

Surviving stalking

Rochelle Marashi talks to therapists who are helping clients process the impact of this complex crime

The tale of a broken-hearted suitor who won't let go has been romanticised repeatedly in Western culture, blurring the lines between pursuit and intrusion. In 'Sonnet 150', Shakespeare captures this theme with the line, 'More worthy I to be beloved of thee',¹ expressing persistent longing in unrequited love. In the neo-noir romantic thriller *Breathless*,² Richard Gere's character makes frequent unwelcome appearances at his love interest's home, including breaking in and forcing unwanted contact, all framed as evidence of relentless passion, and, by Hollywood standards, proof that it must be love.

Stalking has also been a theme in hit songs: Blondie's Debbie Harry famously sang about her real-life stalker in 'One Way or Another'.³ The Police's 'Every Breath You Take'⁴ similarly embodies obsession but is often played at weddings because its haunting melody and seemingly romantic lyrics suggest a love song. However, by Sting's admission, the true meaning is about surveillance and ownership.

The term 'stalking' is now part of everyday language. True crime documentaries about stalking have become popular weekend viewing entertainment, often sparking eager discussions. Meanwhile, many casually describe 'searching' for someone on social media as 'stalking', trivialising the seriousness of this 'insidious process'.⁵

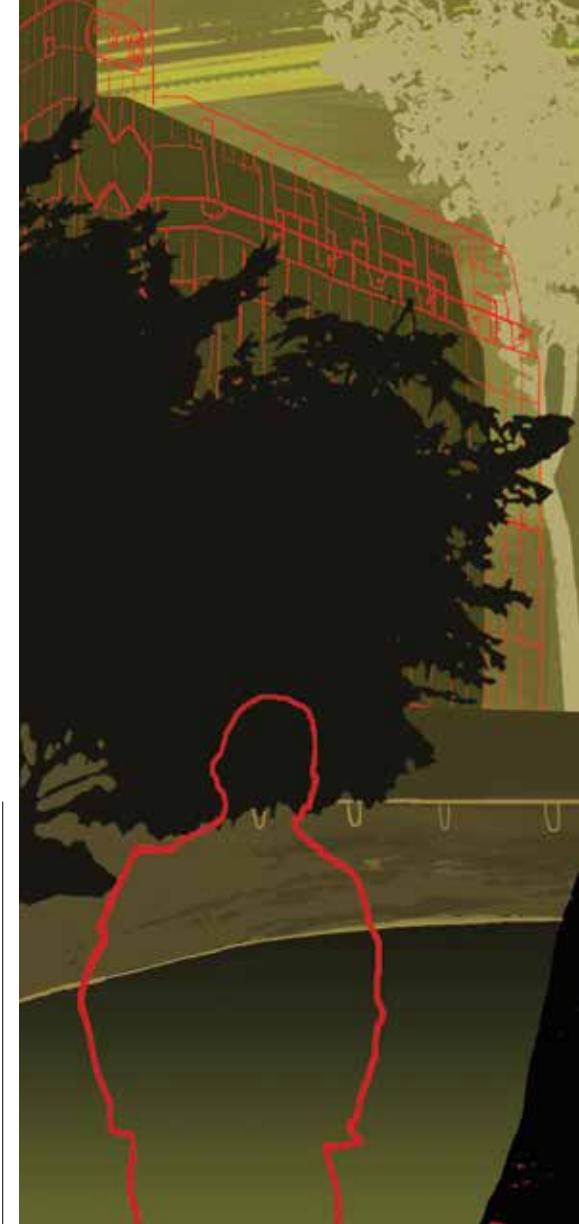
Stalking extends far beyond mere television entertainment; it is a serious criminal offence. As a therapist and researcher I wanted to understand how our profession engages with this issue.

In a study carried out as part of my master's research, I interviewed four qualified psychotherapists – three based in the UK (Lily, Skylar and Allyson) and one in the US (Erika) – who had worked with female clients affected by stalking. Using reflexive thematic analysis, I explored how these therapists define, identify and intervene in such cases. The findings revealed an urgent need for improved training and safeguarding measures, and challenged the profession to rethink its assumptions about client safety, note-taking practices and risk management.

Defining stalking

Under UK law the specific offence of stalking was introduced in Section 2A of the Protection from Harassment Act 1997, as amended by the Protection of Freedoms Act 2012.⁶

The law lists stalking behaviours such as following someone, repeated contact or hanging around – but this doesn't cover everything. For example, it doesn't mention stalking-by-proxy, where someone uses others to harass or watch the target. It also misses how technology is now used to control people, like tracking locations or spying on social media.



Stalkers often hide behind the idea of 'concern' or 'care', which can make their behaviour seem harmless. This makes it hard for victims to recognise what's really happening. But these actions often follow the same patterns of control and coercion as physical stalking, and can lead to violence.

Because of these gaps in the law and understanding, therapists, victims and even the legal system can struggle to spot stalking, especially when it's subtle, indirect or disguised as 'support'.

According to the Suzy Lamplugh Trust, stalking is defined as 'a pattern of fixated and obsessive behaviour which is repeated, persistent, intrusive and causes fear of violence or engenders alarm and distress in the victim'.⁷ In short, it's not about a



single incident but the ongoing nature and its emotional impact that matters. To make it easier to recognise, the College of Policing offers the acronym FOUR: fixated, obsessive, unwanted and repeated.⁸ This framework can help therapists identify stalking behaviours, especially when clients describe a string of unnerving incidents that don't initially seem connected. It shifts the focus from what the stalker is doing to how the client is being affected.

The therapists I interviewed described stalking using words like 'sinister', 'unrelenting' and 'more than harassment'. One noted how society still clings to the caricature of 'a masked man in a dark alley', while real-life stalking is far more insidious: anonymous packages, persistent messages, or being watched from a distance.

Interestingly, most of the therapists I spoke to had experienced stalking themselves or supported someone close to them. Though unplanned, this added a depth of empathy and insight that clearly shaped how they understood and responded to their clients.

Recognising stalking

One striking theme was how rarely clients initially used the word 'stalking'. Instead they described behaviours: 'He keeps turning up', 'I'm getting weird texts', 'I don't feel safe'.

Many clients may not recognise their experiences as stalking because the behaviours are often normalised, minimised or disguised as concern, especially in the context of previous intimate relationships. However, stalking is not confined to pre-existing relationships; stalkers can target anyone.⁹

Without a clear cultural script or professional framing, stalking can appear to be persistence rather than abuse, until the cumulative impact becomes undeniable.

Skylar, a therapist with personal experience of being stalked, was often the first to name it in therapy – not to pathologise the client but to validate them. 'It was always me bringing it up first,' she explained. 'They thought it was just part of a break-up.'

This pattern highlights how therapists need to be attuned to the subtle indicators of stalking, especially post-separation abuse, and brave enough to name it. Without this recognition, clients may continue to internalise blame, remain in danger or accept ongoing harassment as normal.

Therapy notes

All four therapists expressed concern about what to record in their notes. Several had experienced notes being subpoenaed, and all were mindful of the risks. Skylar, for instance, keeps only minimal, non-identifiable records: 'There's no legal

requirement to take notes, but if you do, those notes could be used against the client.'

Allyson was particularly conscious of the interventions by various agencies and therefore preferred to keep her notes succinct and in bullet points, only recording key events such as 'we did tapping today'. In her own words, she aims to keep it 'short and sweet'.

This cautious approach is often tied to an understanding of DARVO (deny, attack, reverse victim and offender), a concept introduced by psychologist Jennifer Freyd in 1997,¹⁰ which describes how a common strategy for perpetrators is to deny abuse, attack the person challenging them, and portray themselves as being the victim.

In these dynamics, therapy notes can be misused in legal proceedings to undermine a client's credibility, especially in cases of stalking, coercive control or post-separation abuse, where the evidence is often emotional or behavioural rather than physical. Several therapists described previous cases where their notes had been subpoenaed, leaving them fearful that even well-intentioned clinical documentation could be taken out of context or weaponised.

Given these risks, UK campaigns such as #KeepCounsellingConfidential, led by End Violence Against Women UK, Rape Crisis, the Centre for Women's Justice and Rights of Women, are vital. They call for stricter limits on access to therapy notes – not just for survivors of sexual violence but also for those navigating stalking and related forms of harm. The #KeepCounsellingConfidential campaign has now been selected as the joint winner for Campaign of the Year at the 2025 SMK National Campaigner Awards, and the hope is to bring this into law.

Until such protections are embedded across services, therapists must tread carefully. What we write, and how we write

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it, can either protect a client or place them in further danger.

Therapeutic approach

Each therapist drew on a different mix of modalities depending on their training and the needs of their client.

Lily, who usually integrates person-centred and psychodynamic approaches, returned to a purely Rogerian stance in her stalking case, focusing on emotional attunement and the client's embodied experience. Skylar, with 13 years' experience of practising, relied on CBT to challenge internalised narratives – often shaped by the stalker – and used courtroom-style exercises to help clients test distorted beliefs against evidence. Erika combined psychodynamic work, CBT, family systems and psychoeducation, particularly around intimate partner violence. Allyson used emotionally focused therapy and tapping techniques to help her client regulate intense emotional states, alongside guided visualisations to restore a sense of internal safety.

While the techniques varied, all therapists emphasised the same core truth: that no tool or modality was more important than building a relationship grounded in trust, safety and validation. For women targeted by stalking,* many of whom have been gaslit, blamed or ignored, the experience of being truly heard and believed in therapy was in itself a powerful intervention.

Therapist reactions

Working with clients targeted by stalking elicited strong emotional responses from all four therapists, not just in the room but long after sessions ended. Many described a mix of protectiveness, sadness and anger. Lily spoke about her 'rage at the system', and sorrow at how her client's voice was so easily overpowered. Erika admitted to wanting to 'scream at the stalkers' to leave her clients alone, while also wondering if perpetrators could be helped to process

Signposting and practicalities

From my research and clinical experience, therapists can offer practical support to clients facing stalking. It's helpful to direct them to organisations like Women's Aid and the Suzy Lamplugh Trust. Using unique log-in links for remote sessions protects privacy, while supporting clients to remove former partners from online accounts and emergency contact lists strengthens their security. Advising caution on social media – avoiding posts that reveal location or personal details – can also play a key role. These simple but effective steps can make a real difference in keeping clients safe and providing peace of mind.



their needs differently. Skylar said she could stay grounded in one-to-one sessions but found it much harder when working with couples, where identifying stalking patterns could be emotionally triggering and required additional supervision.

For Allyson the case raised concerns about her own safety. She was working with a high-profile client who had been the target of a calculated stalking campaign, which was chilling enough to be featured in a Netflix true crime documentary. They were both intent on ensuring he never discovered the existence of their

therapeutic relationship. As a protective measure Allyson stopped accepting new referrals, wary that the perpetrator might attempt to pose as a client in order to gain access. The experience reshaped her sense of what it takes to protect a truly safe therapeutic space.

Outside the therapy room these feelings lingered. Lily noticed heightened vigilance in public, particularly around surveillance technology like video doorbells. Skylar avoids working in person with male clients because of her experience, and still doesn't feel entirely safe despite working in a shared office building. Erika is acutely aware that her identity could be uncovered by perpetrators. Allyson described being 'safety conscious', avoiding unknown numbers and adjusting her behaviour around local men for fear of triggering anger or rejection.

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These responses speak to the emotional toll of working with stalking, and the secondary trauma it can produce. None of the therapists reported burnout, but all emphasised the importance of ongoing supervision, peer support and practising self-care as non-negotiables when doing this work. It's not just about keeping clients safe but about keeping ourselves safe too.

Supervision

In complex and emotionally charged stalking cases, supervision proved to be more than just routine support – it was essential for ethical, clinical and emotional grounding. For Lily, who worked in a supportive organisational setting, supervision was where she explored uncertainty and sharpened her awareness: 'Is there something more I should be doing?' she recalled asking. It offered both a sounding board and a space to upskill.

Skylar described supervision as 'probably the only place where I can talk about the fear it's brought up in me'. Having changed supervisors to find someone with specific expertise, she emphasised the need for supervisors who not only understand trauma but also the lived realities of coercive control. For her, being heard and understood were just as vital as clinical guidance.

Allyson's experience highlighted another dimension: mutual learning. With one trauma-informed supervisor and another less experienced in stalking, she described how the latter 'learned a lot about that space' through working together, showing how supervision can evolve into a two-way process when specialist knowledge is scarce.

Erika, based in the US, didn't have formal supervision due to licensing structures but consulted peers, colleagues and even her own therapist. She noted how often she's been asked to advise others: 'They've never had a stalking case before – I can educate them.'

Together these accounts reveal a gap: specialist knowledge about stalking is often missing in supervision, leaving therapists to seek or build their own networks. In the absence of structured training, high-quality supervision with someone attuned to the dynamics of

stalking becomes a professional safeguard and, at times, a lifeline.

Further training

All four therapists agreed: stalking is not covered in their original counselling training – neither the topic nor impact.

Skylar stressed the need for better training on stalking and post-separation abuse, especially where relationship dynamics are concerned. 'We get taught about anxiety and depression. But stalking? Domestic abuse? Not really.' Drawing on her work with narcissistic abuse, she highlighted how often stalking continues a pattern of coercive control. She added that the knowledge gap isn't limited to therapists: 'A lot of professional services need a lot more training.'

Lily reflected that the subject of stalking only became visible through practice and supervision. 'It's not something that was touched on at all,' she said, questioning why training doesn't include a more structured overview of the many forms abuse can take. 'There's not a book we're given on the different manifestations of abuse... what if we had a book of causes?'

Erika, who trains other clinicians, said it's vital to have 'some kind of understanding of the umbrella of what might be happening', even if you're not a specialist, and adds that 'stereotypes stop victims from getting support – and sometimes therapists don't recognise it either'.

Allyson was clear that working with stalking isn't something 'any therapist can just do'. She never received formal training but picked up knowledge through her clients and her placement at a women's centre specialising in gender-based violence. 'Had I trained somewhere else I wouldn't have had any exposure to this,' she said, highlighting the patchy nature of therapist preparedness.

This highlights a serious gap in clinical education. Unless therapists are placed in a service specialising in intimate partner abuse during their training, they are unlikely to receive meaningful guidance on stalking at all. CPD, where it exists, is often legalistic or generic. What's urgently needed is specialist, trauma-informed training that reflects the complex clinical realities of this work.

Final thoughts

The findings of this small qualitative study suggest that therapists are doing the best they can but largely without systemic support. They are learning on the job, adapting their approaches and seeking supervision. But the risk of harm to both client and therapist remains too high.

A multi-agency response is needed. That includes clearer guidance on therapy notes, stronger safeguarding frameworks and CPD tailored specifically to stalking. It also requires a shift in how we talk about stalking both in our profession and society more broadly. As therapists we're used to naming the unspeakable. Let's start by naming stalking and supporting those living in its shadow. ●

**The author's research was conducted on women only and she cannot comment on men's experiences.*

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