt out of this part if you wish. However, there will be three short questionnaires to complete. This may take thirty minutes. After this, you will be contacted in six months via a letter and asked to complete the three questionnaires again. This will end your part of the research involvement.

1.8 Are there any risks in taking part?

The methods and procedures used in this study are neither dangerous nor harmful, but they may cause you to become upset or uncomfortable (e.g., you may be asked personal questions or be asked to recall unpleasant experiences). If, upon your completion of this study, you have feelings or thoughts that have a significant negative impact on your daily life, the Chief Investigator can refer you to mental health professionals who can help. In the event that your participation makes you upset or uncomfortable at any stage please do not hesitate to inform the researcher where you can discontinue the survey, interview or questionnaire without any concerns. The interview is designed to encourage 'get out' opportunities for participants. These take the form of written prompts in the interview schedule, which are verbalised by the Chief Investigator who reads out the prompts asking if you are feeling okay and if you are okay to continue.

1.9 Are there any possible benefits?

This exploratory research could be extremely valuable to past and future victims of stalking as it may give us a better understanding of the dynamics of stalking. Your contribution to this research effort will give a better understanding of how stalking affects people's thoughts and behaviours, and could eventually lead to interventions that might prevent stalking from occurring. The benefit of exploring the sexual and relational health of victims may give indications of how stalking disrupts victims 'total' lives.

2.0 Do I have to take part?

Participation in this study is voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with the Health Service or any other Service or Organisation that your are involved with . If you have a current care package this will not be affected.

2.1 What happens now?

I will contact you within two weeks time. You may find it helpful to ask any questions about the study during this contact. Please consider taking part in this study. If I can be of further assistance in providing further information, please do not hesitate to contact myself. Thank you for reading this letter. If you participate in this study, you will be given a copy of this letter and a consent form.

Please contact:

Kevin Kennedy

Community Mental Health Team C
Park House, North Manchester General Hospital.
0161 720 2045

Appendix 3: Participant Information Leaflet.

Manchester Mental Health and Social Care Trust

PARTICIPANT CONSENT FORM.

Participant consent form 24th October 2005 version 3

Title of study: The Impact of Post-Intimate Stalking on the General Sexual and Relational Life of Victims.

Name of Chief Investigator: Mr. Kevin Kennedy.

THE CONSENT PROCESS.

I confirm that I have read and understood the patient information leaflet dated on the .../ /... for the above study and have had the opportunity to ask questions.		**Please initial this box.**
FIRST CONSENT: I agree to take part in the above study and be interviewed. I agree to be audio recorded. **SECOND CONSENT**: I have been interviewed/recorded and still wish to participate/not participate in the study (please circle).		**Please initial this box.**
I have been informed that If I withdraw from the study at any stage that all information will be destroyed.		**Please initial this box.**
Participant name: I agree to take part in the study Allocated code name	**Signature.**	**Date.**
Researcher name: I have given information that enabled a non-pressured choice.	**Signature.**	**Date.**

Appendix 4: Consent Form.

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24th October 2005 version 3

Research Study.

The Impact of Post-Intimate Stalking on the General Sexual and Relational Life of Victims.

Are you a Health Worker whose position brings you into contact with male of female victims of post-intimate stalking?

Are you a victim of ex-partner stalking?

Then apply for participation in the above study.
This involves undergoing a recorded interview.

Then contact me on kevin.kennedy@nhs.net or phone me on 07970949082.

CONFIDENTIALITY ASSURED.

Appendix 5: Recruitment Poster.

Author, year country.	Aim: Did the study address a clearly focused issue?	Did the authors use an appropriate method to answer their question?	Sample size? Is it worth continuing? Were the cases recruited in an acceptable way? Were the controls selected in an acceptable way?	What confounding factors have the authors accounted for? What were the ethical constructs?	What are the results of this study? Are they precise?	Do the results fit locally? Do they fit with other evidence?
Hall (1998) U.S	1. To examine the stalking victimisation of victims.	Survey method: six regional voice mailboxes that recruited participants from varied social and educational backgrounds.	145 participants (120 females; 25 males).57% of sample were ex intimate victims.	No obvious confounding factors, ethical in sense of recruitment from large geographical area. A limitation is that victims who do not define themselves as victims are excluded. Also included wide ethnic recruitment.	The study found that over 80% reported personalities had changed, 90% more cautious, easily frightened 52%, paranoid 41%, and more aggressive 27%.	At time limited research in stalking impact but fits with Pathé & Mullen, (1997) results of symptomology and later studies of stalking trauma.
Pathé & Mullen, (1997) Australia	1. Examined victims of stalking regarding their psychological, social and interpersonal functioning. 2. Examined level of risk for physical and sexual assault.	Survey method.	100 participants, recruited ethically and no control groups used.	Does not appear to be any ethical issues. No obvious confounding factors.	94 victims made major changes in their work and social lives. 83 reported increased anxiety, 55 experienced intrusive flashbacks, and 37 met criteria for PTSD, sexual: 34 experienced physical or sexual assault.	Study results of trauma are similar to later studies as are the range of stalking course of conduct and arrays of trauma.
Westrup, Fremouw & Thompson et al, (1999) U.S		Survey method. They used a validated battery of instruments: the PTSD Scale, symptom check list, self-report interpersonal trust scale.	They compared 36 stalk victims (severe harassment) to 43 victims (less severe) and 48 controls.	No obvious confounding factors.	Harassment victims had significantly higher scores on a number of sub-scales of the SCL-90, in particular depression.	The results appear to fit with Hall (1998) and Pathé & Mullen, (1997), this study was the first to examine less and severely a stalked victims and the results are supported by the later studies that also examine less and severely stalked victims (Mechanic, Uhlmansiek & Weaver et al, 2000; Mechanic, Weaver & Resnick, 2000).
Davis, Ace and Andra (2000) U.S	1. Examined break-up in the contexts: who initiated the break-up? How the nature of the break-up affects the nature and degree of stalking behaviours and the number of break-ups and reunions that had occurred previously.	Survey methods and well validated scales such as the ECR 36-item, Experiences in Close Relationships, the Control Scale 25-item and the Psychological Maltreatment of Partner scale.	In the first study, 169 participants took part (123 women and 46 men). In the second study, 212 participants took part (110 women; 93 men).	A limitation of these studies was the young age of the sample (19-24 years). However ethical in the sense that males were included in the study. No obvious confounding factors.	Davis and colleagues found that the level of courtship persistence and stalking following break-up are quite substantial when self-report is used; they show that PMP and stalking significantly correlated with each other.	They show that several features of the break-up are relevant to the degree of stalking. Such features from the stalker are emotional reactions to break-ups such as anger, jealousy and obsessiveness.

Davis, Coker & Sanderson, (2002) U.S	1. Examined the physical and mental health effects of stalking victimisation.	Survey methods, well validated scales such as Conflict Tactics Scale, the Power Control and Emotional Abuse scale and the 20-item Stalking Index.	6,563 women and 6,705 men aged 18-65 from NVAW study 1998.	Ethical in sense of first study to include the examination of men's health impact. Limitation is the inability to review the medical notes of the sample for chronic mental or physical illnesses. No obvious confounding factors.	The study found that the health consequences of stalking were similar for men and women. But women had greater degrees of fear.	They recommended training for criminal justice and health services in stalking victimisation. The study emphasises that men are as likely has women to experience stalking and suffer a wide range of negative health symptoms.
Dye & Davis, (2003) U.S	1. They examined the impact of stalking and PA. 2. They looked at the perpetration of this abuse in terms of personality and relationship specific factors.	Survey methods using validated scales such as Trait Anger Scale; the Relationship Questionnaire and the Harsh Parental Discipline scale	87 males and 251 female undergraduates with a mean age of 21.	Young mean age, excluded older participants. Ethical as it included males and females. No obvious confounding factors.	Men had more break-up anger and stalking than women. In addition, they examined PA and found that it correlated positively with need for control, anxious attachment, parental discipline, and trait anger.	Dye and Davis (2003) proposed that longitudinal studies are used in future research.
Kamphuis & Emmelkamp, (2001) Holland	1. They explored the nature and prevalence of stalking behaviours in relation to impact of stalking on victims	Survey methods. They used the following scales the General Health Questionnaire 12-item, Impact of Events Scale 15-item and the Stalking Questionnaire 21-Item.	201 female participants.	No obvious confounding factors.	Trauma level was similar to other populations who had endured psychological trauma such as passengers in the Boeing 737 crash in Coventry.	Study fits locally and supports previous findings of trauma. They found that there are high levels of traumatic stress associated with stalking victimisation.
Kamphuis, Emmelkamp, & Bartak, (2003) Holland	1. They looked at 'individual differences' of affective and cognitive responses in relation to stalking severity.	Survey methods and well validated scales such as the Trauma Constellation Identification Scale 30-item, the Stalking Inventory 21-item, NEO Five-Factor Inventory, Utrecht Coping List, Social Support Inventory and Impact of Events scale.	131 female participants contacted by mail completed questionnaires pertaining to their stalking history, Big Five personality traits, coping, social support, as well as trauma reactions and symptoms.	No obvious confounding factors. Only recruited females thuis exclsudibng males.	Risk factors for trauma were severe stalking including violence and passive coping.	Supportive findings of the earlier study in 2001, they also found high levels of traumatic stress. Trauma after stalking was related to stressor-related and person-related variables
Logan & Cole, (2007) U.S	1. They looked at the outcomes of U.S protection orders in terms of how useful participants perceived them to be.	Prospective study. A life history events calendar recorded events on a monthly basis two years before initial interview. Initial interviews commenced and then followed up a year later with a response rate of 94%.	The sample size of 662, the sample was organised into two groups: no stalking after the PO by the PO partner (n=489, 73.9%) and stalking after the PO by the PO partner (n=173, 26.1%).	Excluded males and exclsusively recruited feamles from court, where only the most severely stalked women would have been recruited. No obvious confounding factors.	They found that stalking is a risk factor for psychological, physical and sexual partner violence, suggesting that the criminal justice system and victim services should educate women.	This study is important as it addresses deficiencies within the literature; firstly, it attempts to isolate stalking from other forms of violence in order to ascertain the specific effects on mental state alone

Mechanic, Uhlmansiek & Weaver et al, (2000) U.S	1. To provide data on stalking in a sample of acutely battered women. 2. To assess the interrelationship between constructs of emotional abuse, physical violence and stalking	Quantitative, two separate visits completing computer based questionnaires. Appropriate method. Authors utilised several well validated tools as in the sister study.	114 battered women from shelters and agencies. 35 battered women classified as 'relentlessly stalked' and 31 'infrequently stalked' battered women.	Non-battered women were excluded from the study insinuating that non-contact stalking behaviours are not serious. Of ethical importance interviewing and debriefing of participants was undertaken by clinicians trained in trauma. No obvious confounding factors.	Results support that violent and stalking occur with alarming frequency. Emotional and psychological abuse is strong predictors of within and post-relationship stalking.	No significant difference in seeking help from the Police, Mental Health Services, Therapy or Clergy between groups. Nonetheless, relentlessly stalked women utilised a wider range of help seeking behaviours than infrequently stalked.
Mechanic, Weaver & Resnick, (2000) U.S	1. To provide a picture of stalking behaviour, patterns and correlates in battered women. 2. To explore the realtionship between psycholgica/l emotional abuse and physical violence.	Quantitative, two separate visits completing computer based questionnaires. Thought to be an appropriate method. Authors utilised several well validated tools, such as stalking behaviour checklist, standardised battering interview, psychological maltreatment of women inventory and revised conflict tactics scale.	114 battered women (average age 35) recruited from NVAW sample. Authors recruited from non-shelter and shelter agencies, also from help and non-help seeking women. Used newspapers and TV to recruit.	24 particpants screened out of the study, were given support and agency information. 68% of woemn were African-American, 25%, Caucasian, ethical because recruited from ethnic minority source	The relentlessly stalked group scored higher on the SBC than the infrequent. Both groups reported physical, emotional sexual violence in relationship.	The study added to the literature, the knowledge that emotional abuse was a significant predictor of stalking behaviours within domestic relationships. Moreover, the researchers found that the longer the participants were out of the relationship the more relentlessly they were stalked and for longer periods of duration.
Slashinski, Coker & Davis, (2003) U.S	1. Estimated non-cohabitating dating violence prevalence. 2. Investigated associations between dating violence and other types of interpersonal violence. 3. Examined the role of violence in association with longer-term mental health including substance abuse.	Survey methods: and the use of the 20-item stalking scale and the power and control scale.	Upper age limit of 65: women, 1,159; men, 7,122).	No obvious confounding factors. The upper age limit of 65, which was ethical as it, included greater range of participants. No obvious confounding factors.	They rated participant's poor health at a prevalence of 2.4% with 10.4% reporting significant depressive features. Alcohol use rated at 3.8% with painkillers and tranquillisers used by 12.2% participants.	They emphasised the importance of developing a dating violence tool to measure forced sexual activity, physical violence and stalking. They were not able to attribute causality for links between dating violence, future intimate partner violence and health outcomes

Appendix 6: Quality Appriasal of Included Studies (based on Avis 1994ab; CASP, 2004).

Author, Date (n=37)	Rationale for Exclusion
Abrams & Robinson (1998a)	General overview, more appropriate studies were reviewed such as Pathé and Mullen (1997) that covered general and psychological health issues.
Abrams & Robinson (1998b)	About legal and therapeutic considerations, did not elaborate or general, sexual or relationship health.
Bjerregaard (2000)	This study was about psychological health impact but was excluded as it reported similar findings to Pathé and Mullen (1997) and Hall (1998).
Blaauw, Winkel & Frans et al, (2002)	About features of stalking behaviours and relationship to trauma of victims, not about general, sexual and relational health impact.
Brandl, Dye & Heisler et al, (2006)	Centred on victim safety, which was discussed in the study but not the overall tenet of the MPhil.
Brewster (2000)	About verbal threats and predictors of physical violence.
Brewster (2002)	About trauma symptoms of former intimate stalking victims, excluded because I had enough studies.
Brewster (2003a)	About power and control dynamics in pre-stalking and stalking.
Coleman (1997)	Stalking behaviour and the cycle of domestic violence, not about general, sexual or relationship health impact.
Davis & Frieze (2000)	Research review, not about any sexual or relational issues of recovery of this studies three tenets.
Davis, Frieze, Hanson & Roland (2002)	Stalking as a variant of intimate violence.
Logan, Leukefeld & Walker, (2002)	Book chapter generally on perspectives of victims and perpetrators.
Dennison & Stewart (2006)	About rejection and shame, not general sexual and relationship impact or service support.
Douglas & Dutton (2001)	About the link between stalking and domestic violence.
Dutton & Winstead (2006)	A predictive study of pursuit.
Harmon, Rosner & Owens (1998)	About violence in a forensic sample of stalkers.
Jordan, Logan & Walker (2003)	Solely about criminal justice responses.
Kamphuis & Emmelkamp (2005)	20 Years of research into violence.
Kurt (1995)	Stalking as a variant of domestic violence.
Logan, Shannon & Cole (2007a)	Partner Stalking and Implications for Women's employment, solely about employment.
Logan, Shannon & Cole (2007b)	Stalking victimization in the context of intimate partner violence, about the dynamics of these constructs only.
McGuire & Wraith (2000)	A review on legal and psychological aspects of stalking but did not cover any sexual or relational issues.
Meloy & Boyd (2003)	Female stalkers and their victims.
Melton (2007b)	Predicting the occurrence of stalking.
Mullen, Pathé & Purcell (2001)	New constructions of human behaviour.
O'Connor & Rosenfeld (2004)	Finding and filling the empirical gaps.
Palarea, Zona & Lane et al, (1999)	About relationship stalking, violence and threats.
Purcell, Pathé & Mullen (2005)	About stalking victimisation and psychiatric morbidity utilised in discussion.
Roberts (2005)	About experiences of violence not impact of general, sexual and relational health.
Sheridan, Blaauw & Davies (2003)	Knowns and unknowns of stalking still not of sexual and relational health issues.
Sinclair & Frieze (2000)	About the dilemmas of differentiating between courtship break-up and stalking.
Spitzberg & Cupach (2007)	Literature review but not of relationship and sexual impact or recovery.
Mullen & Pathé (1994)	About pathology of love and attachment issues.
Kraaij, Arensman & Garnefski et al, (2007)	About cognitive coping in female victims, not general, sexual or relational health.
Walker, Meloy & Reid (1998)	About domestic violence and stalking, not covering sexual or relationship health recovery.
Williams & Frieze (2005)	About relationship violence.
Wright, Burgess & Burgess (1995)	About stalking classifications.

Appendix 7: Excluded Studies Rationale.