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The Psychological Experiences of Forensic Populations and their Children

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This thesis is submitted in partial fulfilment of the requirements for the degree of
Clinical Psychology Doctorate

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Finally, to my mum, dad, sister, partner, and friends, thank you, for everything. I will always be indebted to the unconditional love and belief that they have provided. I could not have completed this journey without them.

Declaration

I confirm that this thesis has not been submitted for a degree at another university. This thesis is my own work and was conducted under the supervision of Dr Anthony Colombo.

I hope to submit the literature review to the Journal of Child and Family Studies, and the empirical paper to the International Journal of Offender Therapy and Comparative Criminology. Journal submission guidelines are provided in Appendix A & B.

Summary

This thesis focuses on the psychological experiences of two forensic groups, namely young, male repeat offenders, and children experiencing maternal imprisonment.

The first chapter presents a systematic review of mixed methods research conducted to investigate the psychological impact of maternal imprisonment on children. 21 studies were included in this review and their results were synthesised using a narrative thematic approach. Two main themes were identified in the studies, *Chaotic Families* and *Relational Dynamics*. These themes explore the contextual and relational environments in which this group of children are raised. This review raises questions about the role of maternal imprisonment in the lives of children already situated within fragile families.

Chapter two presents an Interpretive Phenomenological Analysis study exploring the interpersonal psychological experiences of young, male, repeat offenders. By focussing on 'petty' offences, this presents a unique study of an often-underrepresented group of men. It departs from criminogenic approaches that seek to investigate the causal nature of offending behaviour, by instead exploring a psychological perspective. Three superordinate themes were identified within participant narratives, *Being Lost*, *Being Disconnected*, and *Being Hopeful*. These themes highlight the challenges that this group of young men face, managing their emotions and navigating complex relationships, whilst also holding on to a sense of hopefulness for their futures.

The final chapter presents a reflective account of conducting this empirical research, situated within the context of being a trainee clinical psychologist. Issues raised within this account explore points of learning and personal development prompted through the research process.

Chapter One

The Psychological Impact of Maternal Imprisonment on Children: A Narrative Thematic Synthesis

Abstract

This systematic review aimed to investigate the psychological impact of maternal imprisonment on children. A literature search was conducted within PsycINFO, Scopus, Web of Science and Applied Social Science Index and Abstracts (ASSIA), along with additional sources to identify online or unpublished literature. No restrictions were placed on the methodology of research. 21 studies included in this review explored at least one psychological outcome in children who had experienced maternal imprisonment. Data was synthesised utilising a narrative thematic approach. Studies frequently explored risk factors or mediators present within children's experiences, which allowed for an ecological development of themes. Two main themes were identified including, *Chaotic Families* and *Relational Dynamics*. The findings from this review, highlight a complex set of contextual and relational experiences that children within this population are exposed to, and as such increase the likelihood of psychological difficulties, often irrespective of maternal imprisonment. Clinical implications are discussed, relating to policy level initiatives to identify and support these families; and the interventions which may be appropriate at the individual family level. Further study is required to explore resilience in this group of children, who may be thriving, despite such difficulties.

1.1 Introduction

1.1.1 Review Subject and Significance

This systematic review examines evidence regarding the possible psychological impact on children following maternal imprisonment (MI); the custodial confinement of mothers as a sanction imposed by the criminal justice system (CJS). Within this review, children of imprisoned mothers refer to those who are under the age of 18 and are therefore classed as dependent children. Psychological impact (PI) refers to the internal, emotional changes experienced by a child, following this significant life event. This may include individual symptoms, specific internalising difficulties or disorders such as anxiety or depression, or the impact upon psychological well-being. Within this review, psychological impact is distinguished from externalised behaviour; and separated from relational constructs such as attachment, which has been suggested as a potential mechanism for the development of psychological difficulties (Murray & Murray, 2010).

Within the UK, it is estimated that 66% of women in prison are mothers, equating to 17,700 children being separated from their mothers annually (Epstein, 2014). In contrast to paternal imprisonment, children with a mother in prison are 5.5 times more likely to be placed in foster care, demonstrating the additional disruption encountered by children when a mother is placed in prison (Glaze & Maruschak, 2010). Additionally, a mother tends to be more involved in a child's care, likely exacerbating the separation (Murray & Farrington, 2008a).

The separation of parent and child due to imprisonment is shown to differ from other forms of separation such as divorce or bereavement, potentially due to the presence of additional criminological risk factors, a traumatic separation or stigmatisation

associated with CJS contact (Phillips & Gates, 2011; Dallaire et al., 2010; Murray & Farrington, 2005). Adverse behavioural effects of parental imprisonment on children have been routinely demonstrated, including anti-social behaviour (Murray & Farrington, 2005), violence perpetration (Muftic & Smith, 2018), increased contact with the criminal justice system (Van de Rakt et al., 2012; Roettger & Swisher, 2011), and increased frequency and accentuated trajectory of drug use (Roettger et al, 2011). Studies have identified increased prevalence of internalising difficulties in children experiencing parental imprisonment (Murray & Farrington, 2008b); and it has been demonstrated that these difficulties are predictive of externalising difficulties, such as anti-social behaviour (Murray & Farrington, 2005). The psychological impact is therefore not only associated with distress for the individual child but may also result in wider societal costs.

1.1.2 Evaluation of Previous Reviews

The broader issue of parental imprisonment has achieved greater attention over the last two decades, and systematic literature reviews have sought to collate what is currently known about the impact on children. Wildeman et al. (2018) reviewed 62 studies conducted between 2000-2017, investigating parental imprisonment and objectively measured child health outcomes and related health behaviours, including indicators of child-wellbeing. Studies were excluded if they were not considered to employ rigorous quantitative design. The authors describe the average effects of parental imprisonment and conclude that it is negatively associated with a range of child health outcomes. This includes physical health outcomes such as mortality, self-reported health and obesity; and behavioural and mental health outcomes such as physically aggressive behaviour, externalising and internalising difficulties, and depression. However, these findings were mixed for MI specifically. They also

identified a range of key factors that may mediate or moderate the impact of parental imprisonment such as stress proliferation, crime type or child demographic factors.

Boch and Ford (2018) conducted an integrative review of quantitative studies published between 2006-2016, investigating the health outcomes of children who have experienced parental imprisonment. Once again, children with imprisoned parents were more likely to experience internalising and externalising difficulties, however there was less evidence to demonstrate the association with physical health. The authors highlight the limited availability of contextual factors within selected studies, such as length of imprisonment or relationship quality.

A third systematic review summarised evidence from 16 studies relating to the impact of parental imprisonment on child outcomes, including antisocial behaviour and mental health (Murray et al., 2009). The review employed the inclusion criteria of studies that included formal measures of the required child outcomes, along with a control group. Positive associations were identified between parental imprisonment and antisocial behaviour and poor mental health in children. However, the authors highlight how studies often did not control for important confounding variables such as prior child behaviour or parental criminality.

In a follow up review, Murray et al. (2012) explored the evidence relating to the impact of parental imprisonment on children's antisocial behaviour and mental health, along with additional outcomes of drug use and education performance. Review of 40 studies found replicated associations for antisocial behaviour, however these were not detected for mental health, drug use or education performance. It was hypothesised that these differences may have been a consequence of the sampling methods or measures of mental health that were included in each review.

A review by Powell et al. (2017) was one of the first to explore the concept of MI specifically. Twenty-four academic publications and 51 grey literature documents, relating to mother-infant separations due to imprisonment, were reviewed within an attachment framework. Relevant publications from 2007-2015, referred to the significant negative impact that this separation can have on mothers' mental health.

1.1.3 Rationale and Aim of Current Review

Whilst these reviews have added to the understanding of the impact of parental imprisonment on children, there are three main limitations in their contribution to the specific topic of MI. Firstly, previous reviews have tended to focus on parental imprisonment, and have not considered the unique impact of MI. (Murray et al., 2012; Murray et al., 2009; Wildeman et al., 2018). Research has begun to differentiate the impact of parent gender, with findings suggesting significant differences in outcomes for children (Kopaz & Smith-Ruiz, 2016); however findings relating to MI have frequently been divergent, therefore warranting a systematic review (Wildeman &Turney, 2014; Kopaz & Smith-Ruiz, 2016). It is suggested that without an understanding of how factors such as gender of parent may differentially influence child outcomes, it is difficult to ascertain what interventions works, for whom (Murray et al, 2012). Secondly, previous reviews that have focussed specifically on MI, have not focussed on the impact on children, but instead investigated the psychological impact of separation on mothers (Powell et al., 2017).

Finally, previous reviews have tended to focus on quantitative studies, frequently those employing a control group design (Wildeman et al., 2018; Boch & Ford, 2018; Murray et al., 2012; Murray et al., 2009). Therefore this fails to integrate qualitative narratives from young people or their caregivers that may provide exploration of individual variability, or consideration of context (Dixon-Woods et al., 2006; Evans,

2002). Additionally, quantitative studies often rely solely on objective, symptom-based measures of mental health, not capturing other aspects of psychological well-being.

Considering the potential difference in impact between maternal and paternal imprisonment, this review retrieved studies focusing specifically on children who have experienced MI in order to identify any psychological effects that may be unique to this mother-child separation. By utilising a mixed methods, narrative synthesis approach, both quantitative and qualitative research designs have been collated in order to provide an integrated understanding of this phenomenon, and to answer the research question: “What is the psychological impact of maternal imprisonment on children?”

1.2 Method

1.2.1 Systematic Literature Search

A systematic search of the literature exploring the psychological impact of maternal imprisonment on children was carried out between December 2019 and April 2020. Ethical approval to conduct this review was granted by Coventry University Ethics Committee (Appendix C). Databases that provided access to literature within the fields of clinical psychology and the social sciences, including psychology, social work and criminology were selected, and included: PsycINFO, Scopus, Web of Science and Applied Social Science Index and Abstracts (ASSIA). Additional searches were conducted within ProQuest Dissertations & Theses and Electronic Theses Online Delivery Service (EThOS) to identify any unpublished doctoral theses. Google Scholar, The Prison Reform Trust and The Howard League for Penal Reform were also searched to locate any online literature.

The main search terms utilised in this study are presented in Table 1.1.

Table 1.1: *Key Search Terms*

	Main Concepts	Synonyms	Location
Population	Children	Child* Daughter* Son Sons Offspring Off-Spring Teenage* Adolescen* "Young Adult" Youth "Young Person" "Young People"	Title Abstract Keywords
Context	Maternal	Maternal Mother* Mum Parent*	Title Abstract Keywords
Context	Imprisonment	Imprison* Incarcerat* Prison* Jail* Detain* Gaol Penitentiary	Title Abstract Keywords
Outcome	Psychological	Psycholog* Mental* Wellbeing Well-Being "Well Being" Disorder* Emotion* Internali* Depress* Anxiety Anxious Worr* Mood* Affect* Psycho* Schizo* Bipolar Resilien* Trauma* PTSD "Post Traumatic" Posttraumatic Post-Traumatic Stress*	Title Abstract Keywords

The key search terms, as informed by the aim of the review, included the main concepts of maternal, imprisonment, psychological and children. For each of these key terms, multiple synonyms were selected to ensure consideration of all relevant studies.

To capture all studies relating to children, common terms for young people were selected. Studies focusing on certain age groups were captured with the use of additional terms, such as teenagers. Studies may investigate the impact of both maternal and paternal imprisonment; therefore, it was necessary to broaden the

search and include the term parent. Language used for the term imprisonment tends to vary internationally, and therefore synonyms such as the U.S. term penitentiary were also included. The term custody was removed from the search, as when combined with 'parent', this returned many searches relating to the legal custody of a child. Finally, the concept of psychological was accompanied by a range of synonyms relating to specific disorders and broader terms such as well-being. The inclusion of neutral terms such as psychological or well-being, in addition to the positive term resilience, ensured that the search was not bias towards psychological maladaptation and allowed for detection of studies that may demonstrate adaptive coping of the child. The wildcard truncation * was utilised, to capture variations in wording or spelling. Boolean operators were used to construct the following search strategy: (maternal OR mother*) AND (imprison* OR jail*) AND (child* OR daughter) AND (psychology* OR well-being). The operator OR was used to combine synonyms within each main concept to broaden the results, ensuring that any of the synonyms could be present within retrieved literature. The main concepts were combined with AND to narrow the results to literature containing each of the main concepts. Dependant on functionality of each database, searches of abstract, titles, and key words were conducted.

1.2.2 Inclusion and Exclusion Criteria

At the search stage, papers were limited to those written in the English language. Articles and abstracts for studies were initially screened and retained if: (a) they were peer reviewed; (b) they explored the psychological impact of maternal (or parental) imprisonment on children; (c) they were empirical studies; (d) they were conducted in 2000 or later; and (e) the full text was available for review.

Table 1.2 presents the inclusion and exclusion criteria for this review. Following the initial screen, full text articles were retrieved and assessed against these criteria to determine eligibility.

Table 1.2: *Literature Inclusion/Exclusion Criteria*

	Criteria	Include	Exclude
Type	Country	Western Europe, North America, Australia, and New Zealand	Countries outside of Western Europe, North America, Australia and New Zealand
	Time	2000-2020	Before 2000
Methodology	Epistemology	Mixed	None
	Research Design	Mixed	None
	Method Data Collection	Mixed	None
	Sample – age	Under 18	18 or over
	Sample – gender	Male and female	None
Concepts	Gender of Parent	Mothers Mothers and fathers (50% of sample are mothers & data for mothers reported separately)	Fathers only Mothers and fathers (less than 50% of sample are mothers or data for mothers not reported separately)
	Imprisonment	Custodial sanction (remand or conviction) – separating mother from child	Mother and baby units – no separation experienced Immigration removal centre imprisonment
	Psychological	Psychological constructs Psychological and behavioural constructs	Behavioural constructs only i.e. anti-social behaviour / substance misuse

Literature searches for this review were limited to 2000 onwards. The number of women experiencing imprisonment has dramatically increased globally over the past 20 years (Walmsley, 2017), and subsequently, research interest into this phenomenon has grown in this time. Additionally, the CJS, and health and social care support and initiatives are likely to have changed significantly within this time, potentially impacting upon the experience of children.

Studies were included within this review if they were conducted within Western Europe, North America, Australia, or New Zealand, due to sharing a broadly similar penal policy. Studies conducted in countries outside of these areas, such as Iran or China, were excluded due to differences in socioeconomic and political structures, which are likely to influence their definition of criminal justice and in turn the nature and function of imprisonment. These factors are likely to create very different experiences for children encountering maternal imprisonment.

Due to the narrative synthesis approach and the potentially small number of studies within this area, no limits were placed on the design or methodology employed. Research was included if it investigated MI that occurred when the child was under 18, to ensure that the child was dependant at the time of imprisonment. Additionally, studies were excluded if data was collected from children when they were in adulthood. Reflections collected in adulthood may not capture the active PI occurring in childhood, and difficulties with recollection or subsequent experiences, may affect descriptions provided. No limits were placed on the gender or number of children within a family.

Due to the review's focus on MI, studies were included if they investigated children of incarcerated mothers specifically; or if studies included approximately 50% mothers in their sample and separate data was provided for imprisoned mothers. This ensured

that a representative sample of mothers was included, and that differentiation between parent gender was possible. No limit was placed on the age of mothers.

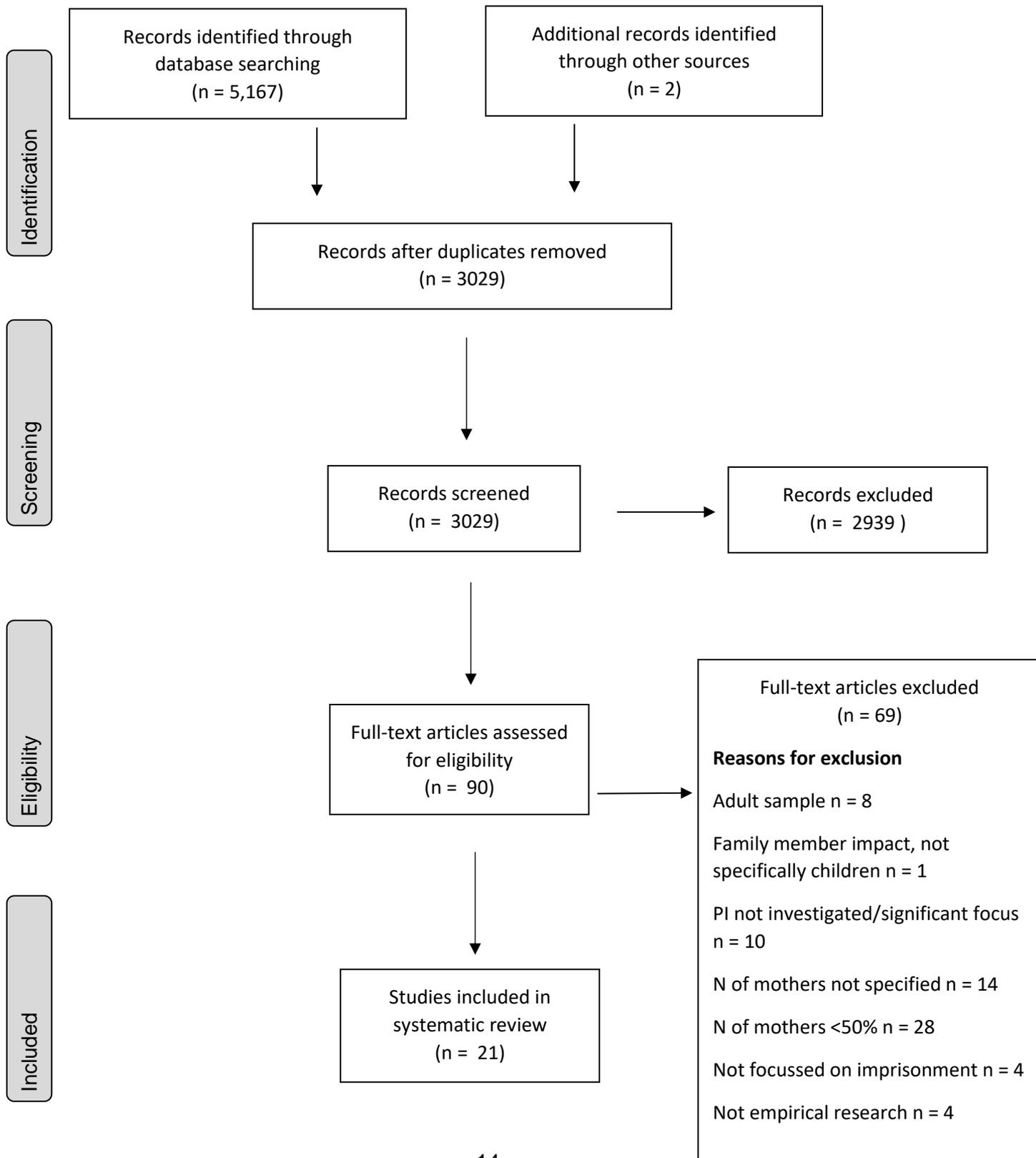
Finally, studies were included if they investigated at least one form of PI or where qualitative analysis reported themes relating to PI. This was to ensure that the PI on the child was one of the main features of the study. If studies were deemed to not provide a significant contribution to the understanding of child PI, they were excluded. Studies were excluded if a broad measure of child well-being or health included both physical/behavioural and psychological health, and separate data was not presented for the PI. Studies that investigated behavioural constructs such as anti-social behaviour or substance misuse only, were excluded.

1.2.3 Classification of Studies

Study selection for this review was recorded using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram, as detailed by Moher et al. (2009; Figure 1.1). In total 5,169 studies were identified following the systematic search. Duplicates were removed using EndNote, after which 3029 remained. After title and abstracts were reviewed against the inclusion and exclusion criteria, a further 2939 studies were excluded. Approximately 1,000 of these studies were removed using EndNote, due to being conducted prior to 2000, or because they were book sections or serials. Additional reasons for exclusion were not being empirical studies, not directly investigating the main concepts included in this review, or the child sample being over the age of 18. Finally, the full text of several doctoral theses were not available for review. The full text of 90 studies were reviewed for eligibility, and 69 studies were excluded. Reasons for exclusions included mothers being significantly below 50% of the sample or where the number of mothers was not

specified, the main concepts of the review not being directly investigated or the child sample being over the age of 18. 21 studies were included in the final review.

Figure 1.1 PRISMA Flow Diagram (Moher et al., 2009)



1.2.4 Quality Assessment Checks

One of the main difficulties in assessing the quality of studies within this review, was due to its inclusion of both quantitative and qualitative methodologies. Whilst a more rigorous process has been developed for assessing the quality of quantitative research, it is frequently cited that it is difficult to define quality within qualitative research (Ring et al., 2011). Furthermore, this review included studies utilising mixed methods and as such a specific assessment tool was required. The Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) was therefore utilised for this review. The framework includes two initial screening questions for all studies, in addition to five questions relating to each specific methodology. For single method studies, the appropriate category was selected and therefore rated against seven questions. Mixed methods studies are rated against a mixed methods category, in addition to both the qualitative and quantitative components and are therefore rated against 17 questions (Appendix D).

For each question studies were given a score of 2 if the criterion was fully met, 1 if it was partially met/could not tell and 0 if it was not met. The sum of all questions was calculated, giving a total score ranging from 0-14 for single method studies, and 0-34 for mixed methods studies. A midpoint score was set as a cut-off point for inclusion/exclusion, however none of the selected studies fell below this score. Quality assessment scores ranged from 10-14 for single method studies and 26-32 for mixed methods studies.

In order to enhance reliability, a second researcher conducted quality assessment checks independently on the final selected studies, using the same framework. Any significant disagreements in ratings were discussed to reach an agreed score. Statistical inter-rater reliability analysis was performed using Kappa coefficients and

are presented in Table 1.3. However, due to the small number of questions (N=7) assessed for single method studies, the Kappa coefficient was skewed and could not function significantly. Therefore, for these studies, the overall Kappa coefficient will be provided. For these papers the independent raters disagreed on one question.

1.2.5 Characteristics of the Literature

A summary of the key characteristics of the studies included in this review are presented in Table 1.3. All studies were conducted within the United States of America (USA), with the exception of one study conducted in England and Wales, and one conducted in the Netherlands. Three studies employed qualitative methodology, four studies were designed using mixed methods, and the remaining 14 studies were designed using quantitative methods. Eighteen studies utilised a cross-sectional design, whilst three studies conducted longitudinal research.

The studies shared similar aims, to investigate or explore maternal imprisonment and its effect on children, with seven studies utilising a comparison or control group such as children with imprisoned fathers or children not experiencing maternal imprisonment. The specific impact on children investigated, varied between studies, however all investigated one form of psychological impact, or discovered themes relating to the emotional, psychological impact on children. A wide range of measures and topics guides were used across the studies, including reports from mothers and caregivers, and self-report from children. However, two measures were frequently utilised including the internalising subscale within the Child Behaviour Checklist (CBCL; Achenbach and Rescorla 2001) and the Youth Self-Report (YSR; Achenbach, 1991). A significant number of studies identified and investigated risk factors or moderators that may influence or predict the psychological impact on children.

Table 1.3 Key Characteristics of Studies

Author, Year & Country	Aim	Sample Population; Sampling Method	Research Design; Method of Data Collection; Data Analysis Nature of Data/Measures Used	Key Findings Related to Maternal Imprisonment and/or Psychological Impact	Quality Assessment
Dallaire & Wilson, 2010 USA	To identify the incidence of children's exposure to parental criminal activity, arrest and sentencing (Incarceration Related Events; IRE); and to investigate the association between this exposure and children's maladjustment in a sample of imprisoned parents and their children.	46 imprisoned mothers (Mean age = 38); and 49 fathers (Mean age = 36); 32 caregiver (31 female; Mean age = 47); and child pairs (47% male; Mean age = 11); Purposive sampling	Cross-sectional design; Face-face interviews with imprisoned parents, telephone interviews with caregivers, face-face interviews with caregivers & children; <i>Risk Measures</i> (Parent & caregiver reported) <ul style="list-style-type: none"> • Socio-demographic risk factors • Life Events Checklist (LEC; Work, et al., 1990; for child exposure) • Children's exposure to Incarceration-Related Events (IRE) • Quantitative rating and qualitative description of child's emotional reaction to IRE; <i>Psychological Impact on Children</i> <ul style="list-style-type: none"> • Child Behaviour Checklist (CBCL; Achenbach and Rescorla 2001; Caregiver reported) • How I Feel (HIF) questionnaire (Walden et al. 2003; Child self-report). 	28% of children's internalising scores fell in the borderline-clinical or clinical range; Children with incarcerated mothers more likely to report negative life events ($r(31) = -.45, p < .05$); Children with incarcerated mothers experience greater symptoms of anxiety and depression in comparison to those with imprisoned fathers ($t(30) = 1.76, p < .10$); Children's exposure to IRE was associated with greater caregiver-reported child depression/anxiety, ($r(31) = .46, p < .05$); Children's experience of IRE was associated with worse emotion regulation (ER) skills, ($r(31) = -.46, p < .05$); After accounting for children's age and self-report of NLE, IRE predicted diminished ER skills, $F(3, 29) = 2.044, p = .06$.	13/14 (K=1)

<p>Dallaire, Zemen & Thrash, 2015</p> <p>USA</p>	<p>To investigate the impact of incarceration-specific risks (ISRI; eg. Child witnessed arrest/child with new caregiver) on children's internalising and externalising difficulties in a sample of children who have a mother in prison.</p>	<p>151 children (53.6% boys, Mean age = 9);</p> <p>117 imprisoned mothers (Mean age = 33);</p> <p>118 caregivers (74.8% female, Mean age = 48);</p> <p>Purposive sampling</p>	<p>Cross-sectional design;</p> <p>Face-face interview with mothers, caregivers and children;</p> <p><i>Risk Measures</i></p> <ul style="list-style-type: none"> • Incarceration-specific risk index (ISRI) • Parental Modernity Scale of Child-Rearing and Educational Beliefs (Shaefer & Edgerton, 1985) • Parenting Behaviour Inventory (PBI; Lovejoy et al., 1999) • Life Events Checklist (Work et al., 1990; for child exposure) • Psychiatric Diagnostic Screening Questionnaire (PDSQ; Zimmerman & Chelminski, 2006; Zimmerman & Mattia, 2001; for mother & caregiver) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Child Behaviour Checklist (Achenbach & Rescorla, 2001; Mother & caregiver reported). • Children's Depression Inventory (Kovacs, 1992; child self-report). <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> • Risky Behaviour Protocol (Conger & Elder, 1994) 	<p>ISRI positively predicted internalizing difficulties ($\beta = .43, p = .001$); Effects of ERI over and above ISRI were positive but not significant;</p> <p>Children's reports of witnessing criminal activity in the home ($\beta = .25, p = .02$), and not living with their father ($\beta = .22, p = .05$) were associated with more internalizing behaviours;</p> <p>Children's reports of witnessing their mother's sentencing was associated with fewer internalizing behaviours ($\beta = -.25, p = .02$);</p> <p>Children's internalizing behaviours were predicted by mothers' reports of being imprisoned three or more times ($\beta = .30, p = .001$) and the children's father's incarceration ($\beta = .26, p = .02$);</p> <p>Caregivers' reports of children's biological father's incarceration predicted internalizing ($\beta = .26, p = .02$);</p> <p>Caregiver's report of children's separation from siblings because of maternal incarceration also marginally significantly predicted internalizing behaviour ($\beta = .21, p = .07$).</p>	<p>13/14 (K=.72)*</p>
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<p>Fryer & Hellman, 2017</p> <p>USA</p>	<p>To investigate whether child well-being is associated with a maternal alternative sentencing programme (an institute other than prison that offers therapeutic modalities), when compared to traditional prison sentencing.</p>	<p>20 recently imprisoned mothers (mean age = 38);</p> <p>and their 20 children (45% boys; mean age 12).</p> <p>33 Alternatively sentenced mothers (mean age = 34)</p> <p>& their 29 children (59% boys; mean age = 11)</p> <p>Purposive sampling</p>	<p>Cross-sectional design;</p> <p>Telephone interviews with children</p> <p>ANOVA</p> <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Child Behaviour Checklist (Achenbach & Rescorla, 2001) • Inventory of Parent and Peer Attachment Revised (IPPA-R; Gullone and Robinson 2005) 	<p>Differences in child internalising difficulties between alternative sentencing and traditional sentencing were not significant despite alternative sentencing being associated with a more secure attachment relationship:</p> <p>(trust (F(1,46)=26.55, p= .000; d=-1.32); communication (F(1,47)=17.37, p= .000; d= -1.06); alienation (F(1,46)=20.80, p=.000; d= -1.13); total scale (F(1,46)=33.55, p= .000; d= -1.31)</p>	<p>10/14</p> <p>(K=.72)*</p>
<p>Gaston, 2009</p> <p>USA</p>	<p>To explore the perceptions of previously imprisoned mothers regarding the impact of their imprisonment and subsequent reunification on their children.</p>	<p>5 African-America mothers, with children under the age of 18 at the time of imprisonment.</p>	<p>Qualitative Design;</p> <p>Face-face in depth interviews with mothers; observation of mothers in support group meetings at re-entry programme;</p> <p>Content analysis</p>	<p>Qualitative Theme: Emotional difficulties perceived by mothers including:</p> <ul style="list-style-type: none"> • Depression • Suicidal Ideation • Somatic Complaints • Withdrawal • Internalising Difficulties 	<p>11/14</p> <p>(K=.72)*</p>

<p>Hagen & Myers, 2003</p> <p>USA</p>	<p>To investigate the impact of social support and secrecy regarding their mother's imprisonment, on internalising and externalising difficulties in a sample of children with imprisoned mothers.</p>	<p>116 children (Mean age = 9; 36% boys) of imprisoned mothers</p> <p>Purposive sampling</p>	<p>Cross-sectional design; Face-face scale completion with children</p> <p>Hierarchical regression analysis</p> <ul style="list-style-type: none"> • Pictorial Perceived Social Support scale (Anan and Barnett, 1999) • Pictorial Perceived Secrecy scale (developed for study) • Pictorial Perceived Stigma scale (developed for study) • The Stress Index (Attar et al., 1995) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Youth Self-Report (YSR; Achenbach, 1991) 	<p>No. stressful events significantly predicted 12% of the variance in internalising difficulty;</p> <p>Amount of secrecy failed to significantly add unique variance to internalizing problems; Social support significantly predicted a further 5% of the variance;</p> <p>The interaction of Secrecy × Social Support significantly predicted a further 3% of the variance in internalizing behaviour using a one-tailed test of significance;</p> <p>For children with low social support, low levels of secrecy was associated with higher internalizing behaviour problems.</p>	<p>12/14 (K=.72)*</p>
<p>Hagan, Myers & Mackintosh, 2005</p> <p>USA</p>	<p>To investigate the effects of hope, social support and stress on internalising and externalising difficulty in a sample of children with an imprisoned mother.</p>	<p>65 children (Mean age = 9; 63.8% girls) of imprisoned mothers</p> <p>Purposive sampling</p>	<p>Cross-sectional; Face-face scale completion with children</p> <p>Hierarchical regression analysis</p> <ul style="list-style-type: none"> • Pictorial Perceived Social Support scale (Anan and Barnett, 1999) • Children's Hope Scale (Snyder et al., 1994) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Youth Self-Report (YSR; Achenbach, 1991) 	<p>Number of stressful events significantly predicted 9% of the variance in internalising difficulties;</p> <p>Social support significantly predicted 9% of the variance; Hope significantly predicted 17% of the variance;</p> <p>When hope was separated into hope agency and hope pathways, both variables added significant variance.</p>	<p>12/14 (K=1)</p>

<p>Hanlon, Blatchley, Bennett-Sears, O'Grady, Rose, Callaman, 2005</p> <p>USA</p>	<p>To examine the characteristics, circumstance, developmental histories and behaviour of a sample of children with substance-abusing, imprisoned mothers.</p>	<p>88 children (mean age 11; 44% boys)</p> <p>77 imprisoned mothers (Mean age = 33)</p> <p>Purposive sampling</p>	<p>Cross-sectional;</p> <p>Method of questionnaire administration not specified;</p> <p>ANOVA, Multiple & Poisson regression analysis</p> <p><i>Risk Factors</i></p> <ul style="list-style-type: none"> The Youth Questionnaire (Nurco et al., 1998; child reported) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> Personality Inventory for Youth (PIY; Lacher & gruber, 1993) Trauma Symptom Checklist for Children (TSCC; Briere, 1996) Piers-Harris Childrens' Self Concept Score (PHSE; Piers, 1984) <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> Aggression Questionnaire (Buss & Perry, 1992) 	<p>As a group, little evidence suggested significant psychopathology as measured by the PIY, TSCC or PHSE. A small number of children had scores in the clinically significant range for the TSCC (n = 6);</p> <p>Comparisons of scores significantly differed between high and low risk groups, with high risk children performing worse on all measures</p> <p>PTSD Stress Score: F(1, 86)=11.95, p=.001</p> <p>PIY Critical Item: F(1,71)=12.30, p=.001</p> <p>PHSE Total Score: F(1,85)=17.02, p<.001</p> <p>Independent of age or gender, the risk index was a significant predictor for the PIY critical item count, TSCC PTSD scale and the PHSE total score, with higher risk scores associated with psychological adjustment difficulties.</p>	<p>13/14 (K=1)</p>
<p>Hissel, Bijleveld & Kruttschnitt, 2011</p> <p>Netherlands</p>	<p>To explore caregiving arrangements, internalising/externalising difficulties and well-being, in a sample of children with imprisoned mothers.</p>	<p>30 mothers (demographics not specified);</p> <p>31 children (Mean age = 9; 16 boys); N of caregivers not specified</p> <p>Purposive sampling</p>	<p>Face-face semi-structured interviews & questionnaires with mothers & caregivers; face-face interviews or observations with children</p> <p><i>Psychological Impact</i></p> <ul style="list-style-type: none"> Semi-structured interviews examined the child well-being. Child Behaviour Checklist (Achenbach & Rescorla, 2001; completed by mothers & caregivers) 	<p>Both mothers and caregivers reported internalizing difficulties, 47 percent and 50 percent respectively, with affective problem behaviour being mentioned most frequently;</p> <p>Caregivers reported higher internalising scores for children who had been separated from their mother prior to imprisonment than for the children who resided with their mother (60 percent versus 42 percent);</p>	<p>32/34 (K=.62)</p>

				<p><i>Qualitative Themes</i></p> <p>Grief & Anger</p> <p>School & Friends (Fear of stigmatisation & shame)</p> <p>Home Environment</p> <p>Visitation (Intimidated by prison regime)</p>	
<p>Lotze, Ravindran & Myers, 2010</p> <p>USA</p>	<p>To explore the association between emotion regulation and shame vs guilt; with internalising/externalising difficulties, and callous-unemotional traits, in a sample of children attending a specialist camp for children with imprisoned mothers.</p>	<p>50 children (Mean age = 10; 38% boys)</p> <p>Purposive sampling</p>	<p>Cross-sectional;</p> <p>Face-face interviews with children;</p> <p>Regression analysis</p> <p><i>Emotion Regulation (Predictors)</i></p> <ul style="list-style-type: none"> • The Early Adolescent Temperament Scale-Revised (EATQ-R; Ellis and Rothbart 1999; self-report) • Emotion Regulation Checklist (ERC; Shields and Cicchetti 1997;) • Test of Self-Conscious Affect for Children (TOSCA-C; Tangney et al., 1990; self-report) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Youth Self-Report (YSR) (Achenbach 1991) • Teacher Report Form (TRF; Achenbach 1991;) <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> • Antisocial Process Screening Device (Frick and Hare 2001; self-report) 	<p><i>Child Reported</i></p> <p>Emotion regulation and the moral emotions of guilt and shame as a set, contributed 23% of additional variance in internalizing behaviours (F (3, 44) = 4.45, p<.01);</p> <p>Semi-partial correlations show that emotion regulation contributes significant variance to internalising difficulties, however neither guilt nor shame were significant predictors;</p> <p><i>Adult Reported</i></p> <p>Emotion regulation was a significant predictor for adult reported internalising difficulties contributing 27% additional variance to internalizing behaviours (F (2, 45) = 8.43, p<.001).</p>	<p>12/14</p> <p>(K=.72)*</p>

<p>Mackintosh, Myers & Kennon, 2006</p> <p>USA</p>	<p>To examine the association between the quality of relationship between children and their caregivers and internalising/externalising difficulties in a sample of children with imprisoned mothers.</p>	<p>69 children (Mean age = 9; 36 girls); 25 primary caregivers (demographics not specified)</p> <p>Purposive sampling</p>	<p>Cross-sectional;</p> <p>Face-face interviews with children; telephone interviews or mail questionnaire completion with caregivers;</p> <p><i>Quality of Caregiver Relationship</i></p> <ul style="list-style-type: none"> • Mother Version of the Parental Acceptance-Rejection Questionnaire (Mother PARQ; Rohner, 1999) • Parenting Stress Index-Short Form (PSI/SF; Abidin, 1995) • Child Version of the Parental Acceptance-Rejection Questionnaire (Child PARQ) <p><i>Psychological Impact</i></p> <ul style="list-style-type: none"> • Youth Self-Report (YSR) (Achenbach & Rescorla, 2001) <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> • The Stress Index • Eyberg Child Behaviour Inventory (ECBI; Eyberg & Pincus, 1999) 	<p>Children who reported high levels of problems on the YSR had caregivers who reported high problem behaviours on the ECBI ($r=.50, p < .05$);</p> <p>Internalizing behaviours were correlated with the Child PARQ ($r=.45, p < .01$), and with the Stress Index ($r=.32, p < .01$);</p> <p>A multiple regression analysis showed that YSR Internalizing scores were predicted by the Child PARQ ($F(1, 63)=15.55, p < .01$) and the Stress Index ($F(1,62)=10.14, p < .01$);</p> <p>Child reports of internalizing problems were related to feeling less caregiver warmth and acceptance and to having more life stressors.</p>	<p>12/14 (K=.72)*</p>
<p>Masson, 2014</p> <p>England</p>	<p>To explore how short terms of maternal imprisonment impact both mother and child.</p>	<p>16 mothers with children under the age of 18.</p> <p>Purposive sampling</p>	<p>Face-face semi-structured interviews with mothers including follow-up interviews with 11 mothers;</p> <p>Grounded Theory</p>	<p>Qualitative Themes:</p> <ul style="list-style-type: none"> • Effects of Separation: 'Internalised' Adaptation • Intensifying or Minimising Harm • Pre-existing Disadvantages 	<p>14/14 (K=1)</p>

<p>McHale, Salman, Strozier & Cecil, 2013</p> <p>USA</p>	<p>To examine co-parenting in mother-grandmother-child triads, and to investigate if this is associated with child self-concept and internalising/externalising difficulties, in a sample of families where the mother was recently released from prison</p>	<p>13 family triads: (Mothers age 19-28; grandmothers aged 41-68; children aged 3-6)</p> <p>Purposive sampling</p>	<p>Cross-sectional;</p> <p>Observation of family triad interaction tasks; face-face interviews and questionnaire completion with mother and grandmother; face-face assessment with child</p> <p>Correlational analysis</p> <p>ANOVA</p> <p><i>Co-parenting</i></p> <ul style="list-style-type: none"> • Co-parenting and Family Rating System (CFRS; McHale et al., 2000) • Interviews with mothers and grandparents to explore how they worked together as a co-parenting team. <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Berkeley Puppet Interview (BPI; Ablow & Measelle, 1993; completed with child) • Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2001; Mother & grandmother reported) 	<p>CFRS Cooperation ratings ($r = .64, p < .05$) and Investment Discrepancy scores ($r = -.69, p < .05$) were significantly correlated with children's self-concept scores;</p> <p>Correlations between BPI scores and the remaining CFRS variables— Co-parenting Alliance ($r = .37$), Competition ($r = -.11$), Verbal Sparring ($r = -.27$), Disengagement ($r = .35$), and Shared Focus ($r = .39$) were in the hypothesized directions, though not statistically significant;</p> <p>Maternal ratings of higher Internalizing symptomatology were significantly associated with more Disengagement ($r = .61, p < .05$) and less Shared Focus ($r = -.59, p < .05$) during the triadic interaction;</p> <p>Co-parenting Alliance; $r = .33$) and Cooperation ($r = .34$) were associated with Internalizing ratings in the hypothesized direction, but not statistically significant;</p> <p>The degree of discrepancy between maternal and grandmaternal CBCL Internalizing ratings was significantly less ($M = 7.0$) among families scoring higher on the CFRS Co-parenting alliance ($M = 14.4; F(1, 11) = 5.79, p < .05$).</p>	<p>26/34 (K=.79)</p>
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Minson, 2019 England & Wales	To investigate whether children suffer harm as a consequence of maternal imprisonment.	14 children; 22 caregivers (Demographics not provided) Convenience sampling	Face-face semi-structured interviews with children and caregivers; Qualitative analysis method not specified	Qualitative Themes: <ul style="list-style-type: none"> • Confounding Grief <ul style="list-style-type: none"> ○ Secondary Prisonization ○ Secondary Stigmatization 	12/14 (K=.72)*
Poehlman, 2005 USA	To examine the quality of children's relationship with mothers and caregivers, and to explore what emotional and behavioural reactions children have when their mothers go to prison.	60 children (mean age = 5; 53% boys, mothers (mean age = 28) and caregivers (mean age = 47) Purposive Sampling	Cross-sectional; Interviews, questionnaires, observations conducted with mothers, children and caregivers; Thematic analysis <i>Attachment Relationship</i> <ul style="list-style-type: none"> • ASCT (Bretherton, et al., 1990) <i>Psychological Impact on Children</i> <ul style="list-style-type: none"> • Interviews to explore child's emotional reaction to MI (• 2 weeks following imprisonment) • Emotions Reaction Checklist (Hale, 1988) <i>Additional Measures</i> <ul style="list-style-type: none"> • The Centre for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977; caregiver reported) 	Thematic content analysis of interviews revealed seven categories of children's reactions to separation: crying, sadness, and/or repeatedly calling for and looking for mothers (83%); confusion (52%); angry & acting out (40%); indifference/detached (33%); sleep problems (32%); developmental regressions (22%); fear (18%) (82% children exhibited more than one) Emotions checklist, the following proportions of children experienced feelings about separation from their mothers according to caregivers: 76% sadness, 49% worry and confusion, 39% loneliness, 36% anger, 24% fear, 14% depression, 12% denial, 10% relief, 3% embarrassment, and 2% guilt;	28/34 (K=.76)

			<ul style="list-style-type: none"> • Semi-structured interview to explore what children had been told about MI & stability of living arrangements • The Vocabulary and Comprehension subtests of the Stanford-Binet Intelligence Scale, 4th edition (Thorndike et al, 1986) 	<p>Two thirds of children held representations of attachment relationships characterized by intense ambivalence, disorganization, violence, or detachment;</p> <p>There were trends for what children were told about the incarceration and children's experience of loneliness following separation;</p> <p>Sadness was associated with secure representation.</p>	
Poehlman, 2008 USA	To examine children's representations of family relationship in relation to grandparent responsivity and depression, socio-demographic risks and children's behaviour problems	<p>37 grandparents (Due to maternal imprisonment; COIM)</p> <p>42 grandparents (Due to separation for reasons other than imprisonment/bereavement; GPRG)</p>	<p>ANCOVA</p> <p><i>Caregiver Responsivity & Health</i></p> <ul style="list-style-type: none"> • Home Observation for Measurement of the Environment (HOME; Caldwell & Bradley, 2001; observations with, and reported by, caregivers) • Centre for Epidemiologic Studies-Depression Scale (Radloff, 1977; CES-D; caregiver reported) • Self-perception rating of physical health <p><i>Child's Representation of Attachment</i></p> <ul style="list-style-type: none"> • Attachment Story Completion Task (ASCT; Bretherton et al., 1990) <p><i>Psychological Impact</i></p>	<p>ASCT scores did not significantly differ for children in the COIM and GPRG groups, $F(1,72) = 0.09, p = .76$;</p> <p>These three analyses were repeated using the Internalizing T-score as the outcome variable. The first two steps of each analysis were not significant; however, addition of the ASCT negative relationship subscale reached trend level significance. Children who included more relationship violence in the ASCT showed slightly more internalizing problems, $b = .26, p < .06$. However, in the analyses focusing on ASCT positive relationship codes and process codes, none of the steps were significant.</p>	13/14 ($K=.72$)*

			<ul style="list-style-type: none"> • Child Behaviour Checklist (CBCL; Achenbach, 1991, 1992) <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> • Family sociodemographic risk factors • Vocabulary and Comprehension subtests of the Stanford-Binet Intelligence Scale, 4th edition (Thorndike et al., 1986) 		
Snyder, 2009 USA	To explore the perspectives of imprisoned mothers of the impact imprisonment has had on them and their children.	50 mothers (25 active in MOLD parenting programme; 25 not; demographics not stated) Purposive Sampling	<p>Face-face interviews with imprisoned mothers.</p> <p>Qualitative analysis method not specified</p> <p>Qualitative data condensed into quantitative variables</p> <p>ANOVA</p> <p>Open ended questions focusing on their experiences as mothers and their separation from their children.</p>	<p>Qualitative Themes:</p> <ul style="list-style-type: none"> • Maintaining Contact • Mothers' Observations of the Children • Mothers' Views of Their Roles as Parents 	30/34 (K=.67)
Tasca, Turanovic, White & Rodriguez, 2014 USA	To examine whether mothers are more likely to report mental health difficulties in their children, than fathers; and to assess whether these	300 mothers & 300 fathers (providing information on 1,221 children; 51.8% children experiencing MI). Purposive Sampling	<p>Cross-sectional;</p> <p>Structured interviews with parents</p> <p>Bivariate analysis & multivariate regression</p> <p><i>Parent Stressors</i></p>	<p>Incarcerated mothers reported 15.5% of their children in need of services for mental health problems, compared with only 6.1% of incarcerated fathers' children (1.860 times more likely after controlling for demographic variables & additional stressors);</p> <p>Parent's self-reported mental illness was significantly related to parents' reports of</p>	12/14 (K=1)

	differences remain after controlling for additional factors such as parent stressors or child risk factors.		<p>Parental mental illness (professional diagnosis): dichotomous yes/no</p> <p>Parental substance use (during month prior to imprisonment): dichotomous yes/no</p> <p>Number of prior imprisonments</p> <p>Unemployment prior to imprisonment: dichotomous yes/no</p> <p><i>Child Stressors</i></p> <p>Substances in system at birth: dichotomous yes/no</p> <p>Exposure to violence: dichotomous yes/no</p> <p>Residential mobility: number of times child moved</p> <p>Imprisoned parent involvement: provision of daily care/financial support/living with child</p>	<p>child mental health problems (2.701 times more likely);</p> <p>If the child was exposed to violence, then the child was 2.616 times (exp [0.967]) more likely to have mental health problems;</p> <p>46.5% of imprisoned mothers reported mental illness compared with 25.5% of incarcerated fathers;</p> <p>Imprisoned fathers had twice as many prior incarcerations than incarcerated mothers;</p> <p>Imprisoned mothers were significantly more likely to be unemployed in the month before imprisonment than incarcerated fathers (68.6% vs. 34.7%);</p> <p>Imprisoned mothers reported that children were more likely to have been born with substances in their system; and exposed to violence than incarcerated fathers;</p> <p>Incarcerated mothers more likely to report being involved in their child's life a month prior to incarceration.</p>	
Turney & Wildeman, 2015 USA	To examine how the effect on children of maternal imprisonment varies across mothers'	3,197 observations within fragile families (including 285 mothers who had experienced imprisonment)	<p>Longitudinal study;</p> <p>Telephone interviews with parents when children were 1, 3, 5, & 9; including additional face to face interviews with some families at age 9;</p> <p>Logistic regression</p>	<p>Children with incarcerated mothers, compared with their counterparts, have greater internalizing behaviours (b = 0.105, p < .10);</p> <p>However, matched differences show that, between the treatment and control groups, no</p>	13/14 (K=.72)*

	propensity for imprisonment.		<p><i>Additional Stressors</i></p> <ul style="list-style-type: none"> • Demographic variables • Socioeconomic factors • Family characteristics • Composite International Diagnostic Instrument-Short Form; Kessler et al., 1998; maternal mental health) • Mother's parenting stress • Child characteristics • Parental impulsivity • Maternal substance abuse (during pregnancy/since birth) • Previous imprisonments <p><i>Psychological Impact</i></p> <p>Child Behaviour Checklist (Achenbach, 1992)</p> <p><i>Additional Measures</i></p> <p>Things that You Have Done" scale (Maumary-Gremaud, 2000; child self-report)</p> <p>PPVT-III (verbal ability; conducted in interviews including children; Dunn & Dunn, 1997)</p>	<p>substantively or statistically significant differences were found in internalizing problem behaviours;</p> <p>For each unit of increase in mother's propensity for imprisonment, there is a 0.235 standard deviation decrease in children's internalising difficulties ($p < .05$).</p>	
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<p>Wildeman & Turney, 2014</p> <p>USA</p>	<p>To examine the effects of maternal incarceration on 21 caregiver and teacher reported behavioural problems in children.</p>	<p>3,330 observations within fragile families (including 287 mothers who had experienced imprisonment);</p> <p>2,173 observations including teacher reports (178 mothers who had experienced imprisonment).</p>	<p>Longitudinal study;</p> <p>Telephone interviews with parents when children were 1, 3, 5, & 9; including additional face to face interviews with some families at age 9; interview with 46% of children's teachers at age 9;</p> <p>Regression analysis</p> <p><i>Additional Stressors</i></p> <p>Parental demographic factors</p> <p>Parental & family characteristics</p> <p>Maternal substance use (during pregnancy/current use)</p> <p>Domestic violence</p> <p><i>Psychological Impact</i></p> <p>Child Behaviour Checklist (Achenbach, 1992)</p> <p>Social Skills Rating System (SSRS; Gresham and Elliott 2007; teacher reported; includes internalising difficulties scale)</p> <p><i>Additional Measures (Teacher reports)</i></p> <p>Conners' Teacher Rating Scale— Revised Short Form (CTRS-R:S; Conners 2001)</p>	<p>Children of incarcerated mothers had more thought problems (0.104, compared with - 0.010, $p < .05$);</p> <p>Children of incarcerated mothers were significantly disadvantaged across all teacher-reported behavioural problems; translating into between one-ninth (internalizing problems) of a standard deviation difference;</p> <p>Model 2 suggest that the relationship between maternal incarceration and caregiver-reported behavioural problems can be entirely explained by maternal characteristics. As we progressively adjust for paternal characteristics (Model 3), maternal behaviours (Model 4), and paternal behaviours (Model 5), the maternal incarceration coefficients continue to decrease, with many becoming negative</p> <p>After adjusting for maternal demographic characteristics in Model 2, all maternal incarceration coefficients are reduced in size for teacher reported difficulties (96 % decrease in internalizing).</p>	<p>11/14 (K=.72)*</p>
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<p>Zeman, Dallaire & Borowski, 2016</p> <p>USA</p>	<p>To investigate whether maternal socialisation of sadness and anger may moderate child maladaptation in a sample of children with imprisoned mothers.</p>	<p>154 children (M age = 10; 53.9% boys); 118 imprisoned mothers (M age = 33); & 118 caregivers (M age = 48; 74.8% female)</p> <p>Purposive Sampling</p>	<p>Cross-sectional; Face-face questionnaire completion with mothers; children & caregivers; Regression analysis</p> <p><i>Risk Measures</i></p> <ul style="list-style-type: none"> • Incarceration-specific risk index (ISRI) <p><i>Maternal Socialisation of Affect</i></p> <ul style="list-style-type: none"> • Kushe Affective Interview-Revised (KAI-R; Kushe et al., 1988; child reported) • Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 2002) <p><i>Emotion Regulation</i></p> <ul style="list-style-type: none"> • Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997; mother reported) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2001; Mother reported) • Children's Depression Inventory (CDI; Kovacs 1992; child self-report) <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> • Risky Behaviour Protocol (RBP, Conger and Elder 1994) 	<p>There were significant interaction effects between ISRI and sadness socialisation responses on depressive symptoms ($\beta = -.40, p = .01$) lability ($\beta = -.27, p = .05$), and emotion regulation ($\beta = .29, p = .03$);</p> <p>Children who perceived that their mothers responded to their sadness with Emotion-Focused Responses, higher level of ISRI predicted greater total psychological problems, $b = 9.26, t(117) = 2.82, p = .01$; depressive symptoms, $b = 2.40, t(117) = 2.62, p = .01$; and lability, $b = 1.60, t(117) = 1.96, p = .05$;</p> <p>Higher levels of ISRI predicted lower emotion regulation for children who perceived that their mothers responded with EFR, $b = 9.26, t(117) = 2.82, p = .01$.</p>	<p>12/14 (K=.72)*</p>
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<p>Zeman, Dallaire, Folk & Thrash, 2018</p> <p>USA</p>	<p>To examine children's anger and sadness regulation, as mediators between environmental and incarceration-specific risk and psychological impact, in a sample of children with imprisoned mothers.</p>	<p>117 children (M age = 10; 52% boys); imprisoned mothers (M age = 33) and caregivers (M = 48; 75% female).</p> <p>Purposive Sampling</p>	<p>Cross-sectional;</p> <p>Face-face questionnaire completion with mothers; children & caregivers;</p> <p>Bayesian estimation</p> <p><i>Risk Measures</i></p> <ul style="list-style-type: none"> • Incarceration-specific risk index (ISRI; eg. Child witnessed arrest/child with new caregiver) • Environmental Risk Index variable (developed for study) <p><i>Emotion Regulation</i></p> <ul style="list-style-type: none"> • Children's Emotion Management Scales (CEMS – Parent; Cassano et al. 2007; CEMS; Zeman et al., 2001) <p><i>Psychological Impact on Children</i></p> <ul style="list-style-type: none"> • Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2001; Mother & caregiver reported) • Children's Depression Inventory (CDI; Kovacs 1992; child self-report) <p><i>Additional Measures</i></p> <ul style="list-style-type: none"> • Risky Behaviour Protocol (RBP; Conger and Elder 1994) 	<p>ISRE was negatively related to children's Anger Regulation, $B = -0.81$, 95% CI [-2.26, -0.08]. The indirect effect of ISRE on children's Internalizing Behaviour through children's Anger Regulation was significant, $B = 0.24$, 95% CI [0.02, 0.72];</p> <p>The structural model pathway examining sadness regulation as a mediator between risk and internalising behaviour was not significant.</p>	<p>12/14 (K=.72)*</p>
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* This is the overall average Kappa coefficient as the sample of questions for this paper (N=7) was too small to run an individual Kappa.

1.2.6 Analytic Review Strategy

A narrative thematic synthesis approach was utilised for this review, which focuses on a text-based, qualitative integration of findings (Snilstveit et al, 2012). Narrative synthesis is a useful analytic strategy, when a more specialist synthesis is not appropriate such as meta-analysis, due to the methodological or clinical heterogeneity included in the review (Popay et al., 2006).

In order to ensure transparency in the synthesis process, Popay et al. (2006) has developed guidance for conducting a narrative review. This includes four main elements, which were incorporated into the current review:

1. Developing a theory
2. Developing a preliminary synthesis of findings
3. Exploring relationships in the data
4. Assessing the robustness of the synthesis

For each stage in this process Popay et al. (2006) suggest a range of tools and techniques which may be utilised within a narrative synthesis (see Appendix E). It is highlighted that these stages are not conducted in a linear manner, but instead are integrated and revisited throughout the review process. For instance, in the current review, theory development occurred at the outset, where previous literature informed the research question, and guided what studies were appropriate for inclusion. This was also revisited through the process of comparing synthesised findings with previous literature.

Further methodological decisions are required, particularly within stages two and three, to determine how findings will be synthesised and how patterns and relationships will be explored within and across studies. A thematic synthesis was

utilised, in line with Thomas and Harden's (2008) guidance, which includes the coding of the text, and the development of themes. This was also supplemented with the use of tabulation, conceptual mapping, and vote counting (Popay et al., 2006; Appendix E). It is suggested that the use of visual descriptive tools alongside narrative elaboration of patterns, offers transparency and accessibility of individual study characteristics, in addition to generating new interpretive understanding across studies (Evans, 2002; Popay et al., 2006). Finally, stage four of the narrative synthesis approach was achieved using clear inclusion/exclusion criteria and quality assessment, to ensure relevance and methodological quality of selected studies. Methodological transparency and critical discussion of the review further aids the assessment of its robustness.

1.3 Results

Two main themes were identified within the reviewed studies, these include *Chaotic Families* and *Relational Dynamics*. A thematic map was developed for the data in this study, incorporating the two main themes and their subthemes (see Appendix F). Table 1.4 provides the coding framework demonstrating the two levels of themes found within the studies and their corresponding codes.

Table 1.4: *Systematic Review Coding Framework*

Main Themes	Sub-Themes	Codes
Chaotic Families	Damaging Environments	Sociodemographic Stressful Life Events Exposure to Risk
	Forensic Factors Specific to Mother	Imprisonment Related Events & Risks Disruption of Living Environment Mother's Propensity for Imprisonment
Relational Dynamics	Caregiving	Parenting Style Attachment Social Support Father's Role Parental Substance Use Maternal & Caregiver Mental Health
	Child Factors	Demographics Emotion Regulation Hope Secrecy Child's Interpretation & Response to Caregiving

1.3.1 Theme 1 - Chaotic Families

Of the 21 studies reviewed, 15 reported on the influence that *Chaotic Families* may have on children's psychological adjustment. *Chaotic Families* refers to the unstable and potentially damaging context within which children are socialised and nurtured throughout their childhood. The focus within the review appears to relate to two key aspects of this experience, namely: *Damaging Environments* and *Forensic Factors Specific to Mother*.

Damaging Environments

Eleven studies raised this subtheme and noted that children of imprisoned mothers are at greater risk of being exposed to a myriad of disadvantages irrespective of maternal imprisonment. Sociodemographic risks prior to imprisonment were prevalent amongst this population, with mothers and subsequent caregivers being more at risk of low income, unemployment, low educational attainment and frequently identified as having minority status (Dallaire & Wilson, 2010; Masson, 2014; Mackintosh et al., 2006; Poehlman, 2005; 2008; Tasca et al., 2014; Wildeman & Turney, 2014; Zeman, 2018). Families experienced a vast array of negative and stressful life events, such as bereavements and illness within the family; or conflict, violence and abuse (Hagen & Myers, 2003; Hissel et al., 2011; Masson, 2014; Tasca et al., 2014). Family relationships and living environments appear to be frequently unstable prior to maternal imprisonment, with children often separated from one or both biological parents, encountering multiple residential moves and frequently changing family members (Hanlon et al., 2005; Hissel et al., 2011; Mackintosh et al., 2006).

An illustrative study demonstrating the unpredictable lifestyle of these children and the prevalence of traumatic events was conducted by Mackintosh et al. (2006). They reported that 51% of their child sample had experienced a death in the family, 35% had moved home and/or changed schools, 36% had witnessed someone being beaten or shot in the past year, and 25% had hidden from shootings. The greater number of these events encountered by children, the more likely they were to experience internalising difficulties.

Interestingly, Hanon et al. (2005) described their sample of children with imprisoned mothers as having little psychopathology on average. However, they compared children identified as high or low risk, determined by their developmental experiences

related to family, school, and peers, in addition to protective factors. Those children identified as high risk were significantly more likely to experience psychological difficulties across all measures. This demonstrates that these risky early experiences of children, may have more influence on a child's psychological well-being than maternal imprisonment alone.

Studies routinely demonstrated that increased exposure to these damaging environments is associated with greater mental health difficulties (Tasca et al., 2014); internalising difficulties (Hagen & Myers, 2003; Hagen et al., 2005; Hissel et al., 2011; Mackintosh et al., 2006); trauma symptoms, personality difficulties and impaired self-concept (Hanlon et al., 2005). These findings demonstrate the importance of holding an ecological perspective to the difficulties faced by children within this population; children who are often embedded within fragile families afflicted by significant risks, and as such are more likely to be experiencing psychological difficulties prior to maternal imprisonment.

Forensic Factors Specific to Mother

Eleven studies explored this subtheme, which refers to events directly associated with the mother's offending behaviour or imprisonment; in addition to events and disruptions that occur as a direct consequence of that imprisonment. Studies identified that children within this population may be exposed to forensic related events, such as witnessing the offence; witnessing her arrest; and being present at her sentencing (Dallaire & Wilson., 2010; Dallaire et al., 2015; Hissel et al., 2011). How and what children are told about their mother's imprisonment varies across this group, with children frequently being deceived or finding out through external parties (Masson, 2014; Poehlmann, 2005). Imprisonment unsurprisingly may lead to further disruption in a child's residence, school and a separation from siblings (Dallaire et al., 2015;

Hissel et al., 2011; Minson, 2019). Following imprisonment, families, have the opportunity to maintain contact between mother and child through prison visits, however the frequency and availability of this contact varies across families; and prisons are complex environments for children to navigate (Poehlmann, 2005; Snyder, 2009; Hissel et al., 2011; Minson, 2019).

Qualitative interviews with children, suggest that the prison environment experienced during visitation was 'intimidating' and frightening, and that younger children especially, were 'deeply affected' by the prison and its regime (Hissel et al., 2011; Minson, 2019). Children were often confused by, and had difficulty understanding, the prison regulations regarding physical contact with their mother and for giving her gifts. Leaving their mother at the end of visitation is an emotional experience for children and caregivers report it impacting the child's mood for days (Minson, 2019). Snyder (2009) also highlighted how caregivers in the community sometimes believed that visits may 'damage' the child, choosing not to facilitate these..

The event of maternal imprisonment itself, however, has been demonstrated as heterogenous in its impact upon children, as highlighted by Turney and Wildeman (2015). They developed propensity scores for mothers, namely how likely mothers were to be imprisoned, based on a range of risk factors associated with imprisonment. Utilising a propensity matching approach, they compared their sample with control participants, differing only in their experience of imprisonment. Their findings demonstrated that when children have a mother least likely to go to prison, maternal imprisonment is significantly associated with internalising difficulties. Conversely, where children have a mother who is most likely to go to prison, maternal imprisonment is not significantly associated with internalising difficulties. This interesting finding suggests that for children in stable environments, maternal imprisonment is

psychologically detrimental, whilst for children in risky environments, maternal imprisonment has little psychological effect. Qualitative interviews offer supplementary insight into these findings, with mothers suggesting that her child was used to the separation and that there was an expectation that she would go to prison (Snyder, 2009). Furthermore, a small number of children suggested that their mother's imprisonment was a positive event, potentially offering respite from tumultuous environments, and consequently, an 'improved' relationship with their mother (Hissel et al., 2011).

The forensic issues relating to the mother specifically presents a more complicated picture in relation to children's psychological adjustment. Specific factors such as what they are told about the imprisonment, witnessing the mother's offence or arrest, adjusting to foster families, being separated from siblings, and navigating the prison environment are associated with psychological difficulties (Dallaire & Wilson, 2010; Dallaire et al., 2015; Hissel et al., 2011; Masson, 2014; Minson, 2019; Poehlmann, 2005; Zeman et al, 2016; 2018). These associations frequently remained after controlling for contextual risks; and may include depression/anxiety symptoms, confounding grief, internalising difficulties and impaired emotion regulation in the child. However, when accounting for a range of contextual risks present in the children's lives, the association between the maternal imprisonment specifically, and psychological difficulties often diminished (Turney & Wildeman, 2015; Wildeman & Turney, 2014). It could be hypothesised that at the stage when a child experiences maternal imprisonment, they are desensitised to stressful life experiences, and therefore the mother's imprisonment is inconsequential, or may even offer respite to the child.

1.3.2 Theme 2 - Relational Dynamics

Of the 21 studies in this review, 17 studies reported on the influence that *relational dynamics* may have on children's psychological adjustment. This theme refers to the experiences and opportunities children have to form relationships and attachments with others. *Relational dynamics* involve reciprocal interactions between caregiver and child, and it is likely that these dynamics are bidirectional. Namely, a caregiver will influence how a child feels, behaves and adapts, and how a child feels, behaves and adapts, will affect how the caregiver cares for them (Mackintosh et al., 2006). The focus within this theme therefore relates to two subthemes including, *Caregiving*, and *Child Factors*.

Caregiving

Twelve studies raised this subtheme and noted that the *Caregiving* afforded to the child may be associated with the child's psychological adjustment. A significant portion of children within this population appear to hold insecure attachment representations for both their mother and caregivers, demonstrating the relational challenges faced by this group of children (Poehlman, 2005; 2008). It has been shown that mothers and caregivers within this population, have their own struggles to contend with, which may impact upon their ability to provide consistent and sensitive care to this group of children. These difficulties include mental health difficulties, substance abuse, parenting stress, and their own histories of interpersonal abuse and insecure attachments (Mackintosh et al., 2006; Masson, 2014; Poehlmann, 2008; Tasca et al., 2014; Wildeman & Turney, 2014). Studies highlighted the potential association between the style of parenting provided by mothers and caregivers, such as authoritarian, hostile or rejecting parenting approaches, parental involvement and

monitoring, and child psychological outcomes (Dallaire et al., 2015; Mackintosh et al., 2006; Hanlon et al., 2005).

Importantly however, studies have demonstrated that *Caregiving* relates to a broader provision of care and attachment issues, beyond the primary caregiver, and includes care and social support provided by fathers, family, peers and teachers (Dallaire et al., 2015; Hagen & Myers, 2003; Hagen et al., 2005; Hanlon et al., 2005; Wildeman & Turney, 2014). Children within this population frequently have absent biological fathers, due to prior separation or dual imprisonment, and lack additional father figures such as grandfathers or consistent stepfathers (Dallaire et al., 2015; Hissel et al., 2011; Wildeman & Turney, 2014). Children are also frequently situated within peer groups engaging in high levels of criminal and deviant behaviours (Hanlon et al., 2005). Finally, extended family members provide a vital link between imprisoned mothers and children, by facilitating visitation, and communication (Snyder, 2009). However, this link is not always available to this group of children, or caregivers may block contact between mother and child.

A key study highlighting the link between these experiences and the psychological difficulties faced by children, explored the nature of care provided by kinship caregivers to children whose mothers were currently in prison (Mackintosh et al., 2006). Child reports of internalising problems were significantly correlated with and predicted by, child perceptions of caregiver rejection-acceptance. Child reports of increased internalising difficulties were related to feeling less caregiver warmth and acceptance.

McHale et al. (2013) examined the nature of co-parenting between mother and grandmother in families where the mother was recently released from prison, to determine whether this affected a child's psychological adjustment. In triadic family

interactions mother-grandmother solidarity was associated with positive psychological outcomes for the child. Specifically, co-parent disengagement and reduced shared focus were significantly associated with maternal ratings of internalising difficulties in the child; whilst greater cooperation and less investment discrepancy were significantly associated with positive child self-concept. This study highlights the intergenerational patterns of relational interactions, that may pass down to children, and in turn affect their psychological adjustment.

This review highlights the complex interpersonal experiences of this group of children and unpicking the associations these may have with their psychological wellbeing is a difficult task. Associations between the quality of attachment relationships that children display, and their psychological outcomes, were mixed. Insecure attachments were shown to be associated with more complex emotional reactions to maternal imprisonment, namely anger responses (Poehlmann, 2005); however, they were not significantly associated with internalising difficulties (Poehlmann, 2008). Specific features of parenting, such as perceived warmth and acceptance, and co-parenting solidarity were predictive of internalising difficulties (Mackintosh et al., 2006; McHale et al., 2013). Parental mental health difficulties were significantly associated with psychological outcomes (Tasca et al., 2014); whilst parental substance abuse and parenting stress were not (Tasca et al., 2014; Mackintosh, 2006). The role of fathers, and social support was consistently associated with psychological adjustment in children however, across several studies (Dallaire et al., 2015; Hissel et al., 2011; Wildeman & Turney, 2014; Hagen & Myers, 2003; Hagen et al, 2005). Whilst these mixed findings create a complex picture, they potentially highlight that a child's psychological wellbeing is rarely reliant on one key caregiver, namely their mother.

Having a range of relationships to draw upon, including a father figure and wider social support, may offset the difficulties associated with maternal imprisonment.

Child Factors

Fourteen studies explored the subtheme of *Child Factors*, which relates to individual traits, characteristics or skills that the child possesses that may influence their ability to manage difficult emotions, to cope and adapt to their difficult surroundings and to interact with their provision of care. Studies routinely investigated demographic information about the children within their samples, exploring how their age, gender and ethnicity may relate to their psychological adjustment. Maternal imprisonment can occur across all age groups; however, a child's age may impact upon their psychological self-sufficiency and their ability to understand and manage the complexity of what has happened (Hagen & Myers, 2003; Hissel et al., 2011). Similarly, a daughter losing a mother to imprisonment, may differ from a son's experience. It was also frequently reported that the prevalence of maternal imprisonment is higher within ethnic minority groups (Dallaire & Wilson, 2010; Hanlon et al, 2005; Lotze et al., 2010; Zeman et al., 2018; Wildeman & Turney, 2014). In addition to static traits, studies have investigated the relationship that child emotion regulation (Dallaire & Wilson, 2010; Lotze et al., 2010; Zeman et al., 2018) and hope (Hagen et al., 2005) may play in moderating or mediating the effects of maternal imprisonment on psychological outcomes. Furthermore, studies highlight how children often utilise secrecy as a way of hiding their potentially stigmatised circumstances from others and to disguise their emotional vulnerabilities (Hagen & Myers, 2003; Hissel et al, 2011). Finally, studies have suggested that this group of children, having been raised in atypical environments, may be less able to recognise, or may misinterpret, acts of care and concern; and in turn, their psychological struggles may influence the

responses from others (Mackintosh et al., 2006; Poehlmann, 2005; Zeman et al., 2016).

Two key studies highlight the complex skills required of children to navigate and cope with such circumstances. Hagen et al. (2005) identified that children with lower levels of hope were more likely to display greater internalising difficulties. They noted that hope and stressful life events were not associated, suggesting that hope is not corroded by stressful life events, but instead may play an important role in their appraisal. Within their measure of hope they describe two distinct subscales: hope agency and hope pathways. Hope pathways was significantly associated with social support and it is suggested that this relates to a child's perception of available strategies for solving problems, which social support would bolster. In contrast hope agency was not associated with social support. This potentially highlights an internal confidence in the child's own ability to cope with a situation, that is independent of others. Hope agency and pathways were significant predictors of internalising difficulties.

Hagen & Myers (2003) investigated how children utilise secrecy within the context of social support, and in relation to internalising difficulties. Secrecy alone was not found to be a significant predictor of internalising difficulties. However, when the interaction between social support and secrecy was explored, an interesting relationship was highlighted. For children with low social support, reporting low levels of secrecy was associated with increased internalising difficulties. This suggests that children with few people to talk to, but who would talk freely about their mother's imprisonment, were at greater risk psychologically. In contrast, for children with an absence of social support, high levels of secrecy appeared to be an adaptive response, whereby they were selective in who they shared this information and resulted in lower levels of psychological difficulties.

In relation to child demographic factors, few significant or consistent relationships emerged with regard psychological difficulties. Attachment difficulties appeared to be more prevalent amongst younger children (Poehlmann, 2008), which may be expected considering that younger children have had less time to build a secure attachment with their mother. Additionally, it is suggested that older children are more able to understand the complexity of the situation and can therefore hold the security of the relationship in mind (Poehlmann, 2005). Younger children were also more likely to encounter negative life events (Dallaire & Wilson, 2010); to feel stigmatised; and to utilise secrecy (Hagen & Myers, 2003). However, these findings were divergent from qualitative studies, where older children shared fears of stigmatisation from their peers and therefore utilised secrecy (Hissel et al., 2011).

Despite these differences in experience, direct association between age and psychological outcomes was only identified in two studies, which suggested that older children were more at risk (Zeman et al, 2018; Tasca et al., 2014). This was a similar picture for gender, with only two studies suggesting that girls had significantly worse psychological outcomes than boys; however, these associations did not remain after accounting for contextual risks (Mackintosh et al, 2006; Tasca et al., 2014). With regard to ethnicity of the child, African American children, despite being overrepresented within this population, were less likely to experience internalising difficulties and emotional lability (Dallaire et al., 2015; Zeman 2016); in contrast to Latino/Latina children, who were more at risk of mental health problems (Tasca et al., 2014).

In addition to demographic factors, this theme identified a set of skills or traits that may preserve children's psychological wellbeing. Emotion regulation is a complex skill utilised by children to control and manage emotions, therefore reducing the risk of

psychological maladaptation (Lotze et al., 2010). This theme has highlighted, that exposure to risk factors such as forensic related events, may diminish children's ability to regulate (Dallaire & Wilson, 2010; Zeman et al., 2018); and through mediation pathways may suffer psychological difficulties (Zeman et al., 2018). Furthermore, it has highlighted the use of complex skills such as hope pathways, and secrecy, to draw upon and navigate social relations within these difficult circumstances; which in turn relate to their psychological wellbeing (Hagen et al., 2005; Hagen & Myers, 2003; Hissel et al., 2011).

1.4 Discussion

The aim of this review was to identify the psychological impact of maternal imprisonment on children. Intuitively, if a child experiences maternal imprisonment, the assumption is that this has a negative impact on the child. However, this review has demonstrated that maternal imprisonment is potentially a small component within a much larger picture. It has highlighted that children within this population are frequently exposed to a much more complex set of experiences and difficulties, namely *chaotic families*, that may have a greater impact on their psychological well-being than maternal imprisonment specifically. Whilst certain factors may be related specifically to the mother's imprisonment, it has demonstrated that the child is likely to have been exposed to a significant level of risk prior to this event; both of which relate to poorer mental health outcomes. This review has highlighted that for some children, maternal imprisonment may in fact be inconsequential, or may even offer a disruption to a previously painful or damaging childhood. It has also demonstrated that *relational dynamics*, including both the style and availability of care and support, extends beyond the mother. This may include other sources of support such as fathers and wider social

networks, in addition to the traits and complex psychosocial skills of the child themselves, that may influence how they navigate these difficult contexts and events. It is important to consider how the two themes of *chaotic families* and *relational dynamics* interrelate, as they are unlikely to be distinct, unrelated features of the child's experience. The thematic map developed for this review highlights the interrelations between each theme and subtheme that have been demonstrated within and across the studies (Appendix F). This review highlights how features of *chaotic families* may undermine *relational dynamics*. Specifically, the traumatic environments of *chaotic families* are likely to undermine the quality and availability of care available to the child. Furthermore, these environments are likely to corrode a child's ability to engage with this care, and the child's resources such as emotion regulation, which may in turn help them manage such experiences. However, in contrast, it has been demonstrated that *relational dynamics* have the potential to both exacerbate or mitigate the difficulties experienced within *chaotic families*. As complex processes, any links between the two themes are likely to be crude estimations of the interactions at play, however it is important to recognise that the two themes or potential targets for intervention, cannot be considered in silo.

1.4.1 Integration of Previous Reviews

When these findings are compared with previous reviews in this area, it potentially highlights the difficulties in assessing the impact of maternal imprisonment. Previous reviews investigating this phenomenon have shown mixed findings, demonstrating the heterogeneity in impact. For instance, whilst an association between parental imprisonment and child mental health was identified within Murray et al.'s (2009) first review, the same association was not found within their follow up review (Murray et al., 2012). Additionally, when this association was explored for maternal imprisonment

specifically, the findings were mixed (Wildeman et al., 2018). The current review highlights that children experience maternal imprisonment within extremely varied circumstances, relating to the environments in which they are raised, and the availability of interpersonal and intrapersonal protective factors to support their psychological adjustment. In light of this review, it may not be surprising that meta-analysis reviews that report mean effect sizes for this population group, will identify inconsistent or null findings.

Previous reviews have attempted to identify and explore possible mediators and moderators of the effect of parental imprisonment on child outcomes, however, moderator analyses was rarely conducted for the impact on child mental health. Despite this, it is encouraging to identify that the factors explored in previous reviews frequently map on to the themes described within the current review. For instance, Wildeman et al. (2018) identified that theoretical perspectives within studies tended to focus on 3 mediators, including, selection, stress and strain, and stigma. Selection refers to factors closely associated with parental imprisonment, that may also lead to poor child outcomes, such as ethnicity, poverty, mental health and criminal activity. Each of these factors are interwoven in both themes identified within this review. Strain and stress are also represented within these themes, which refers to the resultant disruptions caused by imprisonment, such as disruptions to family structure, parenting and child exposure to trauma. Finally, stigma emerged within this review, specifically relating to child factors, and how they may navigate this difficult event, for instance, through the use of secrecy.

1.4.2 Clinical Implications

This review has highlighted that children who are experiencing maternal imprisonment are indeed a target for intervention. However, the point at which this intervention is

needed, varies considerably, dependant on factors highlighted within this review. For children experiencing tumultuous, and damaging environments, intervention is likely needed long before maternal imprisonment occurs. It highlights the need to identify fragile families, where both mother and child likely need support. Specifically, this review has identified that the mother may need comprehensive support and intervention to enable her to care for her children and to avoid the CJS. There has been a surge in parenting programmes for mothers in prison, however without addressing their own complex socioeconomic, relational, and psychological needs, a mother will likely continue to struggle to implement these practices. Children's and adult social care policy now places greater importance on supporting the family as a whole, which shows a promising shift (Social Care Institute for Excellence; SCIE; 2011). Social care initiatives such as the Troubled Families initiative, show positive changes at the local authority level; supporting the child, by supporting the family, through improved identification of need, multiagency working and access to services. It has been highlighted that for these initiatives to work effectively a number improvements need to be made, such as, information sharing across systems, school and GP involvement and the introduction of 'family thresholds' whereby access to services is determined by the needs of the whole family and not just individuals (SCIE, 2011). Ultimately however, these improvements are restricted by government level budget provision, whereby services are infrequently afforded the time and resources to implement such initiatives.

This review also highlights practice-based implications, specifically for the implementation of psychological interventions. Firstly, it again emphasises the need for systemic working. For a child to engage in direct therapeutic intervention they must have a sense of safety and have positive nurturing relationships, and is therefore

unlikely to be effective for this group of children, if their context remains the same (Silver, Golding & Roberts, 2015). Interventions must not just support children to cope with damaging environments but must strive to change the context in which they live (Faulconbridge et al., 2015). This may involve the provision of specialist consultation to supporting services and temporary caregivers, direct intervention with mothers, or family therapy.

Given the complex range of factors identified within this review, it is also essential that comprehensive and thorough psychological formulations are developed, in order to identify and understand the varied experiences of the family, and the relational resources and skills available to the child (Silver et al., 2015). Designing intervention for a child and/or family, based solely on maternal imprisonment, may be likened to a reductionist diagnostic approach, whereby important features of their experiences are overlooked, and assumptions are made about their difficulties. Without this thorough understanding of the child's individual journey and any associated psychological difficulties, interventions are likely to be misguided and ineffective.

1.5 Conclusion

1.5.1 New Knowledge Arising from the Review

This review was one of the first to focus on the psychological impact of maternal imprisonment on children specifically, and as such has provided insight into the varied experiences of children experiencing this phenomenon. As an area frequently cited as heterogeneous, this review has demonstrated that maternal imprisonment alone cannot be assumed as detrimental to children, without consideration of wider contexts and relationships. By drawing upon a range of methodologies, this review has

highlighted the nuanced experiences and psychological adaptations of this group of children.

1.5.1 Limitations

This review did not seek to control for methodological consistency, and as such the measures used for assessing psychological difficulties varied. Studies frequently only incorporated one measure of psychological distress, with child internalising difficulties being the most frequent measure across the studies. A single measure however, may not fully capture the psychological experience of children. Qualitative studies often showed a different perspective, demonstrating that the child's psychological reaction to these difficult experiences are complex and are often unique, which may not be appropriately represented by clinical cut-off scores on an outcome measure. This highlights the importance of utilising mixed methods, and for incorporating a range of psychological measures within individual studies.

Furthermore, many of the studies collected mother or caregiver reported psychological difficulties. Within studies there was often variability between these reports, and in turn, their relationship with psychological difficulties. This suggests that mothers or caregivers may not be accurate or consistent informants of their child's distress. In addition to this, qualitative studies highlighted that children may 'numb' themselves or hide their emotions as a regulation strategy, which may lead to their psychological difficulties going unnoticed. Findings of this review should be interpreted with this in mind, however the likely result is that studies have underestimated the difficulties experienced by children.

A potential limitation of the narrative synthesis approach is that it does not always capture full and explicit consideration of all variances and discrepancies within a

complex set of study findings. Themes are developed on the dominant findings and patterns emerging across the data set, rather than aiming to be an exhaustive coverage of intricate findings. However, significant discrepancies or null findings were incorporated within the development and write up of themes where possible. Furthermore, comprehensive tabulation of the studies, including methodologies, measures, and specific results pertaining to the aims of this review were provided, in order to facilitate the identification of discrepancies or contrasts across studies (Popay et al., 2006).

1.5.2 Unanswered Questions & Future Directions

This review sought to identify studies that investigated all aspects of a child's psychological well-being following maternal imprisonment, however the focus of included studies tended to be on psychological maladaptation and the risk factors that may lead to these. Very few studies conducted investigation of the children that appeared to demonstrate healthy psychological adaptation in the face of these adversities, or included measures pertaining to positive psychology such as resilience. Psychological well-being is greater than merely the absence of psychological suffering, and a child is not necessarily thriving because they do not display psychopathology (Graber et al., 2015). Therefore, a vital area for future research would be to explore whether it is merely the absence of risk that promotes psychological well-being in this group of children or whether there are key protective factors or positive assets which may drive resilience, despite those risks.

Additionally, few studies conduct longitudinal research in this area, and as such it cannot be identified whether psychological well-being varies across childhood for this population. This review has highlighted that a range of risks are present prior to maternal imprisonment, and therefore a valuable area of future research would map

the psychological experiences across these events, gaining better insight into causal relationships and the longevity of psychological distress.

1.6 References

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Chapter Two

**What are the Interpersonal Psychological Experiences of Young,
Male, Repeat Offenders?**

Abstract

The aim of this research was to explore the interpersonal psychological experiences of young, male, repeat offenders. By focussing on 'petty' offences, this presents a unique study of an often-underrepresented group of men. Five men aged between 18-32 years, with two or more previous criminal convictions, took part in semi-structured interviews. Data collected was analysed in line with an Interpretive Phenomenological Analysis approach. Three superordinate themes were identified within the data including, *Being Lost*, *Being Disconnected*, and *Being Hopeful*. Participants demonstrated the challenges that this group of young men face when managing their emotions and navigating complex relationships, whilst still holding on to a sense of hopefulness for their futures. Key implications for criminal justice service sanctions are discussed, in addition to the therapeutic approaches that may best support these interpersonal psychological experiences.

2.1 Introduction

2.1.1 Research Aim and Significance

The aim of this research was to gain an understanding of the interpersonal, psychological experiences of young, male, repeat offenders. Interpersonal experiences refer to the interactions and relationships that occur with others. Joiner (2005) proposes two key interpersonal processes: belongingness and burdensomeness. Belongingness is defined as the need to be an integral part of a social group such as a family or peer group. The second concept, burdensomeness is defined as the belief that one's existence is a burden to others and represents the unmet need for social competence and worth (Ryan & Deci, 2000). It is suggested that belonging and feeling valued by others, are fundamental human needs that have multiple effects on emotional and cognitive processes, adjustment, and well-being (Berscheid & Regan, 2011; Van Orden et al., 2012; Baumeister & Leary 1995).

Repeat offender refers to those who have multiple criminal convictions. A large proportion of repeat offenders are those who commit crimes categorised as petty offences such as criminal damage or theft (ONS, 2019), reflecting their generally non-serious nature. Crimes such as theft are referred to as high-volume, in contrast to low-volume serious crimes such as homicide; demonstrated by recent annual rates of 3,578,000 and 617 for theft and homicide (ONS, 2019). These repetitive, petty offences are predominately tried and prosecuted within the magistrate's court and tend to receive sentences ranging from a fine or community order to a 3.5 years custodial sentence (Sentencing Council, 2016). Non-violent offenders, however, tend to be the most prolific, accounting for a large proportion of the prison population (Cuthbertson, 2017). Statistics have shown that those serving custodial sentences of less than 12

months have a proven reoffending rate of 64%, in contrast to 29% for the overall prison population (MOJ, 2018).

The offender population is characterised by a range of psychosocial vulnerabilities, with an increased prevalence of mental health disorders, substance misuse, homelessness and suicidality (Fazel & Danesh, 2002; Anthony & Brunelle, 2016; Fazel et al., 2016; Daigle & Naud, 2012; WHO, 2007). Furthermore, offenders have been shown to experience high levels of interpersonal trauma and insufficient parenting in childhood (Wolff & Shi, 2012), impacting upon social connections formed during adulthood. These interpersonal experiences are reinforced by high levels of stigma and social marginalisation due to the offender label (Moore et al., 2016; Aresti et al., 2010; Dijker & Koomen, 2007; Uggen et al., 2004).

Despite this broad range of interpersonal difficulties, the focus continues to be concerned with criminalisation and punishment of offending behaviour rather than focusing on their psychological vulnerabilities. A better understanding of how interpersonal interactions are experienced and interpreted by repeat offenders is likely to offer an alternative rehabilitation model and therefore inform more effective non-penal interventions.

2.1.2 Previous Literature

By applying the Interpersonal Psychological Theory of Suicide (IPTTS) (Joiner, 2005) to adult, male offenders, research has suggested that not only are offenders more at risk of thwarted belongingness and perceived burdensomeness, but they also demonstrated that these constructs were predictive of suicidality (Mandracchia & Smith, 2015; Cramer et al., 2012). This demonstrates that interpersonal experiences can play a key role in self-destructive behaviours in offenders. The IPTTS model

suggests that such behaviour is a consequence of acquired capability; where the socialisation to repeated threatening, violent, or fear inducing events habituates the fear response. This increases the risk of suicidal conduct, but has the potential to increase the risk of anti-social behaviour.

A vast body of literature has frequently highlighted the prevalence of poor interpersonal relationships and attachments in childhood within the offender population. A review conducted by Farrington et al. (2017) identified and reported on 42 systematic reviews. Throughout these studies, adverse family factors such as childhood abuse and neglect, poor parental supervision, support and affection, and insecure attachment were frequently reported as strong predictors of offending behaviour.

McCormack et al. (2002) sought to distinguish the early interpersonal relationships by types of offending, including a non-violent petty offender group. Across all groups, high levels of neglect, rejection, loss, and inconsistency were reported within early relationships. Furthermore, differences between the petty offender group and sexual or violent offenders were identified on categories such as childhood abuse, paternal responsiveness, parental boundaries, and feelings of safety. These findings support the conceptual distinction of petty offenders in relation to early interpersonal experiences.

A review conducted by Leach et al. (2008) found that offenders are at a greater risk of having experienced a significant interpersonal loss, were unlikely to have discussed these experiences with others, and did not tend to connect these losses with their maladaptive behaviours. However, the authors were unable to locate any research that sought to directly link recidivism and interpersonal trauma or traumatic grief.

2.1.2 Rationale and Research Question

On review of previous literature conducted within this subject area, three main limitations are apparent. Firstly, interpersonal experiences have tended to be investigated in relation to historic, childhood experiences and the associations this may have with adult maladaptive behaviours. Fewer studies have explored offenders' current interpersonal experiences, or the personal meaning that is placed upon these. Secondly, research has tended to investigate risk factors for offending by using quantitative designs. Whilst this highlights the prevalence of interpersonal risk factors, it fails to explore the lived experiences of these processes and any meanings that may be attributed to them. Finally, whilst there is a great deal of research on offending behaviour generally, repeat offenders tend to be underrepresented, relative to the focus on more serious criminal groups such as sexual offenders.

Thus, this current research will attempt to overcome these limitations by addressing the following research question: What are the interpersonal experiences of young, male, repeat offenders?

2.2 Methods

2.2.1 Research Design

This study was founded upon the epistemological position of interpretivism; which considers knowledge to be subjective and asserts that an individual's reality is constructed through their own social interactions with the world. For this reason, universal laws cannot be developed in relation to psychological constructs. Instead, the goal of interpretivism is to seek meaning and to gain insight into the individual's experiences and the subjective perception of phenomena (King & Horrocks, 2010).

In line with this position, this study utilised an Interpretive Phenomenological Analysis (IPA) research design. IPA is underpinned by three main theoretical concepts. Firstly, it is a phenomenological approach and therefore aims to explore individual, subjective, lived experiences (Smith et al, 2009). Secondly, IPA draws upon hermeneutics, where direct access to the participant's personal world is not possible; and interpretation is susceptible to the researcher's own experiences and conceptions. Thirdly, IPA is an idiographic approach, whereby it is not concerned with the generalisation of results but instead, gaining depth of understanding of a small homogenous sample.

IPA was most relevant to this study, and its research question, due to the emphasis on individual experiences, personal meaning, and sense-making. This study is concerned with the interpersonal psychological experiences of young, male, repeat offenders specifically.

2.2.2 Sampling Design and Participants

This study utilised a non-probability sampling design, whereby a homogenous purposive sampling method was used, theoretically consistent with the IPA methodology (Smith et al., 2009). This method of sampling selects participants based on a set of shared characteristics or traits, to gain insight into a specific phenomenon (Patton, 2014). Snowball sampling was also utilised, where potential participants were not direct members of the recruiting organisation. This method has been shown to be particularly successful when employed to investigate marginalised men and their social networks (Noy, 2008).

Participants for this study were recruited via third sector community organisations who may provide support to individuals with previous criminal convictions. 120 organisations across England were approached via email or telephone, who offered a

range of services such as: accommodation support, advisory or mentoring support, employment and training provision, and drug and alcohol support. A gatekeeper was confirmed within 12 community organisations. Gatekeepers displayed a study flyer on organisation premises and gave this flyer directly to individuals who were appropriate for the study (Appendix G). The gatekeeper facilitated contact with interested individuals, through means of communication most convenient to the participant.

An IPA design favours a small sample of participants, in order to ensure depth of analysis and subsequent understanding of participants lived experiences (Smith et al., 2009). In line with this methodology, 5 participants were recruited to this study. The offender population, as a socially disadvantaged group, has been referred to as a 'hard to reach' population and therefore research recruitment in this area can be problematic (Bonevski et al., 2014). Despite contacting 120 organisations to support recruitment, difficulties arose, limiting the available number of participants. Organisations were frequently unable to support recruitment due to reasons such as, limited resources within their organisation or not working with the specific group of clients appropriate for this study. Additionally, participant's circumstances led to delays or barriers to participation, such as changing residence, returning to prison, or being restricted geographically due to licence stipulations. Attempts to recruit participants continued throughout April 2020, however recruitment was further hindered due to the Covid-19 pandemic and lockdown.

2.2.3 Inclusion and Exclusion Criteria

In line with the IPA methodology, a homogenous sample was selected through the use of inclusion/exclusion criteria as presented in Table 2.1.

Table 2.1: *Sample Inclusion/Exclusion Criteria*

CRITERIA	INCLUSION	EXCLUSION
Gender	Male	Female
Age	18-30 Years old	<18 & >30 Years old
No. of Criminal Convictions	2 or more criminal convictions	<2 criminal convictions
Court of Prosecution	Magistrates Court	Crown Court

Firstly, this study only included men within its sample. The offending behaviour of men and women has been demonstrated as extremely diverse, with men accounting for approximately 75% of prosecuted crime in the UK and 95% of the prison population (MOJ, 2016). Furthermore, it has been suggested that the need to belong is met in very different ways for men and women; including the types of social groups favoured and the cognitive representation placed upon these (Rustin & Foels, 2012; Baumeister & Sommer, 1997).

Secondly, the sample focused on males between the ages of 18-32. Age-crime trends suggest that criminal activity reaches its peak in early adulthood and begins to decline after the age of 25 (Delisi, 2015). Additionally, young offenders under the age of 18 represent a unique category of offender with varying interpersonal needs and are prosecuted under specific legal guidance (CPS, 2017).

Thirdly, this study focussed on repeat petty offenders, which often includes: theft and burglary, anti-social behaviour and lesser forms of interpersonal violence. It was necessary to ensure that participants had been convicted of a minimum of two offences. To control for severity of offending, participants who had been tried and prosecuted within a magistrate's court were recruited. However, it was recognised, that in certain cases, sentencing may be passed to a crown court. It is difficult to verify

the reasons for such decisions, though it is often because the crown court can enforce a wider range of sentences.

2.2.4 Measuring Instruments (Materials)

An interview schedule was used to carry out this study (Appendix H). Following guidance for the development of IPA interview schedules (Smith et al, 2009), the broad issues to be explored were identified, underpinned by previous research within the field. The four thematic issues that were addressed within this study were based on Joiner's (2005) definition of interpersonal-psychological experiences. These included the themes of belongingness, perceived burdensomeness, hopefulness, and acquired capability. Topics were arranged in an appropriate order, based on logic, sensitivity, and rapport building. Questions were devised to explore each of the identified topic areas, with prompts and probes to facilitate deeper exploration of the participant's answers. The interview schedule was a guide for the interview, where the voice of the participant is of primary significance. Therefore, additional issues raised by participants were of equal importance.

2.2.5 Methods of Data Collection (Procedure)

Participants were provided with an information sheet at the beginning of each interview, which was read through by the researcher (Appendix I). Participants were then asked to complete a consent form to confirm their agreement to participate in the study (Appendix J). If telephone interviews were completed participants were asked to verbally consent to each item on the consent form.

Semi-structured interviews were carried out, three by telephone and two face-to-face, lasting between 40 and 80 minutes. Interviews are preferable in IPA as they offer participants the opportunity to develop their own voice and act as a flexible approach

to gathering very personal information (Smith & Osborn, 2007). Conducting telephone interviews was unavoidable due to difficulties securing appropriate interview venues, within participants' geographical restrictions. Telephone interviews are not thought to be optimal, due to the lack of direct contact potentially impairing the ability to develop trust and rapport, which in turn may limit the level of personal information shared.

2.2.6 Ethical Considerations

Ethical approval was granted by Coventry University (Appendix K) and the study was designed and conducted in adherence with the BPS Code of Human Research Ethics (BPS, 2014).

Informed consent underpins all research, and it is vital to consider any impacting factors. The offender population has been demonstrated to have lower rates of literacy than the average population (Department for Business Innovation and Skills, 2012). Being unable to read is something that certain individuals may not wish to share, due to stigma or embarrassment. Therefore, the researcher read through all documentation with each participant, to ensure that they understood what they were consenting to.

Secondly, all research interviews have the potential to cause distress, in ways that cannot always be predicted. This is especially the case when discussing sensitive topics such as those covered within this study. This was monitored closely throughout interviews, and care was taken not to encourage unnecessary exploration of particularly traumatic experiences. Additionally, if participants chose not to answer certain questions, this was respected. Debriefing was carried out following the interview, allowing participants time to share if they had been affected by the interview, and to provide information for further available support (Appendix L).

Disclosures can occur within research that cause concern and require further action, and may relate to harm to self or others, or may relate to previously undisclosed or future criminal activity. Participants were informed at the consent stage, of the legal obligation of the researcher to pass on such information. This ensured that they are aware of the consequences should they make any disclosures. This ethical issue was relevant for one participant, who did disclose sensitive information during the interview. However, the participant had been accompanied to the interview by their key worker, who was aware of the issues raised in the interview, and therefore did not require any further action. Signposting during the debrief also highlighted additional support that could be accessed if needed.

The final ethical issue related to researcher safety, which is a necessary consideration of any community-based research that involves lone working. All interviews were conducted in appropriate venues and a phoning in safe procedure was utilised. Telephone interviews were also introduced where appropriate locations could not be identified to avoid any additional lone working risks.

2.2.7 Method(s) of Data Analysis

The IPA research design involves a staged process of analysis that was utilised to analyse the content of interview transcripts. The steps of analysis used, were originally described by Smith et al. (2009) as presented in Table 2.2.

Table 2.2: *IPA Stages of Analysis*

Step 1	Reading and re-reading
Step 2	Initial noting
Step 3	Developing emergent themes
Step 4	Searching for connections across emergent themes
Step 5	Moving to the next case
Step 6	Looking for patterns across cases

Firstly, the researcher immersed themselves in the data, and actively engaged with it, by reading and re-reading initial transcripts. Secondly, transcripts were annotated to highlight any points of interest in an exploratory phase. Thirdly, the exploratory notes were reviewed to identify any emergent themes, by looking for any patterns or connections. Any connections across these emergent themes were then identified in the fourth stage. It was then necessary to move to the next case, and to follow the same steps of analysis. This ensured that new themes could emerge, whilst holding in mind themes already identified. The final stage identified any patterns across all participants, and to review how these themes were configured across cases. A coded transcript excerpt is provided to illustrate the coding process (Appendix M).

2.3 Results

These results are drawn from a sample of five participants. Table 2.3 provides a summary of characteristics for this group of men.

Table 2.3: *Participant Characteristics*

Gender	Male
Age Range	18-32
Previous Offences Described by Participants	Property damage & vandalism; vehicle theft; interpersonal & domestic violence; drink driving; drug charges
Criminal Sanctions Described by Participants	Imprisonment; community service; vehicle licence suspension; restraining order; probation licence; court mandated programmes ie drug and alcohol support, relationships programmes
Employment	3 participants unemployed; 2 participants currently in full-time employment
Living Arrangements	3 participants living with parents & family; 1 participant in rented accommodation; 1 participant in supported living
Parental Status	3 participants were fathers (children lived with mothers); 2 did not have children

* Participant characteristics were not deliberately collected; this information was provided during the interview.

Three overlapping superordinate themes were drawn from the analysis: *Being Lost*, *Being Disconnected*; and *Being Hopeful*. Table 2.3 provides the coding framework demonstrating the superordinate and subordinate thematic levels.

Table 2.3: Coding Framework

Superordinate Themes	Subordinate Themes
Being Lost	Difficulties Expressing Emotions
	Having No Sense of Purpose
	Using Substances to Escape Life
Being Disconnected	Friendship and Community
	Family
	Stigma
Being Hopeful	'Look to the Future'
	'Feeling Remorse'
	'Never Had No Help'

2.3.2 Theme 1: Being Lost

The first superordinate theme describes how participants experience a strong sense of *Being Lost*: of not being able to express or manage how they feel, of having no real goals or sense of purpose, and so escape life through the use of alcohol and illicit substances.

Difficulties Expressing Emotions

Participants shared insight into their experiences of significant life stressors and psychological distress, providing descriptions of stress, anxiety, paranoia, reduced self-esteem, boredom, loneliness and feeling '*different*' to others. Expressing and managing their emotions appeared to be difficult for participants, and shared evidence of avoidance or rumination:

I don't know how to talk about it to you, to be honest, I actually don't. Like I do get it, I feel lonely... but I've never talked about that one. (P4)

You almost didn't (manage stress)... You weren't preparing yourself for it... I'll worry about it when it's here. (P3)

I just overthink shit all the time, and then it gets too much. (P4)

The role of masculinity, was raised by two participants, and seemed to be viewed as responsible for the difficulties in expressing emotions:

My dad is quite old fashioned...if anything ever happens, it's not the emotional side, he's bothered about, it's why it happened, and the punishment. (P3)

I don't really cry, but I've started to recently, because if I don't, I'll go absolutely sick. I've learnt how to cry now. When I was getting raised up, you were manned up, 'fucking crying? Stop crying', get smacked round the head or summat.
(P4)

Participants inability to express their emotions often led to intense feelings of anger, that felt out of their control. This anger often led to physical altercations, resulting in participants getting into trouble with the police:

I don't think before I do stuff, I've never been able to...

As soon as I get angry, I'll go up but I don't come back down, and I just build and build and build, and then I go bang. (P4)

I've always been a volatile person... It wouldn't take me long to get my point across. If they wanted to argue back then it would turn into a physical, and then it would obviously get me into trouble. (P3)

For one participant, physical violence offered a way of retaliating against the significant bullying, and the associated fear, that he had experienced during childhood:

I just wanted to beat everyone up... because that's what they'd done to me...

When you're younger... I suppose, I was scared of everyone... And then, I became that person. (P5)

Offending also provided another way to express or experience emotions, such as stimulation or excitement:

I was breaking into empty properties, smashing windows, going on stolen motorbikes...

(Why?) Being bored and having nought else to do...

At the time...it felt good. (P2)

I would put myself in situations... even situations that were nothing to do with me... I'd feel happy, like when people were hitting me, and getting attacked... It does something to you, it makes you feel alive... I think adrenaline takes over.

(P5)

Participants' experiences of physical violence were accompanied by a sense of fearlessness:

I had no fear of anyone or anybody, and nearly came close to probably dying on a few occasions. (P5)

I don't really get worried about it... You know anger, and shit, and problems with people, if I want something done, I'll get it done. (P4)

One participant described actively putting himself in dangerous situations, and had considered whether this was an attempt to end their life and escape the psychological difficulties associated with *Being Lost*:

When I came out of the hospital after a glass attack, stabbed, attacked, whichever scenario it was, part of me was gutted that I was walking back out of the hospital. Like, maybe it was just my way of trying to get things to end.

(P5)

Having No Sense of Purpose

Participants seemed to experience a general lack of focus in their lives, which at times was linked to their emotional frustrations and sense of *Being Lost* in the world:

I've not really experienced much outside in life, I'm not really up to date, with what I want right now.

(P2)

If I get up, and I don't know what I'm doing that day, I've got no plans, my head goes and I'm kicking off within the first ten minutes of me waking up... I'm not doing nothing with me days, I'm just sat about, smoking weed, wanting to get off me head.

(P4)

For some, prison regime had offered opportunities to overcome the difficulties associated with *Having No Sense of Purpose*, whilst for another, it exacerbated these:

That structure, that life, that routine, that's what I like... I was asleep by 9'oclock every night... Working every day, it's what I want.

(P4)

I focussed on the gym, I focussed on...vocational courses... It kind of gave me, a sense of, work hard and focus... Literally the morning I got released from prison, I started to think, jobs, work...

(P5)

It just always did my anxiety... I was just always overthinking and that, cos I never had a job or nowt... I was just constantly locked up 23 hours a day.

(P2)

Where participants had managed to find a sense of purpose, they started to experience value to their lives and felt appreciated:

I've got value within my working day, how much I get done, how I am with people when I'm at work... I've just been positive... You feel valued. (P3)

However, participants described the challenges associated with employment, and how these may interact with the emotional difficulties associated with *Being Lost*:

Most bosses nowadays days, they're just snobby, I don't like that. If they were to scream at me, I can't be accountable for what I did. (P4)

Having somebody tell you what to do, you have to be in the right frame of mind to take them orders... ten years ago I would have punched them, I wouldn't let them talk to me like that... I'd think you were kind of bullying me.

(P5)

Using Substances to Escape Life

Coping with the experiences associated with *Being Lost* was difficult for participants, who often talked about the need to escape; using drugs and alcohol as a way of 'shielding' or 'blocking' internal experiences, or as a way of 'covering up' who they were:

You never felt good about yourself like, drink and drugs were used as...a shield to kind of stop you thinking about yourself. (P3)

Just trying to block it out, so I didn't have to deal with it... I was smoking hundred pound of crack a day and doing a stupid amount of drugs because of my mental health.

(P4)

Substances also offered 'something to do', or a shared activity within social groups, possibly as a means of connection:

I was the same as them (friends)... Just getting up to the same things as them, like going on the beers all weekend, and going out partying all the time.

(P2)

However, participants were aware that substance use has problems; it did nothing to resolve their sense of *Being Lost* and often made their lives worse:

When I'd come off the drugs, it was worse, cos I'd be on a comedown, so you then overthink absolutely everything, a hundred miles per hour, ten times what you was already thinking it.

(P4)

I ended up going to prison for breaking my ASBO and then it just started getting worse and worse...

(Why?) Starting alcohol and cocaine.

(P2)

80% of things that I've committed have been when I've been under the influence of alcohol, and so there has been no thought process, it just, evaporates, it just happens.... There was no build up feelings, it was just, done.

(P3)

In fact, the use of substances as a solution to the psychological difficulties associated with *Being Lost*, offered for one participant, an opportunity to end their own life:

I just wanted to be dead. But I'm not one to go out and hang myself, or slice myself up, I'd rather just try and end it with drugs, but I'm invincible when it comes to them. (P4)

2.3.2 Theme 2: Being Disconnected

The second superordinate theme highlights the complex and conflicting nature of relationships experienced by participants. Relationships provide support, a sense of belonging, and motivation for self-change; however, they are also intricately connected to the psychological difficulties associated with *Being Lost*.

Friendships and Community

Peer groups often represented a route into crime for participants. They believed that to lead a pro-social life, they would need to distance themselves from these peers. This had resulted in an isolation from friends entirely, or a transition to a new group of friends:

Me just knowing... my old mates getting me back in trouble, and going back to jail. (P2)

I don't really think I'm going to reoffend... I'm just staying away from it basically... Friends lead to other stuff, so you just stay away from friends, and just keep yourself to yourself, it's the best way. (P1)

The prison environment further highlighted these tensions, where participants had to negotiate violence, and employ similar strategies to keep themselves safe and crime-free:

Speaking to the wrong person can associate you with gangs that you've never even spoke to, and it can lead to a lot of bad choices... literally kept myself to myself, I didn't speak to anyone. (P5)

I kept myself to myself, no one really said anything to me... It weren't a good time, because there were people getting stabbed up. (P1)

However, this isolation or change of friends, appeared to have led to a loss of social belongingness, and a challenge to their self-identity:

When I first started having these kind of friendships... I felt really awkward, for a long long time. I used to sit there thinking, this isn't me. (P5)

There's no one up there that I'd actually, properly call my mate, and that I'd chill with like my mates in (home town)...I don't belong there, I never will belong there, nah, definitely not, I'm a full-blown chav. (P4)

One participant also highlighted potential risks when trying to separate from previous groups of friends:

One of the times I got stabbed was because I tried to get away from the group of people I was involved with... It's a hard life to get away from. (P5)

Participants reflected on the nature of previous friendships, and recognised that these were not genuine friendships:

You're the one funding the drugs, they wanna be your friends, but when it comes to the next morning and everyone's gone home, you're lonely because you don't hear from anyone. (P3)

They were only my friends because they were scared of me at the time. (P5)

Difficulties experienced as a result of *Being Lost*, such as substance use, also had the potential to impact upon their inclusion in friendships and social circles:

I'd be that person who didn't have a couple of beers, I'd have 10. Then I'd be like, 'does anyone know where I can get some drugs from?'. I'd be out for two days, and then they (friends)...kind of didn't want you there, because they knew what you were gonna do. (P3)

Where participants had navigated this transition, and developed new friendships, they developed a sense of feeling valued, and were motivated by their lifestyles. This was accompanied with a change in their focus towards family:

The people I spend time with now... They haven't been to prison, they haven't led that lifestyle... They're like family people... that kind of helped me as well... Just seeing the way they were, like seeing pictures on Facebook of them and their families, and it made me want that. (P5)

Family

Participants described experiences of loss, rejection, and trauma, as a result of family relationships or intimate partners. These experiences led to difficulties accepting and internalising care, and developing trust in relationships:

At a point I think I hated my adoptive parents, I didn't hate them, I tried to push them away, because they would always try and help me and my brother... I'd just think that no one else ever cared so why should you?

Because of...the way I was beat up as a child, by the people that were supposed to love you, look after you and care for you... You can have everyone around you, and you will still feel like nothing, and no one. (P5)

You tell me you're gonna stay in a relationship with me, but I don't know that, they told me that... Why would I believe anyone else?... Cos they've done it, you feel like everyone else is going to do it to you. (P3)

Two participants, shared how this lack of trust, had led to feelings of 'paranoia' and insecurity about their partners behaviour:

My girlfriend put something on snapchat... I've just been sat there, reading it, paranoid out of my head, thinking is my girlfriend going with someone else?

(P4)

They described turbulent and 'toxic' relationships, and the lack of trust triggered anger, arguments and the potential for violence:

It would be bad. If...a previous girlfriend said to me 'I'm going out on 10th January', and she told me in the middle of December, I would probably mention it every day.

(P3)

She don't flirt with them, but they flirt with her, and that gets to me then, and I'll just end up going to their house and end up chopping them up... I can't be doing that...

(P4)

Relationships ending appeared to cause intense distress for these participants and would result in a spiral of substance use or a potential for self-harm:

If anything goes wrong in relationships, I tend to go off the handle, and go out and get pissed.

(P3)

I literally had a razor to my neck, I was trying to think of reasons not to do it... Cos obviously I broke up with (girlfriend), I didn't know what the fuck to do.

(P4)

In contrast to the struggles identified in these close relationships, family and partners also provided vital support, love and a sense of belonging to participants:

I can tell my mum anything, if there's anything I need, I call her first. Anytime I've ever been arrested, she's the first person I call from the police station.

(P3)

Speaking to my family, and seeing if my family were alright... I felt happy when they come to visit me (in prison).

(P1)

When I see her (daughter), she makes me smile, and then... I forget the way everything is, or the way that life is right now.

(P5)

These relationships had endured, despite the challenges or difficulties that had been experienced:

Them trying to get me help, but me refusing the help... I'd go back down the pub, get back in the cycle... I'm surprised they didn't kick me out, properly. They could have, and I wouldn't blame them if they had.

(P3)

I would purposively do things, to try and push them away... It didn't happen because they're still here, and they're still loving towards me, god knows how!

(P5)

However, participants described how the difficulties of *Being Lost*, including their substance use and anger, could impact upon these relationships:

I was taking mine and (daughters) relationship for granted... The drugs were the most important thing to me, probably up until 18 months ago...

It did have an effect on it at the time.

(P3)

Anger management... I need to now, big time....Cos this is why my lass and I are on a break...

(P4)

Stigma

Participants shared a sense of feeling stigmatised or judged by others, based on previous experiences or their own perception of what others might think:

They just judge, and just go off what they think, or go off paperwork. It's like if you were to look at my paperwork, you'd think I was some absolute scumbag, but then you'd meet me, I'm alright. (P4)

My charges, if someone knows, then they might think I'm a bad person. (P1)

For one participant, judgements from others triggered intense anger, and he was likely to respond with confrontation:

I worry about what other people might think, because then I worry about if they come and say that to my face, what I'm going to do to them, to their face. (P4)

An alternative strategy however, appeared to be a denial of feelings, or hiding 'who I was':

What they're thinking doesn't affect me. Obviously, they can think what they think, I'm not really bothered what they think. (P1)

They (current friends) don't know who or what I was involved in back then, and I won't tell them, because people judge you, they think you're still that person. (P5)

One participant also described how changes he had made in his life, had exposed him to judgements and stigmatisation from previous peers:

They looked at it as weird, or not right, going against the grain, or becoming a snitch or police informant... They refer to me as a silver spoon person...

(P5)

2.3.3 Theme 3: Being Hopeful

The third superordinate subtheme refers to the optimism and hopefulness for self-change, that participants held onto for their futures, despite the difficulties they had experienced.

'Look to the Future'

Whilst each participant was potentially at a different stage in their journey, there was a sense across all interviews that they were in a new phase of their life, having reflected on the desire for change:

It's all in the past, I've done it all, that time's gone now, it's a different time now.

(P1)

I do look back at my life now and think... what I used to get up to when I was younger... It's not about this life.

(P2)

I still hear of half the people I used to hang around with, and they're either on lengthy prison sentences where they're talking 15 years plus or they're on the run because they've committed a robbery or stabbed somebody. It's not really a life I want to be involved in.

(P5)

Participants shared a sense of realistic hopefulness about their futures:

I do look to the future and think, I know I'm going to have a good job, and a good house, things like that, I do.

(P2)

I'm doing better than I ever thought I would to be honest. I'm nowhere near where I want to be, but I'm doing ten times better than I've ever done in my life... (P4)

Participants recognised the need to continue trying, and overcome hurdles that had been presented during this phase in their life:

I was just trying to completely turn my life around, which I did, until I had my accident. I'm still trying to stay on the same path... There's times when I feel like, what is the point, but I know at the end of all this...I've got plans... (P5)

With help from others, participants identified a change in priorities, which aided and motivated self-change and the necessary sacrifices:

It's what my kid needs, my kid needs his dad. So if I've got to fuck absolutely everyone off who I was involved with at first, to be a part of my kids life, I don't care, I will. Because I'm not letting my kid live the life I've lived. (P4)

Someone's willing to help, as long as I'm willing to help myself. (P2)

The relationship I've been in is probably the best one I've been in, I'm happy with myself... before I wasn't... I guess you use drugs to like cover up who you actually are... but it's a bit different now. (P3)

Two participants had a strong desire to help others in the future, and to use their lived experiences to inspire change in other young people going through the same struggles that they did. This seemed to ignite passion and self-confidence:

I would love to do something like that. I just know it is something that I'd be really good at, because I've been there, I've experienced going in and out of secure units, going in and out of young offenders, and then going into adult

prisons, I've had them all. I've had an ASBO, I've been down that road.

(P2)

'Feeling Remorse'

Participants reflected on the impact their actions may have had on others:

You sit back and think... 'fucking hell, I've done it again'... like I've been worrying, but imagine how much they've been worrying, I'm their son.

(P3)

It's just the worry that I used to cause them. I didn't really care back then... its only when I was probably 22-23 when I started thinking, well, shit, I did cause them massive amounts of stress.

(P5)

Partly through engaging in prison courses, participants started to reflect on the victims of the crimes that they had committed; an emerging sense of awareness about '*feeling remorse*' which seemed to help motivate them towards change:

I was more immature, and not realising the effect and what it has on the victims, and the families... But now since I've learnt it, it shows me the effect that it has... I might be thinking, 'I'm not in the wrong', but I am in the wrong.

(P1)

I've always felt sorry for committing crimes, felt sorry for the people that I've committed the crimes against... Just knowing, that basically, people have worked all their lives, and then I come along and take it all away from them.

(P2)

'Never Had No Help'

Despite participants demonstrating a desire for change, there were barriers to accessing meaningful and appropriate support. When reaching out for support and accessing services, participants sometimes felt a mismatch between what was offered, and their level of need. The impact of this mismatch was at times deeply distressing:

My mental health is going sick, my anger's going sick, I'm upset, I'm hurt... I went to the Drs and I told them all this, and they said count to 1 to 10... I have literally come here, opened up to someone I don't even know, and you're asking me to count 1 to 10... I walked out, I was nearly crying.

People wonder why do I offend, why do I do the things I've done? Because I've never had no help, I've been passed pillar to post around the care system and no one's done fuck all for me. (P4)

Opening up to professionals was a difficult experience for participants, and they felt unsupported in this process, with services rarely providing a timely rehabilitative or meaningful function that addressed their individual psychological needs:

You get close with one (probation officer), and start confiding in them, and you turn up the next week and that one's gone, and you've got to start again with somebody else. Which is, it's difficult, because it does take quite a bit to open up with people.

The actual rehabilitation courses are the only thing that's gonna help people, not 'oh there's a church that needs mowing'. That's more important than your own, mental health...or your own feelings, and the way that you're gonna stop committing crimes. (P3)

2.4 Discussion

This study departs from criminological approaches to understanding the causal nature of offending behaviour (Newburn, 2017). Instead, the focus shifts towards exploring the interpersonal psychological experiences of young men who are frequently involved in 'petty' acts of criminal behaviour. Three principal themes were identified from the findings. *Being Lost* illustrates the difficulties experienced in expressing or managing how they feel, therefore utilising offending, or substances, as a means of emotional escape. *Being (Dis)connected* highlights the complex and often conflicting role that relationships play in their sense of belonging. Finally, *Being Hopeful* portrays the enduring sense of optimism for the future, despite the difficulties faced.

2.4.1 Integration of Results with Joiner's Interpersonal Psychological Theory of Suicide

The emphasis within this discussion is on the main psychological concepts raised by the Interpersonal Psychological Theory of Suicide (IPTS) (Joiner, 2005): thwarted belongingness, perceived burdensomeness, hopelessness, and acquired capability.

This group of men experience a sense of stigmatisation due to their offences, and are often defined by this identity, in line with previous research (Moore et al., 2016; Aresti et al., 2010; Uggem et al., 2004). However, these young men are far more than their criminogenic identity; and are driven by universal human needs. They struggle with psychological distress, navigate complex relationships, and have future aspirations.

The offending behaviours for which they are defined, appear to be the product of unexpressed psychological distress, giving rise to feelings of anger and frustration. This is in keeping with research highlighting the role of emotion regulation in offending (Robertson, Daffern & Bucks, 2014; Day, 2009); potentially contrasting with the IPTS,

which proposes that self-destructive behaviours are acquired via socialisation and subsequent habituation.

In *Being Lost* it was found that crime is not simply an act of deviance or defiance, but instead, is potentially a form of emotional resolution. Offending or substance use offer escapism, and a strategy for exerting control over their emotions. However, this only serves to maintain and intensify their difficulties. In recognising the detrimental impact these actions have on others, they are vulnerable to perceived burdensomeness.

Through *Being Disconnected*, especially the strategy of isolating themselves from others, they run the risk of creating a lack of belongingness. The process of self-change and desistance from crime is a precarious period of transition, where they lose connection to previous peer groups, and potentially, their sense of identity. With thwarted belongingness and perceived burdensomeness shown to be prevalent predictors of suicidality within the offender population, these further increase their vulnerability to psychological distress (Mandracchia & Smith, 2015; Cramer et al., 2012).

Despite these overwhelming challenges, there remains a sense of *Being Hopeful*. This highlights a key divergence from the self-destructive behaviours such as suicidal conduct, formulated by the IPTS. *Being Hopeful* helps to move away from negative factors such as depression and suicidal thoughts and motivates a desire for self-reflection and change. However, this hopefulness is dependent on basic human needs being met, through significant and supportive relationships such as family.

2.4.2 Clinical Implications

There are clear targets derived from this study in relation to criminal sanctions. This has highlighted that offending frequently has an emotional function, and as such

rehabilitation must consider the psychological needs of this group of men. Sanctions that aim to merely punish, are unlikely to fully address the underlying needs that drive offending. These implications are particularly relevant for this group of men, who often serve short sentences, with limited rehabilitative input.

Firstly, prison factors, such as the provision of meaningful activity, or the levels of violence encountered, determine whether prison is experienced as purposeful and rehabilitative, with the potential to motivate self-change; or whether it further exacerbates isolation, psychological distress and the associated coping strategies (WHO, 2014). This can be addressed through stronger rehabilitative initiatives, such as befriending schemes, early intervention from mental health services, vocational training, and relationship programmes. Additionally, resettlement programmes can facilitate positive and pro-social transitions to the community, including housing and employment support, and reconnection with family (Dickson & Polaschek, 2014).

Secondly, access to mental health services by participants was limited, and where utilised, it did not match the level of need expressed. This highlights the need for mental health provision within the community, that has a more comprehensive understanding of the psychological needs of this group; to improve access and effectively address the function of offending, through improved psychological well-being. This can be achieved through two forms of specialist training including, greater mental health training for probation officers, who act as a key contact for this group of men; and forensic training for mental health professionals in order to develop skills in understanding and working with offending behaviour.

Finally, there is a need for continuous supervisory relationships, as acknowledged by NOMS (2006). This group of men describe difficulties trusting and building secure relationships, and discussing their personal experiences is a difficult task. Frequently

changing relationships as highlighted by participants, only serve to further confirm the unpredictable, and potentially rejecting, nature of relationships (Ansbro, 2008). Consistency can be achieved through multi-disciplinary working, where the relationship is built with a team of staff who are all aware of the individual's experiences. Staff transitions can be better managed by keeping the individual informed of impending changes, and through the facilitation of joint introductions and handovers.

This study has also highlighted practice-based implications at the individual level. Considering the interrelationship between *Being Lost* and *Being Disconnected*, it is necessary to address psychological difficulties, in the context of relationships, and the associated maintenance cycles. This highlights the utility of integrative and relational therapeutic models such as Cognitive Analytic Therapy (CAT). CAT seeks to identify how early relational experiences are internalised; and to identify how behavioural and relational patterns derived from these early experiences, are enacted and repeated within current relationships and self-management (Ryle & Kerr, 2020). These cycles were frequently identified in participant narratives. For instance, offending or substance use was utilised to manage difficult thoughts and feelings, borne from experiences of loss, rejection, or a lack of focus; however often further amplified their psychological difficulties and negatively impacted upon relationships. CAT posits that these patterns prevent the implementation of more functional or fulfilling ways of living (Ryle & Kerr, 2020).

It is also important to build upon the resilience that this group of men have demonstrated through their enduring sense of *Being Hopeful*. The Good Lives Model is a strengths-based approach, that focuses on attaining primary human needs such as happiness, relationships, and fulfilment, through pro-social means (Ward, 2002;

Barnao et al., 2016). Emphasis is placed upon well-being and personal meaning, as opposed to a focus on risk management. This offers an opportunity to utilise this hopefulness in the development of meaningful purpose in their lives.

2.5 Conclusion

2.5.1 New Knowledge Arising from the Research

This research has enabled us to gain a better understanding in three key areas. It has shifted the traditional paradigm from a criminological focus, to the psychological well-being of this group of men. While they often experience stigma due to a perceived sense of deviance, this research has shown that they have considerable interpersonal psychological difficulties to manage, through *Being Lost* and *Being Dis(connected)*. This study has demonstrated that this group of men often endure traumatic or distressing experiences within relationships, which subsequently lead to difficult thoughts and feelings about themselves and others. This psychological distress was subsequently managed through the use of substances or offending behaviours as a means of emotional avoidance, escape, or as a form of emotional expression. It highlights the important role of *Being Hopeful*, a potential antithesis to self-destructive behaviours, providing an invaluable resource for building meaningful futures. Finally, this recognises the significant contribution clinical psychologists can play within forensic professional practice, in their ability to develop holistic, psychologically informed formulations.

2.5.1 Limitations

The original aim was to recruit between six to eight participants, however due to factors beyond control, such as geographical restrictions of participants and the Covid-19 pandemic lockdown, only five interviews were completed. Recommended sample size

for IPA studies has been frequently debated, and it is suggested that this decision is dependent on the individual study and the richness of data (Smith et al., 2009). IPA is not concerned with representativeness, but instead the detailed exploration of individual experiences. Participants within the current study shared detailed, thoughtful, and rich accounts of their interpersonal experiences, and as such provided a substantial level of data from which to conduct analysis.

Telephone interviews were utilised to overcome the difficulties encountered during recruitment, and it is important to acknowledge that an absence of direct contact may impact upon interviews. It may be harder to develop trust and rapport over the telephone, potentially limiting the depth of information shared. However, there is little empirical evidence that telephone interviews lead to a loss of data, and in fact they may afford participants a stronger sense of anonymity, when sharing sensitive information (Novick, 2008).

Finally, interviews were conducted by a female researcher and this intersectionality of gender and psycho-social factors could potentially impact upon how willing participants were to share their experiences. However, gender incongruence can be a resource within research interviews, where men may feel more comfortable talking to a female about topics not traditionally perceived as 'masculine' (Broom et al, 2009). Participants shared open, reflective, and detailed accounts of their interpersonal psychological experiences, suggesting that they felt at ease discussing these issues with a female researcher. Throughout the research process, conscious attention and reflection was given to these issues, to ensure honest interpretation of participant narratives.

2.5.2 Unanswered Questions & Future Directions

Participant narratives suggested that there were differences in the nature of their offending, potentially warranting further distinction between interpersonal offending, and anti-social behaviour. This study identified a potential emotional and relational basis to both forms of offending, however, a future avenue for research may be to further narrow the focus on petty offence type. This may allow for identification of the psychological patterns underpinning anti-social offending for instance, in contrast to interpersonal offending.

Finally, an area that was lightly touched upon by participants, was the emotion socialisation processes afforded to them as men. As male mental health, and toxic masculinity, gain momentum in both research and policy; an important area for future research may be the intersectionality of being male, and an offender. As two categories identified as at risk in relation to mental health, self-harm and suicide, a better understanding of emotion socialisation and subsequent expression, is needed (ONS, 2019; MOJ, 2019).

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Chapter Three

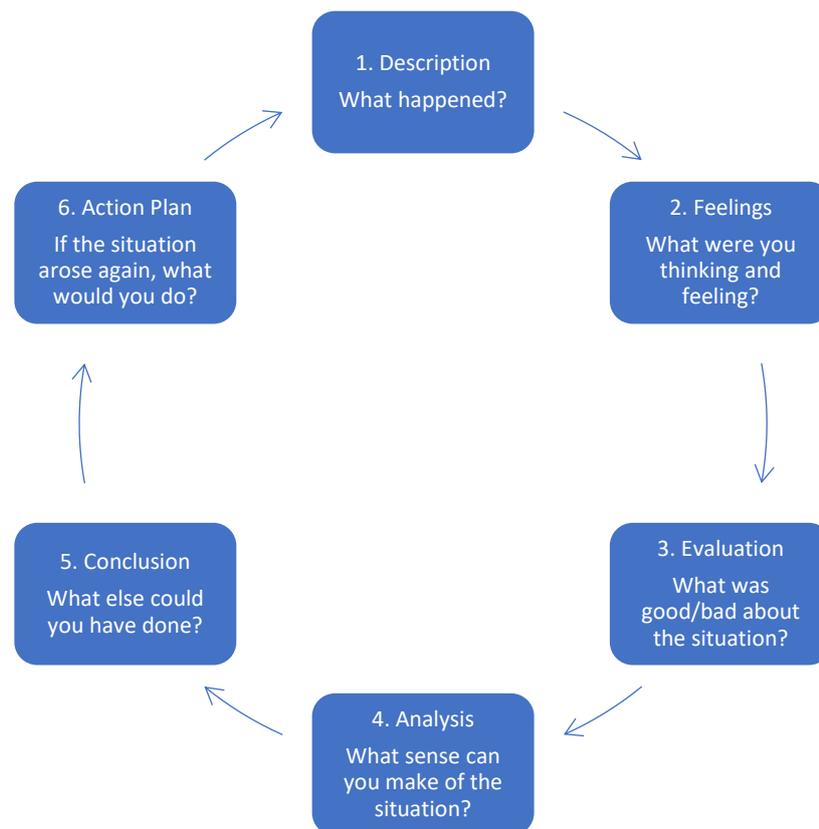
Conducting Research as a Trainee Clinical Psychologist: A Reflective Account

3.1 Introduction

Reflective practice refers to the conscious, active, and critical analysis of one's own practice, to transfer experience into learning and professional development (Taylor, 2014; Ghaye & Lillyman, 2006). It is a fundamental aspect of the clinical psychologist's therapeutic role but is also an important task within the research process. This is particularly vital for qualitative researchers, who are often thought of as research instruments, and have an unavoidable influence over the research process (Berger, 2015). Whilst objectivity is not necessarily something to be strived for within qualitative research, it is important to identify one's own biases, assumptions, and personal experiences, and to monitor how these interact with the research process. Retrospective reflection also allows for researchers to consider limitations, or problems encountered, and to consider one's own role and influence. Through the process of reflection, the researcher seeks to identify alternative strategies and adaptations for future practice.

Models of reflection have been developed to support the process and ensure that maximum learning is achieved. One such model was developed by Gibbs (1988) and encourages exploration of six stages of experience or activity, as demonstrated in Figure 3.1. Each stage includes a cue question that aids depth of reflection. This model was utilised, whilst reflecting on the research process described in Chapter Two. Whilst not explicitly stated within this reflective account, the questions were used as probes to explore the thoughts, feelings, and prospective adaptations associated with the empirical research conducted. Six main areas of reflection are summarised within the following chapter.

Figure 3.1 Gibbs (1988) Reflective Cycle



3.2 Motivations for Research: Identifying My Own Assumptions and Beliefs

I was drawn to this research area, as it has been an interest and passion of mine for many years. Prior to the doctorate I had worked as a researcher on a project developing and evaluating a complex intervention for male prison leavers experiencing mental health difficulties, before completing a forensic psychology MSc. It became apparent that a significant number of men in prison are experiencing psychological distress, often due to previous trauma and interpersonal stressors, and as a result of the criminal sanctions and associated stigma they were exposed to. My overwhelming feeling throughout this experience, was that the mental health of this group of men is frequently overlooked, with extremely limited access to psychological support or intervention, in prison, or upon their release. One participant in my current research suggested that there was an inevitability to his offending, considering the difficulties

and lack of support he had experienced, something that I often found myself thinking when interviewing participants in my previous role.

I have also developed an increasing interest in the role of masculinity, the gender stereotypes that are held, and the emotion socialisation experienced by men. As a society we are recognising that male mental health is an important target for intervention, predominately driven by prevalence statistics of male suicide, whereby men account for three-quarters of deaths, and suicide remains the most common cause of death for men aged 20-49 (ONS, 2019). The number of male suicides in prison is even further exaggerated, an area I investigated for my MSc dissertation. I believe this highlights an important, and potentially detrimental intersectionality, namely being a man and being an offender.

Having come to this research with this prior experience however, it was important for me to identify and explore the beliefs or assumptions that I had subsequently formed. Qualitative research differs from quantitative, in that it does not strive to test hypotheses. However, through experience, and knowledge of previous literature, it is unlikely that we approach qualitative research without some form of expectation of what we might find in participant narratives. I recognised that I held assumptions, that can be crudely described, as a belief that offenders frequently have histories characterised by interpersonal trauma, and an absence of belongingness, which would be associated with psychological distress. However, participant narratives demonstrated a far more complex and subtle representation and navigation of interpersonal relationships. Whilst there were examples of interpersonal trauma or loss, there were also descriptions of relationships as a source of enduring support and inspiration for self-change. During the process of analysis, it was important for me to

set my assumptions aside, and to explore the narratives and experiences with an unbiased approach, to recognise these potentially motivational relationships.

This research has further encouraged my motivation and passion for working in this area, and this was particularly spurred on by the representations of services held by participants. For two participants especially, there was a sense that services were not driven to alleviate their psychological distress. The role of statutory services working with offenders, has always appeared to me, to be heavily focussed on risk assessment, and reducing reoffending. Whilst I recognise that this is a requirement of this work, I believe that without individualised intervention, there is a danger that the emotional trigger or function of offending is often overlooked. I also wonder how this type of intervention is perceived by individuals themselves. Attrition in prison intervention programmes and outcomes is extremely mixed. If therapeutic intervention is delivered in a way that prioritises and focusses on well-being and client led goals, I suspect engagement would be improved.

3.3 Problems Encountered: Ethical versus Feasible Recruitment

During the undertaking of this research project, the main difficulty that was encountered was in relation to recruitment. The offender population is often thought of as socially disadvantaged or disenfranchised, and research with hard to reach groups often experience low response rates (Bonevski et al., 2014). Whilst recommendations for overcoming such issues include the use of community organisations, there are relatively few third sector organisations that are primarily for offenders. Male offenders are less likely to seek out help from generic services when they are experiencing difficulties, and often have distrust in services, further confounding this issue (Howerton et al., 2007). Additionally, there is likely to be felt-stigma attached to their stories and they may have concerns about being judged or lack confidence in taking

part in such a process. These issues mean that the pool of potential and accessible participants is relatively small, and they may be unlikely to take part, even when identified.

On reflection, a potential way of overcoming these difficulties may have been to conduct recruitment through statutory services such as probation services. However, I believe that this comes with ethical issues, that I wanted to avoid. When offenders are recruited through probation or through the prison service, I believe there is a danger that participants feel obliged to participate due to the intrinsic power imbalance, and they may be concerned about the repercussions if they chose not to take part. Not only is this an ethical issue for participants, I believe they would be less likely to share their honest and meaningful stories within research interviews if they felt coerced. I made the decision to recruit through community organisations, where support provided is voluntary and therefore the risk of perceived coercion is hopefully reduced.

However, it has been highlighted that hard to reach, stigmatised groups are often subject to overprotection within research, which in turn may lead to their exclusion (Millum et al., 2019; Moser et al., 2004). This is an interesting issue, that on reflection may have been present within my decision making. By choosing to avoid recruitment through probation as a means of protecting participants, I potentially excluded individuals who may have wanted to take part. I believe that this is a very difficult balance to find, and whilst I still believe my recruitment decisions were the most appropriate, it has highlighted the need to critically reflect and weigh up the conflicting issues relating to the decisions we make as researchers.

3.4 Self-Reflection: When Personal Strengths Become Weaknesses

The issues experienced during recruitment, have taught me valuable lessons about my own traits and characteristics, and how these can often serve as both strengths and potential weaknesses. At times, this process and the challenges faced, were incredibly stressful, and to overcome recruitment difficulties I relied heavily on sheer grit and perseverance to push on with the project. An interesting definition of 'grit', is the combination of both perseverance and passion, driven by a personally important value (Jachimowicz et al., 2018). As highlighted, this is an area I am incredibly passionate about and this kept me motivated throughout the research process.

However, it is important to reflect on whether this perseverance was a helpful strategy, and whether I should have instead, assessed the feasibility at an earlier stage and had a more realistic view of what was possible in the time I had. Whilst I did eventually secure interviews, and I collected meaningful data, there was a very genuine risk of not having any data at all. My passion for this research, meant that I did not want to give up on it, something that put me in a precarious position.

I also reflect with hindsight, that there may have been an exaggerated optimism on my part. Based on prior experience, I often had a sense that it would come together in the end, despite the difficulties I was facing. There were several time points where I had discussions with others, about whether recruitment was going to be possible. Deadlines were set for when I should consider changing focus, however I moved these deadlines when new leads for recruitment were identified. Whilst I am extremely pleased that I did persevere on this current project, I believe that in future, it would be important to set a firm recruitment deadline and hold myself accountable to this date.

A second characteristic I have reflected upon, is the level of autonomy and independence at which I try to work. There were many times within the research process where I was encountering problems, and yet did not reach out for support from others, striving to be self-reliant. This is not a trait I recognise in other areas of my life, where relational connection and support from others is incredibly important to me. However, when it comes to academia, I hold myself to incredibly high standards and find it difficult to expose what I may believe to be subpar work. When I did eventually reach out for support, it alleviated my anxieties and reignited my motivation.

An example of how I tried to overcome these internal struggles, is through the process of seeking feedback on drafts. In the past, I have not always utilised this opportunity because I did not want to send work that was not 'perfect' in my eyes. However, I have forced myself during the write up phase of my thesis to send drafts of my thesis, as soon as I could. Rather than spending a significant amount of time, attempting to develop a word-perfect draft, I received incredibly helpful, constructive feedback that provided a fresh perspective on my work. I now recognise that reaching out for additional support and guidance is not a weakness, and that in fact, knowing your own limitations is vital for achieving goals. Academia does not have to be entirely independent, and instead the best work is often developed collaboratively.

3.5 Positivism versus Interpretivism: Evidence Based Practice Tensions

Throughout the undertaking of this thesis, I have reflected a great deal on qualitative versus quantitative research and the associated epistemological positions; in relation to what data or knowledge is most meaningful, but also what knowledge is most helpful and practical as a psychologist. Across these questions, I often feel quite torn. In previous research experience on a randomised controlled trial (RCT), participants were sharing complex narratives, that I did not believe could be fully represented by

an outcome measure. In contrast to this, qualitative research develops meaningful and rich data, allowing for the nuances and discrepancies, both within and between individuals. However, as a therapist working within a profession that strives to be evidence-based, quantitative research of high scientific rigour, has a strong appeal. When working with clients in significant distress, I appreciate outcome-based information, that provides confidence in the interventions that I am delivering. I believe that this conflict potentially highlights the complexities and challenges of evidence-based practice (EBP) particularly from an interpretivist position. Whilst it is not possible to do this debate justice here, I have found consideration of the main tensions useful in considering and developing my own positioning.

Traditionally, EBP is thought of as best determined by RCTs due to their scientific rigour and their ability to control for bias (Margison et al., 2000); and therefore, sets the tone for a positivist approach. However, when RCTs are translated to practice, there are many challenges. Namely, clients have complex histories, experiences and difficulties, that do not often match the highly selective samples included in RCTs, therefore compromising their utility in predicting individual outcomes (Holmqvist et al., 2015; Margison et al., 2000). Furthermore, therapists work in integrative ways as a reflection of client need, professional competencies, and service structure. As such, RCTs are often thought of as artificial, failing to take account of individuals and their unique experiences; a claim that has been made of EBP more broadly (Porter & O'Halloran, 2012).

In contrast, data drawn from qualitative study feels more akin to the clinical case formulations that are a key skill of clinical psychologists, namely, highly individualised, integrative and complex understandings, that incorporate and make sense of various forms of contextual information and client experiences (DCP, 2011). The eclectic and

integrative nature of clinical formulation and practice, within the context of variable client characteristics and nonspecific aspects of therapeutic engagement, is often highlighted in formal guidance, whilst still advocating for EBP (APA Presidential Task Force on EBP, 2006). Both qualitative research and clinical formulation are often thought of as theory or hypothesis development and feel in contrast to nomothetic approaches such as quantitative RCT studies.

The two arms of research described above may be an oversimplification of the many forms of research and evidence, from which we develop practice. However, I believe this contrast demonstrates how challenging it can be to integrate the different forms of research and the associated knowledge, in a way that is meaningful, yet transferable to practice. A potential remedy of such conflict is the methodological orientation of realism (Porter & O'Halloran, 2011). This can be thought of as a bridge between interpretivist and positivist epistemologies, and does so by asking the questions 'what works, for whom, in what circumstances, in what respects, and how?' (Pawson & Tilley, 1997; Pawson et al, 2005). By expanding upon the initial question of 'what works?' which often drives evaluative strategies such as RCTs, it considers context and process, whilst also maintaining the principles of treatment efficacy. This is an area of research that I had previously come across and had developed an interest in. However, it is only through doctoral level research, and the process of reflection that I have fully got to grips with its research orientation, and what it offers in practice. For me, this approach provides an opportunity to incorporate the complexities that are present within our field of work, by discovering the mechanisms at play within any given intervention, and how they may interact with the individual and nuanced context at both the individual and service level.

3.6 Researcher and Practitioner: Role Conflict

An area of reflection that I believe is incredibly important when undertaking dual roles such as a therapeutic practitioner and researcher, is the potential conflict and tensions that may arise. This is potentially where the role of clinical psychologist is unique because we are trained within two potentially diverging practices. Our therapeutic role is focussed on connection, empathy, and active intervention; whilst the researcher role can be likened to that of observation, and detachment. My desire to be a clinical psychologist is at its core, driven by a desire to alleviate and reduce distress in others, and therefore the sense of detachment that comes with the researcher role can feel very difficult to employ. These roles feel further blurred, when conducting qualitative interviews, that require an active relational interaction. There is a need to build trust and rapport, to encourage honesty and exploration, however we cannot intervene or offer support as we would in the therapeutic relationship.

This is something that I have always found difficult throughout my career so far in mental health research, but particularly so during training where there is such an emphasis on active psychological intervention. As participants described psychological distress in current research interviews, I noticed a very strong urge to offer therapeutic support, and it felt almost heartless not to do so. It can feel as if we are asking participants to relive distressing experiences, for little personal gain.

However, there is also another aspect of this process which I often overlook. Participants I have interviewed in both past and present research, often describe the interview process as being cathartic, despite the absence of active therapeutic intervention. They have often shared an appreciation of someone taking an interest in them, to listen to their story without judgement, and they feel positive about taking part in something which may help others. Such benefits of research participation have been

demonstrated empirically within trauma-focussed research, where despite the potential for distress during participation, interviews offer an opportunity for meaning reconstruction and are frequently cited as positive and rewarding (Dyregrov, 2004; Legerski & Bunnell, 2010). When I consider that a non-judgemental approach, and active listening are key therapeutic skills, it reminds me that research interviews employing the same qualities, can indeed be a meaningful and often positive experience for participants.

Whilst there were tensions present between a therapeutic clinical role and the role of researcher, I can also see how having those therapeutic skills generated from clinical training and practice, enabled me to manage the research interviews more effectively. In one interview, a participant became quite agitated due to the nature of the topic we were discussing. Listening back to the recordings I could identify how I was able to co-regulate his anger through the use of appropriate therapeutic skills, which hopefully offered containment and comfort to the participant, enabling him to continue and to expand upon his answers. As researchers, we are asking participants to expose their vulnerabilities, their worries, and their distress, and therefore it is vital, that we can effectively support them during this process.

3.7 Conclusions: Reigniting My Passion for Research.

Over the course of the doctorate, I have recognised how complimentary the two arms of the profession are. By working within a clinical setting, working directly with clients, you can see the real world need and value for research. I recognise that whilst I previously understood the importance of research on a cognitive level, I value having the emotional, active connection to the research I am conducting. I have found this dual role to encourage a different level of connection and passion in the research. This

process of reflection, has helped me to explore how I develop, conduct, and appraise research, to further enhance my own practice as a clinical psychologist.

3.9 References

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Appendices

Appendix A:

Journal of Child and Family Studies submission guidelines.

Double-Blind Peer Review

All submissions are subject to double-blind peer review. In general, experimental/research studies are judged in terms of the following criteria: originality, contribution to the existing research literature, methodological soundness, and readability.

Manuscript Style

All manuscripts should follow the recommendations of the 2019 Publication Manual of the American Psychological Association (Seventh Edition). Submissions should be formatted to print out double-spaced at standard 8" x 11" paper dimensions, using a 10 pt. font size and a default typeface (recommended fonts are Times, Times New Roman, Calibri and Arial). Set all margins at one inch, and do not justify the right margin. Double-space the entire manuscript, including title page, abstract, list of references, tables, and figure captions. After the title page, number pages consecutively throughout including the reference pages, tables, and figure legends. Manuscripts should be no more than 30 pages in length, including all tables, figures, and references.

The Journal encourages the publication of research that is virtually jargon-free and easy to read. Thus, a personalized manuscript, written in active tense, is preferred. For example, "This study examined . . ." could be stated as, "We examined . . ." The Journal encourages a conversational rather than an impersonal tone in the manuscripts.

Title Page

A title page is to be provided and should follow APA-style. The title page should include the following elements: (1) the title (maximum of 15 words) (2) brief running head (50 characters or fewer) (3) full names of the authors (without degree). Use the form first name, middle initial, last name (e.g., John D. Doe) separated by a common and the word "and" before the last author (4) author affiliation addresses. Use a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name. (5) corresponding author information. Include the corresponding author's initials and last name (without degree), affiliation, mailing address, and e-mail address.

Abstract

The abstract should follow APA-style single paragraph format and should be not more than 250 words. It should be a concise and complete summary of the contents of the

manuscript, without reference to the body of the paper. Per APA guidance, abstracts should cover key aspects of the literature review, the problem or research question(s), hypotheses, methods used (including design, measures, sample), results (major findings), and implications. Do not use sub-headings and do not cite references in the abstract.

Key Words

A list of 5 key words, separated by a comma, is to be provided directly below the abstract. Key words should address essential paper elements (research topic, population, method, and/or application of results/findings), as they are used for indexing purposes.

Highlights

Highlights are mandatory for this journal. Highlights capture the key, top-line messages of your research, for example novel results or new methods that were used during the study. Highlights should be included directly below the keywords on the same page as the Abstract. Please format highlights as 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Text

Text should begin on the second numbered page and follow APA style. Authors are advised to spell out all abbreviations (other than units of measure) the first time they are used. Do not use footnotes to the text. When using direct quotations from another publication, cite the page number for the quotation in the text, immediately after the quotation. When reporting statistically significant results, include the statistical test used, the value of the test statistic, degrees of freedom, and p values. In the discussion include an evaluation of implications (clinical, policy, training or otherwise). Also, discuss limitations in study design or execution that may limit interpretation of the data and generalizability of the findings.

Appendix B:

International Journal of Offender Therapy and Comparative Criminology submission guidelines.

Manuscript Submission Guidelines:

The *International Journal of Offender Therapy and Comparative Criminology* will consider for publication original manuscripts.

1. Manuscripts may be submitted electronically at <https://mc.manuscriptcentral.com/ijotcc>.
2. Manuscripts should be left-justified, double-spaced and should be approximately 25 pages in length (size 12 font), including tables, figures and references.
3. A running head should be placed on the title page.
4. Include an abstract of no more than 150 words.
5. Use endnotes rather than footnotes.
6. Any acknowledgments should be submitted as a separate supplement.
7. Each element of the manuscript (title page, abstract, author's notes, appendix, endnotes, references, each table, and each figure) should begin on a new page.
8. The format and style of the manuscript should follow the guidelines of the Publication Manual of the American Psychological Association (7th Edition).
9. Tables and figures should be kept to a minimum, be self-explanatory, and supplement (not duplicate) the text. Tables should be placed at the end of the file, following text and references, with callouts for each in the text. Elements in tables should be separated by tabs, not cells or lines. High-resolution figures should be uploaded as separate electronic files, with callouts for each in the text.

Appendix C:

Ethical Approval for Systematic Review



Certificate of Ethical Approval

Applicant:

Amy Stewart

Project Title:

The Psychological Impact of Maternal Imprisonment on Children: A Systematic
Review

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Low Risk

Date of approval:

01 April 2020

Project Reference Number:

P105443

Appendix D:

Mixed Methods Appraisal Tool (MMAT) version 2018: Questions Framework

Category of Study Designs	Methodological Quality Criteria
Screening questions (for all types)	S1. Are there clear research questions?
	S2. Do the collected data allow to address the research questions?
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?
	1.2. Are the qualitative data collection methods adequate to address the research question?
	1.3. Are the findings adequately derived from the data?
	1.4. Is the interpretation of results sufficiently substantiated by data?
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?
2. Quantitative Randomised Controlled Trials	2.1. Is randomization appropriately performed?
	2.2. Are the groups comparable at baseline?
	2.3. Are there complete outcome data?
	2.4. Are outcome assessors blinded to the intervention provided?
	2.5. Did the participants adhere to the assigned intervention?
3. Quantitative nonrandomized	3.1. Are the participants representative of the target population?
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?
	3.3. Are there complete outcome data?
	3.4. Are the confounders accounted for in the design and analysis?
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?
	4.2. Is the sample representative of the target population?
	4.3. Are the measurements appropriate?
	4.4. Is the risk of nonresponse bias low?
	4.5. Is the statistical analysis appropriate to answer the research question?
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?
	5.2. Are the different components of the study effectively integrated to answer the research question?
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?

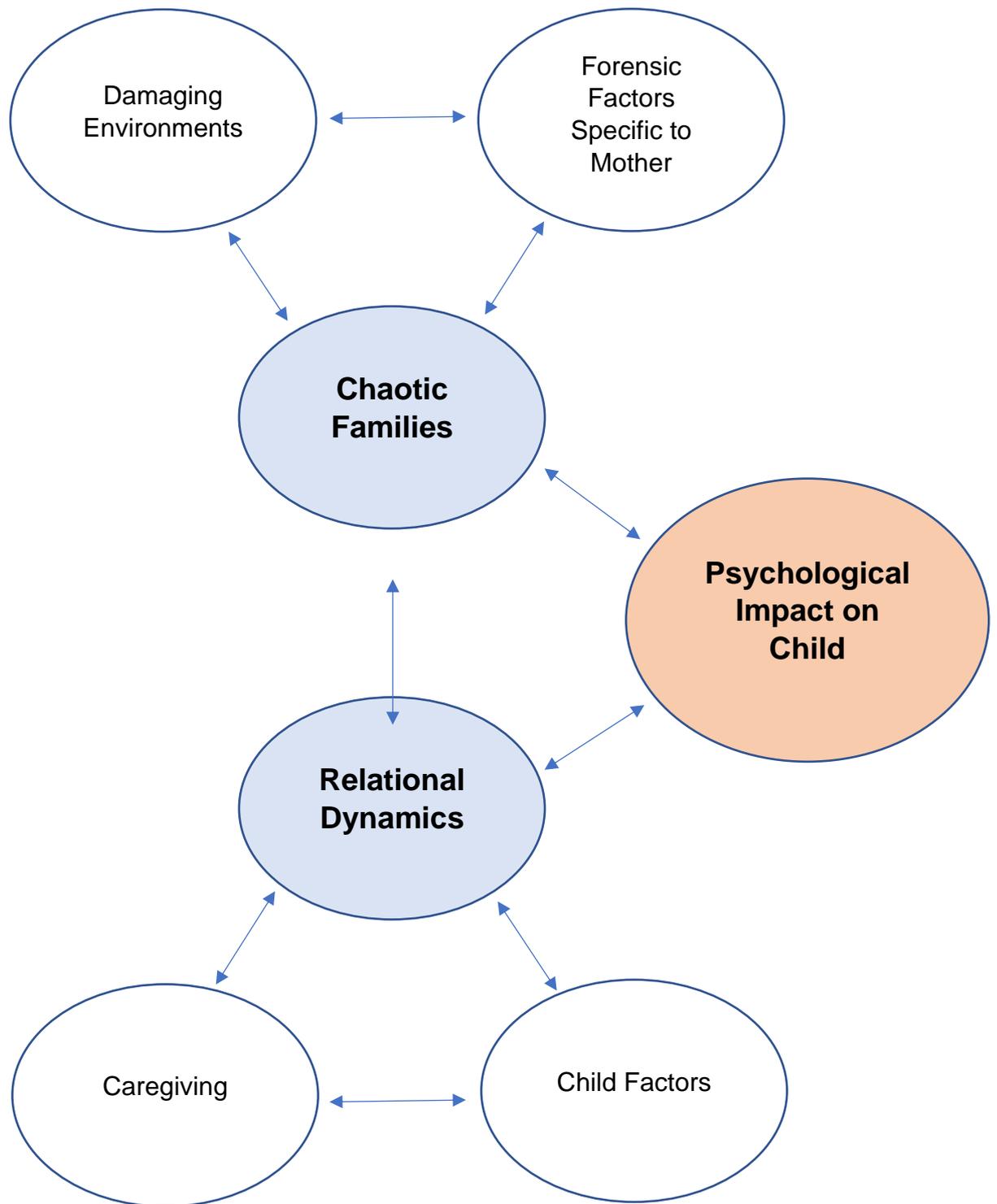
Appendix E:

Main Elements of the Narrative Synthesis Process and Suggested Tools (Popay et al., 2006)

Main Elements of Synthesis	Purpose	Suggested Tools or Techniques
Developing a theoretical model	<p>To inform decisions about the review question and what types of studies to review</p> <p>To contribute to the interpretation of the review's findings</p> <p>To assess how widely applicable findings may be</p>	<ul style="list-style-type: none"> • Specific tools or techniques not specified – however other techniques listed below may inform theory development and elaboration
Developing a preliminary synthesis of findings of included studies	<p>To organise findings from included studies to describe patterns across the studies</p>	<ul style="list-style-type: none"> • Textual descriptions of studies • Groupings and clusters • Tabulation • Transforming data into a common rubric • Vote counting as a descriptive tool • Translating data: thematic analysis • Translating data: content analysis
Exploring relationships in the data	<p>To consider the factors that might explain any differences across the included studies</p> <p>To understand how and why interventions/exposure has an effect</p>	<ul style="list-style-type: none"> • Graphs, frequency distributions, funnel plots, forest plots and L'Abbe plots • Moderator variables and sub-group analyses • Idea webbing and conceptual mapping • Translation: reciprocal and refutational • Qualitative case descriptions • Investigator/methodological triangulation • Conceptual triangulation
Assessing the robustness of the data	<p>To provide an assessment of the strength of the evidence for drawing conclusions</p> <p>Generalising conclusions or the product of the synthesis to different population groups and/or contexts</p>	<ul style="list-style-type: none"> • Weight of Evidence • Best Evidence Synthesis • Use of validity assessment – • Reflecting critically on the synthesis process • Checking the synthesis with authors of primary studies

Appendix F:

Systematic Review: Thematic map



Appendix G:

Research Study Flyer

HOW DO YOU FEEL ABOUT YOURSELF AND YOUR FUTURE?

Young, male, repeat offenders needed to take part in an important research study



Researchers from Coventry and Warwick Universities are looking for adult volunteers to participate in a research study exploring what you think about other people in your life and how you feel about yourself and your future.

Who do we need?

- ❖ Males
- ❖ Aged 18 - 32
- ❖ 2 Previous convictions
- ❖ Previous convictions tried & prosecuted within the magistrates' court

What will it involve?

- ❖ An interview to discuss your experiences and how you feel about yourself and your future
- ❖ It will last approx. 1 hour
- ❖ All information will be kept strictly confidential

For more information please contact (*name of gate keeper and organisation*), who will put you in touch with the lead researcher.

Appendix H:

Interview Schedule

1. Can you talk me through a typical day for you?

- a. What contact do you have with others on a typical day?

2. Could you tell me about the social groups in your life?

- a. How do you see your role within these groups?
- b. Do you feel as if you belong within these groups?
- c. Are there any other groups that you would like to be part of?

3. Tell me about the person you feel closest to in life?

- a. How does this person make you feel?
- b. Do you feel able to go to this person for support?

4. Have you ever experienced any feelings of loneliness or isolation?

- a. What do you believe led to you feeling this way?
- b. How did you respond to these feelings?

5. Can you describe how you think others see you?

- a. How would you describe the effect you have on others?

6. What would you say others value about you?

- a. What do you value about yourself?

7. Does anyone rely or depend on you for anything?

a. Do you rely or depend on anyone for anything?

8. Have you ever experienced conflict with others?

a. Has this ever led to physical fights?

9. Have you ever experienced any difficult life events?

a. How do these affect you now?

10. Could you describe how you felt prior to committing previous crimes?

a. Do you recall experiencing any anxiety or worry about committing these offences?

b. If so, how did you overcome this?

11. When you think about your future, what do you see?

12. Is there anything that you would like to be different in the future?

a. Do you feel as if you have control over your future?

Appendix I:

Participant Information Sheet

Exploring the Experiences of Young, Male, Repeat Offenders.

PARTICIPANT INFORMATION SHEET

You are being invited to take part in research on the interpersonal experiences of young, male, repeat offenders. Amy Stewart, Trainee Clinical Psychologist at Coventry University is leading this research. Before you decide to take part it is important you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?

The purpose of the study is to explore the experiences that young, male, repeat offenders have with other people around them. We are interested in learning about what you think about other people in your life and how you feel about your future.

Why have I been chosen to take part?

You are invited to participate in this study because you are male, between the ages of 18-32, and have two or more criminal convictions that have been tried and prosecuted within the magistrate's court.

What are the benefits of taking part?

By sharing your experiences with us, you will be helping Amy Stewart and Coventry University to better understand what young, male, repeat offenders, such as yourself, think about other people in your life and how you feel about yourself and your future. It is hoped that this information may be used in order to gain a clearer picture of the difficulties young offenders may experience and to improve the range of support services that are available.

Are there any risks associated with taking part?

This study has been reviewed and approved through Coventry University's formal research ethics procedure. There are no significant risks associated with participation. However, we understand that talking about personal experiences can be difficult. You are free to pause or withdraw from the interview at any time, and the researcher will provide information about how to seek further support if needed, following the interview. If you would like to talk to someone about your thoughts or feelings, please contact one of the following:

Samaritans (Confidential support for people experiencing feelings of distress or despair) **Phone: 116 123** (24 hours a day, 365 days a year) **CALM** (Campaign Against Living Miserably, for men aged 15-35) **Phone: 0800 58 58 58** (5pm-midnight, 365 days a year).

Do I have to take part?

No – it is entirely up to you. If you do decide to take part, please keep this Information Sheet and complete the Informed Consent Form to show that you understand your

rights in relation to the research, and that you are happy to participate. Please note down your participant number (which is on the Consent Form) and provide this to the lead researcher if you seek to withdraw from the study at a later date. You are free to withdraw your information from the project data set up to two weeks following interview at which point the data will be transcribed and fully anonymised in our records. You should note that your data may be used in the production of formal research outputs (e.g. journal articles, conference papers, theses and reports) but it will have been anonymised and so it will not be possible to identify who you are. If you wish to withdraw from the study, please contact the lead researcher or Research Director in the event of the lead researcher's absence, within two weeks of the interview (contact details are provided below). You do not need to give a reason. A decision to withdraw, or not to take part, will not affect you in any way.

What will happen if I decide to take part?

If you choose to participate, you will be asked to take part in an interview with Amy Stewart (Trainee Clinical Psychologist) to discuss your experience of interactions with others and how you feel about these. The interview will take place either face to face in a safe environment, or on the telephone, at a time that is convenient to you. We would like to audio record your responses (and will require your consent for this). The interview should take around 1 hour to complete.

Data Protection and Confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act 2018. All information collected about you will be kept strictly confidential, with the following exceptions:

1. Information about any offences that have been committed which are not known by the police.
2. Any plans to commit future offences.
3. Any information about future plans to commit harm to self or others.

If any of the above is discussed during the interview, then the researcher has a legal obligation to inform the organisation that has put you in touch with the researcher and the police about these offences.

All information will be fully anonymised in our records. Your data will be associated with a unique number and we will not keep any personal details about you such as your name and address. If you consent to being audio recorded, all recordings will be destroyed once they have been transcribed and all transcriptions will be anonymised. Your data will only be viewed by the researcher/research team. All electronic data will be stored on a password-protected computer file on a university approved encrypted USB stick before being transferred to the university's secure OneDrive encrypted cloud server. All paper records will be stored in a locked filing cabinet on Coventry university premises. Your consent information will be kept separately from your responses in order to minimise risk in the event of a data breach. Coventry university will take responsibility for destroying the data which will take place by the end of January 2024 in accordance with the University's data management policies and processes.

Data Protection Rights

Coventry University is a Data Controller for the information you provide. You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation and the Data Protection Act 2018. You also have other rights including rights of correction, erasure, objection, and data portability. For more details, including the right to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk. Questions, comments and requests about your personal data can also be sent to the University Data Protection Officer - enquiry.ipu@coventry.ac.uk

What will happen with the results of this study?

The results of this study will form part of an academic assessment and a report will be submitted to the University of Coventry and Warwick as part of the Clinical Psychology Doctorate training. They may also be summarised in published articles, reports and presentations. Quotes or key findings will always be anonymous in any formal outputs.

Making a Complaint

If you are unhappy with any aspect of this research, please first contact the lead researcher, Amy Stewart: stewar84@uni.coventry.ac.uk. If you still have concerns and wish to make a formal complaint, please write to:

Dr Anthony Columbo

Research Director

School of Psychological, Social and Behavioural Sciences

Coventry University

Coventry CV1 5FB

Email: hsx412@coventry.ac.uk

In your letter please provide information about the research project, specify the name of the researcher and detail the nature of your complaint.



Appendix J:

Participant No.

Informed Consent Form

INFORMED CONSENT FORM:

Exploring the Experiences of Young, Male, Repeat Offenders.

You are invited to take part in this research study for the purpose of collecting data on what you think about other people in your life and how you feel about yourself and your future.

Before you decide to take part, you must **read the accompanying Participant Information Sheet.**

Please do not hesitate to ask questions if anything is unclear or if you would like more information about any aspect of this research. It is important that you feel able to take the necessary time to decide whether or not you wish to take part.

If you are happy to participate, please confirm your consent by circling YES against each of the below statements and then signing and dating the form as participant.

1	I confirm that I have read and understood the <u>Participant Information Sheet</u> for the above study and have had the opportunity to ask questions	YES	NO
2	I understand my participation is voluntary and that I am free to withdraw my data, without giving a reason, up to two weeks following the interview, by contacting the lead researcher.	YES	NO
3	I have noted down my participant number (top left of this Consent Form) which may be required by the lead researcher if I wish to withdraw from the study	YES	NO
4	<p>I understand that all the information I provide will be held securely and treated confidentially. However, I understand that this does not apply to the following:</p> <ol style="list-style-type: none"> 1. Information about any offences that have been committed which are not known by the police. 2. Any plans to commit future offences. 3. Any information about future plans to commit harm to self or others <p>If any of the above is discussed during the interview, then the researcher has a legal obligation to inform the organisation and the police about these issues.</p>	YES	NO
5	I am happy for the information I provide to be used (anonymously) in academic papers and other formal research outputs	YES	NO
6	I am happy for the interview/telephone interview to be <u>audio recorded</u>	YES	NO
7	I agree to take part in the above study	YES	NO

Thank you for your participation in this study. Your help is very much appreciated.

Participant's Name	Date	Signature
Researcher	Date	Signature

Appendix K:

Ethical Approval for Empirical Study



Certificate of Ethical Approval

Applicant:

Amy Stewart

Project Title:

Exploring the Interpersonal Psychological Experiences of Young, Male, Repeat Offenders.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

10 September 2019

Project Reference Number:

P86531

Appendix L:

Participant Debrief

PARTICIPANT DEBRIEF

Exploring the Interpersonal Psychological Experiences of Young, Male, Repeat Offenders

The purpose of the study is to explore the experiences that young, male, repeat offenders have with other people around them. We are interested in learning what you think about other people in your life and how you feel about yourself and your future.

It is hoped that this information may be used in order to gain a clearer picture of the difficulties young offenders may experience and to improve the range of support services that are available.

Thank you for taking part in this study, your involvement is greatly appreciated and will contribute to our understanding of this topic.

Additional Support

We understand that it can be difficult to talk about personal experiences. If taking part in this interview has led to any distress and you would like to talk to someone about your thoughts or feelings, please contact one of the following:

Samaritans (Confidential support for people experiencing feelings of distress or despair) **Phone: 116 123** (24 hours a day, 365 days a year)

CALM (Campaign Against Living Miserably, for men aged 15-35)
Phone: 0800 58 58 58 (5pm-midnight, 365 days a year)

Further Information on the Study

You are free to withdraw your information from the project data set up to two weeks following interview at which point the data will be transcribed and fully anonymised in our records.

If you wish to withdraw from this study, or you have any further questions, comments or concerns, please contact the lead researcher:

Amy Stewart

Email: stewar84@uni.coventry.ac.uk

If you still have concerns and wish to make a formal complaint, please write to:

Dr Anthony Columbo
Research Director
Coventry University
Coventry CV1 5FB

Email: hsx412@coventry.ac.uk

In your letter please provide information about the research project, specify the name of the researcher and detail the nature of your complaint.

Thank you for your participation.

**Analytic Codes/
Emergent
Themes**

**Expressing
Emotions
Rumination
Self-Blaming?**

**Family
Unpredictable
relationships -
Trust?
Expectations of
self – going to
'fuck up' – Self-
stigma/judgment?**

**Expressing
Emotions
Worries /
Rumination**

**Self-control
Expressing
Emotions
Traumatic
memories?
Anger – response
to worries**

**Ability to manage
worries and
emotions**

Appendix M:

Coded Transcript Excerpt

- P: I overthink too much, I'm just a bit negative, just a negative person really.
- I: Yeah, ok. What sort of things are you overthinking would you say?
- P: Just what tomorrow, or what now, when can I meet my son, do you know what I mean? What's the crack with my girlfriend tomorrow, like, when am I next gonna get arrested or fuck up? Do you know what I mean? It's just, one of them...
- I: Right, ok, so it sounds like there are quite a few worries there....
- P: Yeah, there always has been.
- I: And you notice that they're there at night when you're trying to get to sleep...
- P: Yeah...
- I: Do you notice those worries at other times?
- P: Uuuuh, well it's on my mind all the time, but it's just when I act on it, do you know what I mean, that's about it...
- I: Ok, what do you mean when you act on it?
- P: Like, I don't know how to explain it, it's like, I don't know, like, when I act on it I just go sick, because it's too much for me, do you know what I mean, I can't handle it. It's like all the worst things that have happened, like basically, when I get one bit of good news, all the time, ten things, ten of the worst things that have happened to me in the past will just come into my head at random, do you know what I mean? And then that'll just impact my negative mood, and so then I'll just be in a shit mood then. So it's just that's how it is all the time, one time it's a bit of good news and then I get a massive load of shit news thrown on me, so, it's, it's just as it stays, do you know what I mean?
- I: Yeah, ok. What sort of things do you do to manage that?

Exploratory Comments

I overthink too much – I'm a negative person.
Does he see it as own fault?

Questioning lots of things -
What will tomorrow bring?
What's the crack with girlfriend?
When I am next going to 'fuck up'?

Always has been worries

Worries are always on mind
I will act on it – doesn't feel in control?

Difficult to explain...
When I act on worries, I go sick – angry – expectation to act on it?
It's too much for me/I can't handle it
Good news is outweighed with worst memories/shit news
Bad things have happened to him?
Massive load of shit news always thrown at him
Bad memories impacts his mood – shit mood

**Analytic Codes/
Emergent Themes**

**Managing
Emotions**

**Substances –
Escape?**

**Martial arts
Purpose/
Passion?**

Motivation?

**Jail – encouraged
a healthy lifestyle**

**Maintaining
changes**

**Purpose
Enjoys Structure**

**Purpose –
Barriers: mental
health/working
with people
Expressing
Emotions
Self-control
Anger
overwhelms**

- P: I don't at the minute, I just, smoke cannabis...(pauses)...but apart from that, smoke cannabis and smash xbox, play fifa or ufc or summat... But, I want to get back into fighting and that, like boxing, cage fighting, mixed martial arts, and that..
- I: Ahhh ok, is that something you've done in the past?
- P: Yeah, yeah, yeah, I love it yeah.
- I: And how do you get back into that?
- P: I just gotta go down to where I go down to, the gym and that, just over the road and that, and sign up to it, and then I can start taking part. I just gotta do that, it's just, at the minute I can't even run ten minute down the street, do you know what I mean, let alone do a 6 mile run (both laugh)!
- I: So might have to build up the fitness a little bit first!
- P: Yeah, just a bit yeah (laughs)!
- I: I can share that feeling, yeah!
- P: Yeah! It's since I've come out of jail, that's what it is, honestly, I was clean as owt in jail, it was, it was nice. I was on treadmills and that doing like 5 mile jogs and that, do you know what I mean? And then I come out, I smoked like 60 fags on my way back, just from (place) to (place), do you know what I mean (laughs)? By the time I got back, I ran upstairs and I was like (imitates gasping for breath; laughing). It's crazy!
- I: Ah, so you said there, in prison you were keeping really fit and doing loads of exercise?
- P: Yeah I was! To be honest, I, I, I like jail, I'm not gonna lie to you, but it's just, at the time, it was what was going on at home, do you know what I mean? Cos that structure, that life, that routine, that's what I like, do you know what I mean? I was asleep by 9'oclock every night, do you know what I mean? Working every day, it's what I want, but at the minute I can't, because my mental health won't let me. Sooo, cos I can't hold a job down, do you know what I mean? Like, cos I don't like, I don't, cos obviously if someone was to shout at me, do you know, fair enough, but I don't like snobby people, I just, I can't handle them, and like most bosses nowadays days, they're just snobby, I don't like that. And if they were to scream at me, I can't be accountable for what I did, cos I black out and that. Well, I don't black out, but I do at the same time, do you know what I mean? Does that make sense?

Exploratory Comments

I don't manage mood/worries
Smoke cannabis to manage
worries?
Wants to get back into martial arts –
occupation?

Loves martial arts

I've just gotta do it – easy to do?
What holds him back?

Lifestyle since jail?
Was clean and healthy in jail
Smoking 60 fags as soon as he got
out of jail

I like jail – offers structure, routine –
he likes that
Life on the outside was worrying
him?
Sleeping well, working everyday –
wants this on the outside
Can't work, mental health won't let
me
I can't handle snobby people –
bosses are snobby – screaming at
me (expectation of others?)
I can't be accountable for anger?
Overwhelming anger - black out

Analytic Codes/
Emergent Themes

Sense of Stigma?
**Other people's
perspectives of me**

**Purpose &
Occupation
Barriers:
Response to
conflict/authority?
Expressing
Emotions
Anger – Absence of
thought / control
A desire for
change?**

**Anger – physical
violence or damage**

Family - violence

I: Yeah, yeah, yeah.

P: So, yeah.

I: So it sounds like it can be tricky to find the right people to work with maybe?

P: Yeah, yeah. Like I'll have respect for absolutely anyone, do you know what I mean? But like when people take me for an idiot, I don't like it. Simple as that. I like to be treated with the amount of respect that I should be treated with, do you know what I mean? I'm not an animal, I'm a human! (Laughs) Simple as that.

I: And you said that your mental health maybe gets in the way of holding down a job?

P: Yeah...

I: Could you say a little bit more about that?

P: Uhhh, I don't know, I don't, I don't know what to say...just, obviously, I don't like people shouting at me! And it's, it's more to do with my anger. Because I don't think before I do stuff, I've never been able to, and that's why I've got (support worker), that's what I'm working on him with. Cos I just, I can't do it, like, as soon as I get angry, like I'll go up but I don't come back down, and I just build and build and build and build, and then I go bang (clicks fingers). Do you know what I mean? And literally, that can take a minute, let alone 24 hours, do you know what I mean? So a lot can happen within 24 hours with me, so...it's just one of those. I can't keep a job down cos of my anger.

I: Ok. Can I ask what happens when it goes bang (clicks fingers)? What it feels like for you?

P: (Pauses) I just smash everything, I'm just like hulk. I just go on a sicker (unclear). It depends whose there. Say if it was like one of my brothers and that, I'd just probably start punching his head in and that, cos he'd been doing the same to me. But if it's (girlfriend) or (support worker) or summit like that, I'd just start smashing my house up. Do you know what I mean, I can't do that, so....

I: It's sounds like it's quite a physical release of the anger?

Exploratory Comments

Wants to be treated with respect
People treat me like an idiot – **I'm
not an animal – I'm a human.**

Doesn't feel respected? Feels
different?

People shouting at me at work?
Anger: I don't think before I act – the
anger builds and I can't calm down
– then I go bang – happens quickly
Wants to address anger
Anger prevents working

I'm like hulk, I smash everything
Violence towards people and
objects
Brother violent towards him?
Expresses anger differently with
different people? Does have
control?

Emerging Themes

**Absence of regulation strategies
Expressing Emotions**

Emotional catharsis

**Family –
?? impacted upon relationship with son**

**Expressing Emotions
Overwhelmed by worries – loss of control**

**Never had no help
Let down by services
Knowing where to turn
Family
Girlfriend saved me**

**Substances as an escape -
To manage mental health
Offer an opportunity to end life
Fearless with substances??**

P: Yeah, cos I've got nothing to take my anger out on, do you know what I mean. So once I get, so when I get mad and that, I've got nothing to hit, or nothing, like even a boxing bag or summat. Maybe that would be a good shout actually...

I: Yeah...yeah....

P: But, just summat to let my anger out on, do you know what I mean, like I can pace the fuck out of, simple as that, when I'm angry.

I: Yeah, yeah, ok. So you said that actually, in prison, it sounded like that routine was really helpful for you....

P: Yeah it was....

I: Yeah, so how were you feeling when you were in there?

P: Well I was feeling shit because of what was going on at home. There was a lot, and I mean a lot, going on at home when I was in jail, so...even though my mates and that, were like you're right and that (unclear 08.40) considering what's going on at home, I mean, I had social services saying I'm not allowed to see my kid at all, saying that I'm not allowed to be with my girlfriend and I'm not allowed to go back to my girlfriend, so I'm gonna be homeless. Do you know what I mean? Saying uh, I'm not allowed to contact her until my licence is over, and bla bla, uhh, I'm not allowed to be there when my son is born, I'm not allowed to be on the birth certificate, all that sort of stuff, do you know what I mean? Then I had to deal with that, as well as, I've just had all that shit news on the day I've got out of jail, and what's my mental health doing? I'm not on no medication, it just went absolutely sick, so people wonder why do I offend, why do I do the things I've done? Because I've never had no help, I've been passed pillar to post around the care system and no one's done fuck all for me. I've never had no treatment, or psychiatrist, or nothing like that look at me, until I met this guy (support worker) and I went to (mental health team), do you know what I mean? So if it wasn't for him (support worker) and it wasn't for my lass at the minute, (girlfriend's name), I'd be dead in a ditch by now cos I was smoking hundred pound of crack a day and doing a stupid amount of drugs because of my mental health and because the system was messing me right around, and I didn't know what to do. I didn't know who to speak to, I didn't know what to do, I didn't know where to go, I didn't know which drugs to take, do you know what I mean? I just wanted to be dead. But I'm not one to go out and hang myself, or slice myself up, I'd rather just try and end it with drugs, but I'm invincible when it comes to them. Which is nowt to be proud of, but, I've been there, I've got the t-shirt, what dun kill you makes

Exploratory Comments

Needs to physically let out anger – needs to hit something, but doesn't have adaptive strategies?

Worrying about what was going on at home in jail
Can't see/contact child or girlfriend – blocked from relationship?
Knew he was going to be homeless

Had no way of dealing with stressors
Went sick - Lost control?

I've never had any help, been passed around the care system - No wonder I offend....
System messing me around - Didn't know what to do/how to get support

If it wasn't for them...saved my life?
I would be dead

Doing a stupid amount of drugs – because of mental health
Wanted to be dead – substances offered this?
Invincible.