



HEALTH RESPONSE SPOTTING STALKING



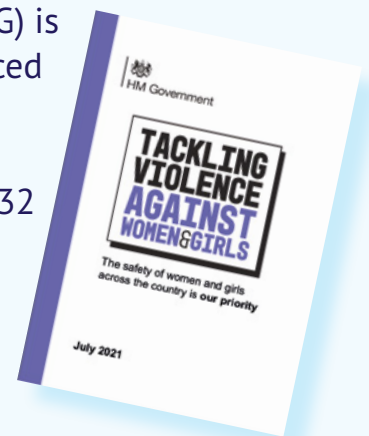
#NSAW2025
#SpottingStalking

suzy lamplugh
trust

LIVE
LIFE
SAFE

EXECUTIVE SUMMARY

Violence Against Women and Girls (VAWG) is a recognised public health issue, evidenced in the government's Tackling Violence Against Women and Girls Strategy 2021-2024, Women's Health Strategy 2022-2032 and the introduction of the duty on NHS Integrated Care Boards (ICBs) to address the needs of victims of abuse in their respective Joint Forward Plans (2023-2028). Despite this welcome recognition, stalking remains invisible in national health policies, guidelines and strategies.



Healthcare professionals (HCPs) are not spotting stalking in patients, nor are they aware of the higher risk of stalking they face within their own professions. Alongside demonstrating the support needs of patients and HCPs who are victims of stalking, this report evidences the importance of responding to perpetrators with specialist multi-agency interventions to best manage risks to victims. Without explicitly recognising stalking as a form of VAWG that requires its own targeted response, it is impossible for the government to deliver on its promise to halve VAWG in a decade.

According to our recent survey¹, 85% of frontline healthcare professionals (HCPs) do not know what specialist stalking services exist and where to refer patients for specialist support. 79% of HCPs have never received training on identifying and addressing stalking, while a further 17% said they had only undertaken a brief training or workshop on stalking. Crucially, only 7% of survey respondents feel very confident in their ability to identify a patient who may be experiencing stalking. None of the NHS ICBs who responded to our freedom of information (FOI) request² could identify any services they commissioned for stalking victims, despite the fact that Suzy Lamplugh Trust are aware of at least two specific NHS Trusts who fund aspects of a stalking service, indicating a need for greater information sharing, transparency and consistency at the ICB level to end a postcode lottery system of support. **To tackle the evidenced gaps in knowledge and confidence in health settings, all ICBs must commission**

specialist training and guidance on identifying and responding to stalking victims. Moreover, following the good practice of a 'whole health' response to domestic abuse and the introduction of health based Independent Domestic Violence Advocates (IDVAs)³, a similar initiative must be considered to spot stalking. **All ICBs must commission locally embedded Independent Stalking Advocates (ISAs) in health settings who can work with and take referrals from healthcare professionals.**



Multi Agency Stalking Intervention Programmes (MASIPs[®]) for stalking perpetrators include a specialist health component that addresses the perpetrator's fixated and obsessive behaviour, with the programme's evaluation finding overall positive outcomes and a reduction in reoffending rates. Psychologists within MASIPs[®] are a vital element of the multi-agency collaborative response to stalking. Not only do such specialist interventions prioritise victims' wellbeing and safety, but the MASIP[®] evaluation shows cost effectiveness, too⁴. **To deliver on the 10-year ambitions of the Women's Health Strategy, ICBs must commission specialist early interventions, as exemplified by the MASIP[®]⁵, to identify and respond to perpetrators.**

Growing research suggests that HCPs are at a greater risk of being stalked than the general population⁶. Leading by example as the largest employer in the UK, NHS England has recently become a 'beacon member' of the Employers' Initiative on Domestic Abuse (EIDA), and now is the moment for the health sector to act decisively and show the same commitment to addressing stalking. **To meet their duty of care and safeguard staff, the public and private health sector must consult with specialists to develop internal stalking policies and protocols that address the needs of employees experiencing stalking.**

The National Police Chiefs' Council (NPCC) has declared VAWG a national emergency in the United Kingdom. Despite this, the National Audit Office found that the government underspent their VAWG budget by 15% and are failing to commission 'What Works'⁷ to prevent and tackle VAWG. Between 2021-22 and 2023-24 the Home Office underspent by £22 million its total £149 million budget⁸. The Autumn Budget and Spending Review are both opportunities for the government to demonstrate a commitment to stalking victims and evidence its recognition that, like other forms of VAWG, stalking is a public health issue that requires a targeted and distinct multi-agency approach.

STALKING: A PUBLIC HEALTH ISSUE

What is Stalking?

Stalking is a crime of psychological terror which disproportionately affects women and girls, with 1 in 5 women and girls and 1 in 11 men experiencing stalking in their lifetimes⁹. Approximately 1.6 million adults (aged 16 and over) were victims of stalking in the last year in England and Wales¹⁰. Although half of the stalking cases coming through the National Stalking Helpline in the year ending March 2024 were not perpetrated by ex-intimate partners or family members, stalking is often subsumed under the category of domestic abuse. The remaining cases were perpetrated by stalkers with other relationships to the victim, including colleagues/ex-colleagues, acquaintances, neighbours, friends/ex-friends or strangers¹¹.

Health Impacts

Characterised by fixation and obsession, stalking can shatter victims' lives, with 91% of victims experiencing psychological impacts as a result of stalking¹² and 78% experiencing symptoms consistent with Post-Traumatic Stress Disorder (PTSD).¹³ Victims reported a wide range of psychological impacts as a result of being stalked, including fear, hypervigilance, anxiety, paranoia, depression and suicidal ideation. Some victims reported self-harming behaviours and developing eating disorders. Surveys carried out by Suzy Lamplugh Trust in 2022 and 2020 also found that victims' mental health severely deteriorated after the stalking began^{14,15}. While only 7% of respondents indicated their mental health as 'poor' prior to experiencing stalking, this rose to 48% after experiencing stalking. A 2023 study corroborates these findings¹⁶, with 95% of victims reporting psychological or mental health problems following stalking events compared to 30% beforehand. Aside from the mental health impacts of stalking, victims' physical health were also affected through insomnia, medication and long-term sick leave¹⁷.

When considering the impact of stalking throughout the course of a victim's life, it is also important to recognise that it can be a risk factor for homicide. Stalking behaviours were found in the antecedent history of 94% of 358 cases of female homicides with male perpetrators in one study¹⁸. The impact of stalking can be fatal and evidences how integral the healthcare sector is in providing a life-saving response through early identification and onward referral to specialist stalking services.

The Healthcare Response: Spotting Stalking

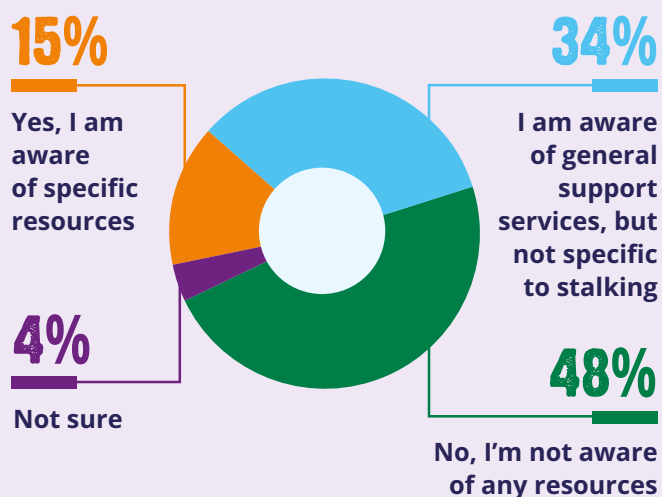
41 out of the 42 NHS Integrated Care Boards in England who have responded to the freedom of information request told us they have not commissioned any services for stalking victims, nor have they commissioned any staff training specifically addressing stalking, in the financial years 2022-2023 and 2023-2024¹⁹. Despite this, Suzy Lamplugh Trust are aware of at least two specific NHS Trusts who fund aspects of a stalking service, signaling a need for greater information sharing, transparency and consistency at the ICB level to end the postcode lottery system. Our 2025 survey results are compatible with this finding, as 85% of healthcare professionals (HCPs) who responded did not know what specialist stalking services existed and where to refer for specialist support. Only 7% of frontline HCPs feel very confident in their ability to identify a patient who may be experiencing stalking. Worryingly, 28% of respondents said they had never considered stalking as a problem before.

"Stalking was never on my radar until I did this survey!"

Healthcare professional

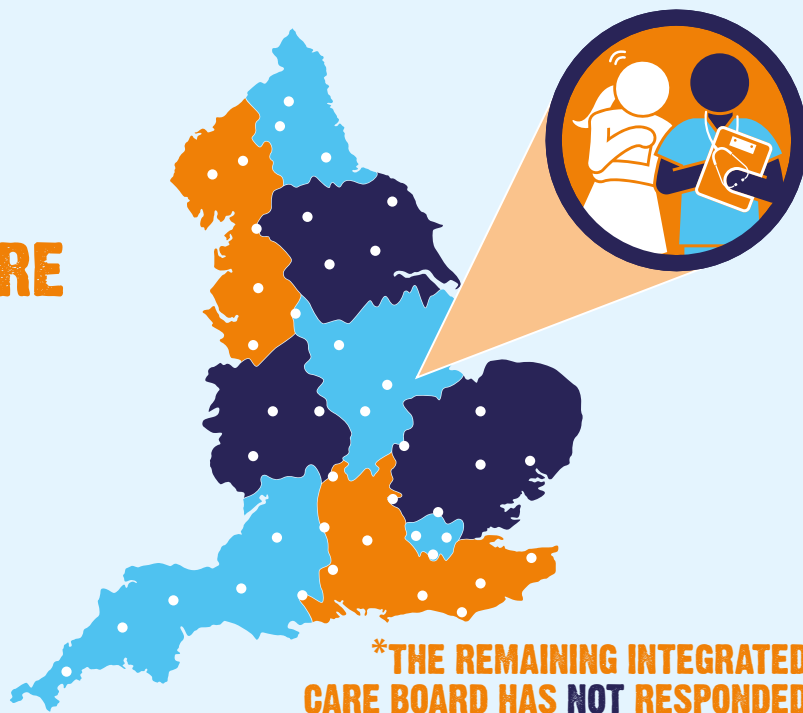
The Trust's research²⁰ has consistently demonstrated that stalking is often going unrecognised by HCPs. This evidence is concerning and suggests dangerous practice as delayed identification and response may increase both the immediate risks to the victim's safety, as well as prolong the psychological impacts of stalking.

ARE YOU AWARE OF ANY LOCAL REGIONAL OR NATIONAL RESOURCES AVAILABLE FOR STALKING VICTIMS?



(Extracted from our 2025 survey)

41 OUT OF THE 42 NHS INTEGRATED CARE BOARDS IN ENGLAND HAVE TOLD US THAT THEY ARE NOT COMMISSIONING ANY SERVICES FOR STALKING VICTIMS.*



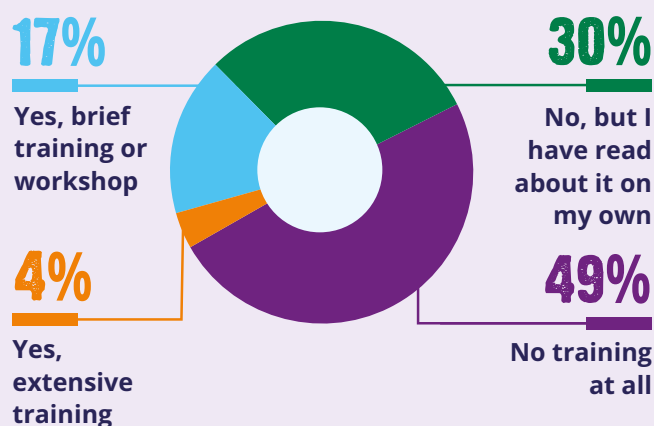
Despite the knowledge, skills and confidence gaps reported by HCPs in identifying victims of stalking, we know that victims are reaching out to their GPs, counsellors and other mental health services to address the symptoms resulting from the stalking they are experiencing²¹. While over a half of stalking victims accessed healthcare services specifically because they were a victim of stalking, only 28% felt that their experience of asking for support from the healthcare system was positive overall, or that their healthcare practitioner was able to offer appropriate help²².

Healthcare professionals must therefore undergo independent specialist stalking training to enhance their ability to identify stalking and its impact on health, referring patients on to specialist stalking support services to ensure early implementation of appropriate safeguarding measures. While this clearly evidenced training need has a cost implication, it is likely to have a lower impact on budgets compared to the financial and human costs of failing to identify and respond to stalking until the risk escalates further. Failing to prioritise specialist stalking training is at the expense of both patient safety and staff safeguarding.

Joint Forward Plans (JFPs) are mandatory 5-year plans that elaborate how ICBs and partner NHS trusts can meet the mental and physical health needs of their population. NHS England's guidance on development of JFPs references the importance of safeguarding victims of abuse²³. To meet these objectives, HCPs require

training and national guidance to understand and recognise victims of stalking, including mental health impacts and the correlation with PTSD, and how to refer into specialist services. Alongside independent specialist training, **the public and private health sector must consult with specialists to develop national guidance for healthcare professionals to identify and respond to patients who are victims of stalking.**

HAVE YOU EVER RECEIVED FORMAL TRAINING ON IDENTIFYING AND ADDRESSING STALKING IN YOUR HEALTHCARE PRACTICE?



(Extracted from our 2025 survey)

Safeguarding Staff: Not Just a Patient Safety Issue

“As a nurse that was stalked by a patient’s relative, I feel that my employers did not understand”

Healthcare professional

Aside from patient safety, healthcare professionals (HCPs) are also at risk of being stalked²⁴. While there is a lack of comprehensive data on the stalking of HCPs in the UK, a 2011 study found a concerning trend. The survey of 10,429 psychiatrists found that 21% reported experiencing stalking and, in 64% of these cases, they were stalked by a patient²⁵. In another more recent study, 25.4% of staff at one NHS Trust reported stalking by clients²⁶. This theme also emerged from our 2025 survey:

“I was aware of stalking as a clinician but since being stalked in my personal life my knowledge has increased... I now realise how much more I could help patients [and clinicians]”

Healthcare professional

85%
**OF HEALTHCARE
PROFESSIONALS
DO NOT KNOW
WHAT
SPECIALIST
STALKING
SERVICES EXIST OR
WHERE TO REFER FOR
SPECIALIST SUPPORT**



Stalking can destroy careers; alongside the mental and physical health impacts, stalking can affect victims' confidence levels, productivity, financial stability and their feelings of competency in their career. HCPs who are being stalked by a patient can struggle to report stalking as there is a belief in the sector that they should have the professional tools to manage stalking behaviours²⁷.

“We need to think about how we also support staff as it is not unreasonable to fear attending the workplace”

Healthcare professional

Without supporting HCPs who experience stalking, there will likely be a loss of productivity, sick leave, poor victim outcomes and high staff turnover, as well as a need for regular recruitment drives, onboarding processes and re-training less skilled staff. The ripple effects caused by low productivity and poor staff retention will negatively impact new employees and the overall workplace culture. The Home Office has estimated £14 billion arising from lost output due to time off work and reduced productivity as a consequence of domestic abuse²⁸. In the case of stalking by an ex-intimate partner, there is an estimated productivity loss of £6,560 per victim. This calculation does not include the number of HCPs stalked by patients, nor does it account for approximately half of all stalking cases that are not perpetrated by ex-intimate partners or family members. As these cases fall outside the scope of the cost-benefit analysis, the total cost for victims of stalking remains unknown and is likely to be higher than this estimate suggests. Investing in robust stalking policies and protocols within the workplace is a cost-effective alternative to the above and signals a further commitment to safeguarding staff.

“Having experienced stalking from one of my patients, I think that there is scope to improve the support offered to staff at an organisational level, reflecting the need for improved services for staff wellbeing”

Healthcare professional

ONLY 7%



OF HEALTHCARE PROFESSIONALS FEEL VERY CONFIDENT IN THEIR ABILITY TO IDENTIFY A PATIENT WHO MAY BE EXPERIENCING STALKING

As the largest employer in the UK, the NHS has been leading by example in tackling other forms of VAWG. NHS England was recently appointed a 'beacon member' of the Employers' Initiative on Domestic Abuse (EIDA) and introduced the NHS Sexual Safety Charter to create and enforce a culture of zero-tolerance regarding any unwanted, inappropriate and/or harmful sexual behaviours. However, stalking remains invisible in the health sector. There are no national charters, guidance or policies that specifically address stalking. **The public and private health sector must commission independent specialist training on stalking and consult with specialists to develop internal stalking policies and protocols that address the needs of employees who experience stalking across healthcare organisations.**

"This is not just a patient safety issue, this is also about staff safety"

Healthcare professional

A HELPING HAND: THE NEED FOR SPECIALIST STALKING SUPPORT

The health sector is increasingly overstretched, grappling with rising demand and limited resources, and cannot be expected to provide specialist stalking support to patients. The specialist stalking sector can support the health sector, as well as directly supporting victims and managing perpetrator behaviour, through the provision of health-based Independent Stalking Advocates (ISAs) and Multi-Agency Stalking Intervention Programmes (MASIPs®).

Specialist Victim Support: Independent Stalking Advocates

As stalking has different risk markers to domestic abuse, it requires specialist risk management and safety planning. The Trust has seen improved outcomes for victims of stalking supported by Independent Stalking Advocates (ISAs) compared to those who do not receive specialist support²⁹. In a 2022 survey, 90% of respondents felt their ISA supported them in navigating the criminal justice system. From rates of police reporting to conviction, victims with ISAs reported better outcomes. When a victim is supported by an ISA, they have a 1 in 4 chance of getting a conviction in comparison with the national standard of 1 in 1,000.

Aside from the criminal justice outcomes, victims also reported positive impacts on their health and wellbeing. The vast majority of respondents (88%) who had a stalking advocate reported an improvement in their situation as a result of their support. Victims reported feeling heard, believed, empowered and safe. Building on the specialist stalking advocacy services currently offered, Suzy Lamplugh Trust has adapted the Psychological Advocacy Towards Healing (PATH) model to provide tailored support to victims of stalking. Specialist Stalking Psychological Advocates (SSPAs) use the Psychological Advocacy Towards Healing from Stalking (PATHS) model to offer mental health support alongside advocacy support³⁰. Despite the clear benefit of ISAs, less than 1% of all victims are currently supported by specialist stalking advocates due to limited capacity and underfunding of 'What Works'³¹ to prevent and tackle VAWG.

In the same way that hospital-based Independent Domestic Violence Advocates (IDVAs) have proven themselves integral to safeguarding victims and empowering HCPs to identify patients experiencing domestic abuse³², a similar initiative must be considered to spot patients experiencing stalking.

The NHS Integrated Care Boards must commission locally embedded Independent Stalking Advocates (ISAs) in health settings who can work with and take referrals from healthcare professionals.

Targeted Perpetrator Interventions: Multi-Agency Stalking Intervention Programmes and the Role of the Psychologist

The MASIP® model³³ was piloted in 2018 by Suzy Lamplugh Trust and partners and aims to tackle stalking through a multi-disciplinary approach. Offering bespoke interventions, the approach directly addresses the stalker's fixation and obsession, which in turn reduces the risk and reoffending rates. Alongside the focus on the perpetrator's behaviour from both a health and criminal justice perspective, stalking advocates play an integral role and ensure the victim's voice is heard. MASIPs® include specialist Independent Stalking Advocates (ISAs), health professionals, police officers and probation.

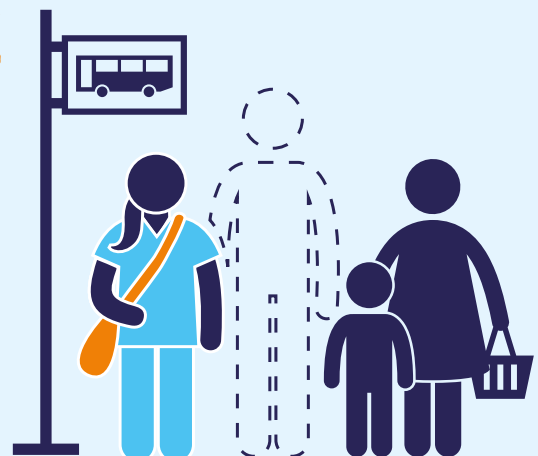
Our research with stalking experts including specialist psychologists shows that generic domestic abuse interventions with stalking perpetrators may have adverse effects and even put victims at further risk³⁴, as well as excluding the remaining cohort of stalking that does not include an ex-intimate partner or family member. In contrast, the MASIP® model addresses all typologies of stalker using a tailored approach to each individual and the evaluation of the pilot has shown positive outcomes. The reoffending rates are lower than the national average of 40-55%³⁵. The London-based

MASIP® found that the recidivism rate was 22% after direct intervention within 18 months of completing the programme, while the Cheshire MASIP® recorded that 17.6% reoffended³⁶.

There was a degree of confidence in the perpetrators themselves that the 'therapy had provided them with the tools to appropriately deal with the underlying fixation and obsession' and manage their own risk of reoffending, as well as helping 'them realise the pernicious impact and consequences of their previous behaviour on the victim, and on themselves'³⁷. For stalking perpetrator interventions to have the most effective outcomes, it is essential that they are carried out at the earliest possible opportunity³⁸. In addition, the evaluation of the MASIP® offers preliminary findings that suggest its cost effectiveness in relation to both specialist victim support and perpetrator intervention. Overall, the cost saving ratio varied between 1:2 and 1:82. This means that for every £1 spent by the state a saving of between £2 and £82.40 is made, depending on the level of risk management required.

A MASIP® does not rely on a criminal justice response in isolation; healthcare professionals are a vital piece of the multi-agency collaborative response. Psychologists within a MASIP® are essential in identifying and responding to the risks posed by stalking perpetrators and supporting victims. The government must support the vital role of healthcare sector professionals, alongside the criminal justice sector, within MASIPs® and ensure they are funded in every area to best manage perpetrators and keep victims safe. **ICBs must commission the health component of stalking-specific early intervention programmes that are developed and implemented via a multi-agency model, as exemplified by MASIP® to ensure quality specialist management of stalking perpetrators and increased safety for victims.**

STALKING REMAINS INVISIBLE IN THE HEALTH SECTOR, DESPITE THE FACT THAT HEALTHCARE PROFESSIONALS ARE AT A HIGHER RISK THAN THE GENERAL POPULATION





MAKING STALKING VISIBLE: A COMMITMENT TO A 'WHOLE HEALTH' RESPONSE

Following in the footsteps of domestic abuse good practice, the introduction of a coordinated 'whole health' model³⁹ is vital to spotting stalking. From frontline specialist services to national policy frameworks, steps must be taken to raise awareness of stalking within the health agenda. Only through this kaleidoscope of targeted initiatives can we make stalking visible and tackle all aspects of VAWG head on.

Not only are these initiatives desperately needed to improve support and outcomes for stalking victims, but they are essential if the government is to fulfil existing duties and succeed in halving VAWG within the next decade. This includes the development of Joint Forward Plans⁴⁰ and NHS England's guidance which advises ICBs to consider 'how they will ensure...services that specifically address the needs of victims of abuse within existing funding allocation and focus on early intervention and prevention are commissioned where appropriate'⁴¹. A similar focus on early intervention and prevention has been outlined by the National Institute for Health and Care Excellence (NICE) Domestic violence and abuse guidelines⁴². Commissioning locally embedded Independent Stalking Advocates in health settings and the health component of early intervention stalking programmes would support ICBs in fulfilling their duties under the Health and Care Act 2022 'to address the particular needs of victims of abuse' in their Joint Forward Plans⁴³, as well as to prevent and reduce serious violence under the Police, Crime, Sentencing and Courts Act 2022⁴⁴. Furthermore, a targeted approach to stalking would align with the 10-year ambitions of the Women's Health Strategy as related to the 'health impacts of violence against women and girls'⁴⁵ while ensuring that all stalking victims and their particular needs do not fall through the gaps.

Alongside NHS England⁴⁶ and NICE guidance⁴⁷ that emphasise the role of multi-agency partnerships, ICBs are also subject to the duty to collaborate within the Victim and Prisoners Act 2024 and Home Office Serious Violence Duty⁴⁸. The same duty to collaborate applies to police and crime commissioners (PCCs) and their mayor equivalents, attesting to the need for greater information sharing and multi-agency working for the benefit of victim safety. Additionally, a number of recommendations on multi-agency working have been issued following the super-complaint on the police response to stalking⁴⁹. Chief constables, PCCs and their mayor equivalents must consider how forces partner with healthcare and criminal justice agencies to improve responses to stalking⁵⁰. Early intervention programmes, therefore, should be developed and implemented via a multi-agency model, as exemplified by MASIP® to ensure quality specialist management of stalking perpetrators and increased safety for victims. By improving the safety and wellbeing of stalking victims, the targeted stalking approaches outlined above are likely to prove cost-effective by mitigating greater costs to the NHS in the longer term, as well as wider costs to the state.

Given the high risks posed by stalking, including homicide, early intervention can prevent potential escalation into catastrophic outcomes and costs⁵¹. Notwithstanding the importance of measuring cost-effectiveness, the impact of stalking interventions in terms of the enhanced quality of life for victims are immeasurable.

The government must translate their promises to halve VAWG into tangible financial investment. The healthcare sector cannot tackle stalking alone. A truly effective response requires a whole systems approach that integrates healthcare, criminal justice and specialist stalking services to ensure the safety and well-being of victims. Without this collective effort, the response to stalking will remain fragmented, and victims will continue to fall through the cracks.

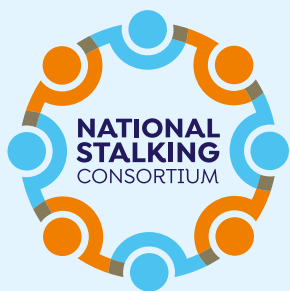
RECOMMENDATIONS:

To the National Health Service and private health sector:

- The NHS Integrated Care Boards must commission **independent specialist stalking training** for healthcare practitioners to identify and respond to victims of stalking.
- The NHS Integrated Care Boards must commission the health component of **stalking-specific early intervention programmes for perpetrators** that are developed and implemented via a multi-agency model, as exemplified by MASIP® to ensure quality specialist management of stalking perpetrators and increased safety for victims.
- The NHS Integrated Care Boards must commission **locally embedded Independent Stalking Advocates (ISAs)** in health settings who can work with and take referrals from healthcare professionals.
- The public and private health sector must consult with specialists to **develop national guidance** for healthcare professionals to identify and respond to patients who are victims of stalking.
- The public and private health sector must consult with specialists to **develop internal stalking policies and protocols** that address the needs of employees across healthcare organisations.

To the government:

- The government to allocate **£243,810,000⁵² ring-fenced funding for specialist stalking support services** to be able to meet the needs of victims and the increasing demands posed by referrals from the police, CPS and healthcare.
- The Home Office to **include a specific cross-departmental multi-agency stalking plan** within the forthcoming Tackling VAWG strategy, that sets out a whole systems approach to tackling stalking.
- The government to **increase ring-fenced funding for police and crime commissioners to spend on stalking-specific services** that are open to all stalking victims, including those not stalked by an ex-intimate partner.



MEMBERS OF THE NATIONAL STALKING CONSORTIUM

1

Action Against Stalking

Supports: Scotland, UK

2

Alice Ruggles Trust

3

Alison Bird, University of Suffolk

4

Aurora New Dawn

Supports: Hampshire & Isle of Wight

5

Black Country Women's Aid

Supports: Wolverhampton, Sandwell, Dudley, Birmingham, Walsall

6

Hamish Brown MBE

7

Changing Pathways

Supports: Basildon, Brentwood, Castle Point, Rochford, and Thurrock

8

Fylde Coast Women's Aid

Supports: Blackpool, Fylde & Wyre

9

Hollie Gazzard Trust

10

Professor Carsten Maple, University of Warwick

11

Tracey Morgan, survivor

12

Paladin

Supports: England and Wales

13

Protection Against Stalking

Supports: Kent

14

Chris Shelley, National Stalking Consortium Chair, Suzy Lamplugh Trust

15

Professor Emma Short, London Metropolitan University

16

FearFree

Supports: Gloucestershire

17

Suzy Lamplugh Trust, National Stalking Helpline and Advocacy Service

Supports: UK



18

The YOU Trust, PARAGON team

Supports: Hampshire, Dorset, Somerset, Isle of Wight, West Sussex

19

Veritas Justice

Supports: Sussex

20

Claire Waxman OBE, Victim's Commissioner for London

21

Women's Aid Leicestershire

Supports: Leicestershire

END NOTES

1 The survey, aimed at healthcare professionals in the UK, was conducted by the Suzy Lamplugh Trust in February 2025. A total of 271 individuals responded to the survey. The findings presented in this report are based on the experiences of those who chose to engage with the survey and are therefore not intended to be a definitive or fully representative picture of the experience of healthcare professionals in the UK.

2 41 out of 42 NHS Integrated Care Boards responded to the following FOI request: can you please provide details of the grants awarded by your Integrated Care Board in the financial years 2022-2023 and 2023-2024, which include at least one output or outcome that relates to support for victims of stalking?

For the purpose of this request, support may look like a variety of activities (e.g. counselling, information and advice, casework, perpetrator intervention programmes, or staff training), however, there must be specific reference to working with victims of stalking.

3 https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35f557271034cdc0b261f/1593007968965/Pathfinder+Toolkit_Final.pdf

4 <https://discovery.ucl.ac.uk/id/eprint/10097009/1/MASIP%20evaluation%20final%20report%20v2.6.pdf>

5 MASIP Blueprint Guide (unpublished)

6 <https://doi.org/10.1037/tam0000160>

7 According to the the National Audit Office, the Home Office spent at least £4.2 million from the 'What Works' fund as part of the 2021 VAWG strategy, but they can still not work from an evidence-based approach as the projects are incomplete.

Available at: <https://www.nao.org.uk/wp-content/uploads/2025/01/tackling-violence-against-women-and-girls.pdf>

8 <https://www.nao.org.uk/wp-content/uploads/2025/01/tackling-violence-against-women-and-girls.pdf>

9 <https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables/march2024/annualsupplementarytablesmarch24final.xlsx>

10 This figure is an estimate calculated by using ONS population data and the percentage of people who say they have been stalked in the CSEW data. 3.2% of people in the past year have experienced stalking. 3.2% of 49,657,862 is 1,589,051.584. Rounded to 1 decimal place, that makes 1.6 million.

ONS. 2024. "Estimates of the population for England and Wales". Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>; and ONS. 2024. "Crime in England and Wales: Annual supplementary tables." Available at: <https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables/march2024/annualsupplementarytablesmarch24final.xlsx>.

11 According to National Stalking Helpline and Advocacy Service figures, year ending March 2024 (from Modus Janus case management recording system).

12 <https://doi.org/10.1177/08862605231185303>

13 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=7d7e3529-cb56-4743-acdf-46a12c1f5c9d>

14 Survey carried out by Suzy Lamplugh Trust in October 2022 on healthcare response to stalking. There were 69 respondents, 67 of whom identified as victims of stalking and 90% as female.

15 There were 211 respondents to the Trust's 2020 survey on healthcare responses to stalking, of whom 210 identified as victims of stalking. Of these 92% identified their gender as female.

16 <https://doi.org/10.53841/bpshpu.2023.32.1.27>

17 <https://doi.org/10.1177/08862605231185303>

18 <https://eprints.glos.ac.uk/4553/1/NSAW%20Report%2004.17%20-%20finalsmall.pdf>

19 The FOI request stated: can you please provide details of the grants awarded by your Integrated Care Board in the financial years 2022-2023 and 2023-2024, which include at least one output or outcome that relates to support for victims of stalking?

20 See the following papers:

Join Forces Against Stalking, Suzy Lamplugh Trust, 2024 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=a36b1293-4f9e-4fa2-ae0a-73fc1f47084d>

Unmasking Stalking, Suzy Lamplugh Trust, 2021 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=fcbf781a-f614-48c8-adcf-4cfa830c16a7>

Healthcare Responses to Stalking, Suzy Lamplugh Trust, 2019 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=7d7e3529-cb56-4743-acdf-46a12c1f5c9d>

21 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=7d7e3529-cb56-4743-acdf-46a12c1f5c9d>

22 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=7d7e3529-cb56-4743-acdf-46a12c1f5c9d>

23 <https://democracy.derbyshire.gov.uk/documents/s19739/Appendix%204%20Joint%20forward%20plan%20guidance%20-%20supporting%20materials.pdf>

24 <https://doi.org/10.1037/tam0000160>

25 <https://doi.org/10.1080/14999013.2011.599097>

26 <https://doi.org/10.1080/14999013.2016.1166465>

27 <https://doi.org/10.18488/73.v12i2.3707>

28 <https://assets.publishing.service.gov.uk/media/5f637b8f8fa8f5106d15642a/horr107.pdf>

29 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=36e87aea-15ba-437a-97f6-d5966360878f>

- 30 The PATHs model has been trialled by Dr Roxane Agnew Davies, a Clinical Psychologist expert in the field of trauma and domestic violence.
- 31 According to the National Audit Office (2025), the Home Office spent at least £4.2 million from the 'What Works' fund as part of the 2021 VAWG strategy, but they can still not work from an evidence-based approach as the projects are incomplete. Available at: <https://www.nao.org.uk/wp-content/uploads/2025/01/tackling-violence-against-women-and-girls.pdf>
- 32 https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35f557271034cdc0b261f/1593007968965/Pathfinder+Toolkit_Final.pdf
- 33 For more information: <https://www.suzylamplugh.org/multi-agency-stalking-intervention-programme-masip>
- 34 See section 10.3, available at: <https://suzylamplughtrust259.sharepoint.com/parkway/Policy%20and%20Services%20Team/Policy/Consultations/Coercive%20Control%20v%20Stalking/CCB%20Statutory%20Guidance/CCB%20Stat%20Guidance%20Final.pdf#search=ccb%20paper>
- 35 <https://committees.parliament.uk/writtenevidence/124993/html/#:~:text=On%20average%20the%20stalking%20reoffendin,months%20of%20completing%20the%20programme>
- 36 <https://committees.parliament.uk/writtenevidence/124993/html/#:~:text=On%20average%20the%20stalking%20reoffendin,months%20of%20completing%20the%20programme>
- 37 <https://discovery.ucl.ac.uk/id/eprint/10097009/1/MASIP%20evaluation%20final%20report%20v2.6.pdf>
- 38 <https://cms.bps.org.uk/sites/default/files/2023-01/Working%20with%20individuals%20who%20have%20engaged%20in%20stalking%20-%20a%20resource%20for%20psychologists.pdf>
- 39 https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef35f557271034cdc0b261f/1593007968965/Pathfinder+Toolkit_Final.pdf
- 40 Joint Forward Plans (JFPs) are mandatory 5-year plans that elaborate how ICBs and partner NHS trusts can meet the mental and physical health needs of their population.
- 41 <https://democracy.derbyshire.gov.uk/documents/s19739/Appendix%204%20Joint%20forward%20plan%20guidance%20-%20supporting%20materials.pdf>
- 42 <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621>
- 43 <https://www.legislation.gov.uk/ukpga/2022/31/section/25>
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- 45 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100706/Womens-Health-Strategy-England-print.pdf
- 46 <https://democracy.derbyshire.gov.uk/documents/s19739/Appendix%204%20Joint%20forward%20plan%20guidance%20-%20supporting%20materials.pdf>
- 47 <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621>
- 48 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1125001/Final_Serious_Violence_Duty_Statutory_Guidance_-_December_2022.pdf
- 49 <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=cf3fdc8b-f958-4cc0-9fc7-9ce6de3e9137>
- 50 <https://hmicfrs.justiceinspectorates.gov.uk/publication-html/police-response-to-stalking/>
- 51 <https://discovery.ucl.ac.uk/id/eprint/10097009/1/MASIP%20evaluation%20final%20report%20v2.6.pdf>
- 52 The Council of Europe recommendation is that there should be 1 service per 10,000 people. The England and Wales population in mid-2022 was 60,200,000 – divided by 10,000 is 6,020. An ISA costs of salary plus national insurance and pension range from around £31,200 to £35,900 per year, depending on their level. We would usually expect there to be about 30% added on costs to cover overheads and the costs of the service so the total cost sits between £40,500 and £46,700. Based on an advocate costing £40,500 and multiplying it by 6,020, the total funding required is £243,810,000.

See: 10 Years of the National Stalking Consortium, The Suzy Lamplugh Trust, 2024 available at:

<https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=100ad3ed-56ed-4343-909e-797b15e1cc73>



The National Stalking Helpline and Advocacy Services are run by Suzy Lamplugh Trust. Calls to the helpline are confidential and free from most telephone networks.






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