



**QUEEN'S
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DOCTORATE IN CLINICAL PSYCHOLOGY

Exploring professional quality of life and personal experiences of the criminal justice system

Kelly, Grace

Award date:
2021

Awarding institution:
Queen's University Belfast

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QUEEN'S
UNIVERSITY
BELFAST

Clinical Psychology Doctorate

Research Portfolio

Exploring Professional Quality of Life and Personal
Experiences of the Criminal Justice System

Doctorate in Clinical Psychology
School of Psychology

Grace Anne Kelly
BA, MA

June 2021

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Section 1

Systematic Review (SR)

**The experiences and perceptions of the criminal justice system
as reported by individuals with an intellectual disability and their
families: a systematic review and thematic synthesis of the qualitative
literature**

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Data availability statement:

To be provided when final manuscript is accepted

Acknowledgements:

No acknowledgements or funding information

Acknowledgements

I would like to thank my supervisors for their continued support and guidance during this process. I would like to express my gratitude to the reviewer, for their patience and responsiveness during the review. Thanks to my friends and family for their continued support during the entire DClín and especially in the final months of this research.

Abstract

Background: The purpose of this paper is to synthesize the qualitative literature on the experiences and perspectives of individuals and their families of the criminal justice system. **Materials and Methods:** A literature search of five databases was conducted, from inception to February 2021. The articles were chosen based on pre-determined inclusion criteria and were assessed using the CASP tool. Findings were synthesized using thematic synthesis. **Results:** Ten studies met the inclusion criteria and four main themes incorporating ten subthemes were identified: Being person-centered, Social context, Responding to the system, and Interpersonal relationships. **Conclusions:** These findings offer insight into the unique experiences of the individual of the criminal justice system and demonstrates how their voice is often missing in service delivery. These findings may further inform services on how best to support the individual with an intellectual disability within the criminal justice system.

Keywords: Intellectual disability, criminal justice system, experiences, qualitative, thematic synthesis

Introduction

Individuals with intellectual disabilities are at a high risk of negative experiences in the criminal justice system (CJS), as individuals who are accused and as victims (Sarrett, 2019). Research, until recently, has focused primarily on the perspective of professionals (Søndenaa, Olsen, Kermit, Dahl, & Envik, 2019) or the prevalence rates of intellectual disability (Hayes, Shackell, Mottram, & Lancaster, 2007) within the criminal justice system. Indeed, individuals with an intellectual disability are considered to be over-represented in the CJS (Crocker, Cote, Toupin & St-Onge, 2007; Mason & Murphy, 2002; Vanny, Levy, Greenberg & Hayes, 2009). With calls for reform within the criminal justice system, such change needs to happen with the individual with an intellectual disability in mind but also their explicit personal perspectives as a central element to any reform.

Callus and Camilleri-Zahra (2017), have reflected how changes in the disability movement have influenced and shaped policy, practice and services to better reflect the experience of the individual with an intellectual disability. This has been due in part to The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) which decrees that 'education, employment, community life, information, communication, and goods, services and facilities', (Callus and Zahra 2017, p.10), be available to the individual but also decrees that the individual should be in a position to be active in making informed decisions about their own lives. However, in reality, people with an intellectual disability sometimes do not know their rights or indeed if their rights or wishes have been infringed upon by others (Inclusion Europe, 2006).

Individuals with an intellectual disability are susceptible to a number of vulnerabilities and barriers that not only impact on daily life, but also leave them vulnerable to interactions with the CJS and also the implications of interacting with the CJS. Previous research details the need to be aware how individuals with an intellectual disability appear and act in the community and how others interpret them, specifically law enforcement (Gulati, Cusack, Bogue, & O'Connor, 2021). Other issues arise during interactions that include acquiescence, confabulation and suggestibility (Gudjonsson & Clare, 1995). Within the criminal justice system, individuals with an intellectual disability generally experience more confusion and misunderstanding, which leaves them vulnerable to not only extended sentences for similar crimes, beyond what an individual without an intellectual disability would also serve (Carey, 2009), but this experience leaves the individual also experiencing the criminal justice system as negative and punitive (Talbot, 2008). The strict nature of the prison system does not always allow for the accommodations an individual with an intellectual disability might need, for example, help following instructions or explaining rules, which can result in negative experiences, which when escalated can result in punitive measures such as segregation or control (Prison Reform Trust, 2017; Scheyette, 2009). More broadly, individuals with an intellectual disability are noted to have a poor understanding of the legal process as well as understanding legal jargon (Eriskon & Pearlman, 2001). Although the authors would posit that not many people outside of the legal field understand legalise, this poor understanding, in conjunction with the vulnerabilities mentioned above, may leave individuals with an intellectual disability uniquely vulnerable and in need of safeguarding.

Given the aforementioned vulnerabilities, different services have been introduced to support the individual with an intellectual disability navigate the CJS. One such support is the Appropriate Adult (AA) scheme. This scheme was introduced to help safeguard vulnerable individuals who come into contact with the law, in England and Wales. The Bradley Report (2009), a report commissioned to prevent the 'revolving door' for offenders with learning disabilities or mental health issues through the CJS, recommended increased support for individuals with a disability who come in contact with the CJS. However, as MacDonald, Peacock, Cosgrove and Podd (2021) report, these increased supports have gone largely unchanged since the publication of the report. This has resulted in charity organisations, family and friends taking on the AA role.

Studies that focus on the individual's perspective have been relatively absent in the literature. One idea posited for this lack of representation is that individuals may not be 'able' to give an account of their experiences. Sarrett (2021), describes this as 'ableist', holding old misperceptions of disability, particularly intellectual disability. More recently, researchers (e.g. Wood et al., 2019, Rogers, 2019, Ellem, 2019) are combating this prejudice with suitable and creative research to fully include individuals with an intellectual disability. Still, in Hyun, Hahn and McDonnell's (2014) systematic review, just four papers were identified that included the perspective of the individual with an intellectual disability. Charlton's (1998), 'nothing about us without us' comes to mind; individuals with intellectual disabilities need to be placed at the centre of any criminal justice system; in an effort to not only reduce the disproportionate impact the system has on the individual, but also to provide

the individual the rights and respect which should be afforded to anyone. The authors argue that for this to be actualised, the subjective experiences of the individual need to be heard and can help inform how the CJS interacts with the individual in the future. With the voices of the individual relatively absent from the narrative, the authors are aware that the professional voice is well heard in the literature (Gulati et al., 2021, Gulati et al., 2020). However, the authors note that in everyday life when an individual interacts with the CJS, that individuals family are often involved, and so it was important that the family experience was also synthesised into the review. This is not an attempt to bolster the experience of the individual or validate it in some way, but instead to add to the literature and understanding of all the central parties involved when an individual with an intellectual disability experiences the CJS; to be inclusive and econogically valid rather than to conduct a review that does not reflect the actual experience of some individuals with an intellectual disability. Therefore, we undertook a synthesis of all existing qualitative research to answer the question: 'What are individuals and family members experiences of the criminal justice system?'

Method

The protocol for the current systematic review was written consulting the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009) and was uploaded to PROSPERO (reference: CRD42020209258). The review also followed ENTREQ guidelines for reporting the synthesis of qualitative literature (Tong, Flemming, McInnes, Oliver & Craig, 2012).

Search Strategy

The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research Type) mnemonic was utilised to develop the review question and corresponding search strategy. SPIDER was deemed most relevant as it was developed specifically for qualitative research (Cooke, Smith, & Booth, 2012). The databases, PsychINFO, CINAHL, Scopus, PubMed and Web of Science were systematically searched from inception to December 2020. An updated search was completed in February 2021. A combination of terms were inputted into each database, following the specification of said database. A full electronic search strategy for PsycINFO is available in Appendix A. No date limits were added, and names of specific qualitative methods were included in an attempt to capture all studies in this research area (Shaw, 2012). The search terms and strategies were developed by the authors and university librarian, with guidance from the Centre for Reviews and Dissemination (Centre for Reviews & Dissemination, 2009). The references of the included studies were also reviewed, using a forward and backward strategy, to identify any other potentially relevant studies (Horsley, Dingwall & Sampson, 2011).

Inclusion and exclusion criteria

Research articles were included in the review if the design and analysis was qualitative and contained experiential data focused on individuals with an intellectual disability and their family members, who had experience of the criminal justice system. Any references from theses or book chapters were excluded, as were any articles that were written in a language other than English. Articles including data from professionals and mixed method articles were also included if the individual and family data was clearly identifiable and extractable. Only individual and family data was synthesised for this review. Studies that had a mixed methodology were included, if the qualitative data could be extracted. Studies were excluded if they (1) contained only quantitative data, (2) were not empirical studies, (3) explored a disability other than an intellectual disability, or (4) did not stipulate a diagnosis.

Study selection

Initially, the lead author (GK), conducted the database searches, screened the titles of all studies found and any duplicate studies were removed. Following the removal of duplicate studies, the lead author (GK) and reviewer (EC), independently reviewed the study abstracts and then met and discussed excluding any studies that were not relevant. GK and EC again reviewed the full text studies independently of each other and then discussed their appropriateness, based on the predetermined inclusion and exclusion criteria. While there was an agreement to consult with the other authors in the case of studies where there was disagreement between lead author and reviewer, this was not needed. GK did meet with the other authors when deciding whether or not to include studies based in health services.

Data Extraction

GK and EC met to agree on data extraction templates, then data for all studies were extracted independently (author, year of publication, country, aim, sample description, data collection and overview of the key findings). As this was a qualitative review, GK and EC also extracted all relevant data from the 'Findings' section of the included papers, independently. GK and EC met again to review what data was extracted and to ensure agreement.

Quality Appraisal

The Critical Appraisal Skills Programme qualitative checklist (Critical Appraisal Skills Programme, 2018), was used to assess each included study. The CASP checklist comprises of ten questions, considering validity, design and applicability of results. GK and EC reviewed each of the included studies independently using CASP and then discussed a number of discrepancies. Where GK and EC were unsure, they returned to the individual study and discussed the particular item where there was disagreement. Following discussion, GK and EC were in full agreement as to the outcome, using the specific tips given by CASP to answer the question.

Data Synthesis

Data from the included studies was reviewed using thematic synthesis (Thomas & Harden, 2008). This methodology was chosen, by referring to the RETREAT model (Booth et al., 2018). This methodology is suited to identifying patterns in a transparent and accessible way in the data. There was no prior theory or framework to draw upon and the methodology allowed for the synthesis of data that has a variety of reporting styles, inclusive of this is descriptions and multiple quotations. This methodology was also deemed

appropriate as it allowed the author to transform the data from the primary studies to new understandings in an inductive approach relevant given the aim of the study. In qualitative synthesis, authors generally include or exclude the interpretations that authors make. The author considered this and decided to include author interpretations in this synthesis, based on Thomas & Harden's (2008) thematic synthesis approach. This approach involved the transfer of text from the 'Findings' section of each included study into NVIVO 12 (2018) data management software. The text of the 'Findings' included for this review were the descriptions, quotes from participants and the authors' interpretations of the results. Inductive 'line by line' coding was undertaken to identify the meaning within each line for every included study. The codes were combined into themes as this process continued. Then, descriptive themes were developed through the comparison of the codes from all the studies. The development of this order allowed for a depiction of a code's occurrence across all studies, where codes that were described differently were grouped when they were describing the same idea. As Thomas and Harden (2008) note, a key step in the synthesis process is 'going beyond' the findings in the original papers, and so the descriptive themes were interpreted and analytical themes, inclusive of superordinate and subthemes, were developed. GK and CG met and reviewed the internal validity of both the descriptive and analytical themes.

Results

Summary of papers selected

The approach for selecting the included studies is shown in Appendix B. Ten studies were included in the current review. One study included the family perspective (Beckene, Forrester-Jones, & Murphy, 2017) and so the authors have limited their discussion of same. Studies collected data by interview (n=7), life story (n=1) or focus groups (n=2). A variety of methodologies were used in the analysis of each study. A detailed breakdown of the included studies is shown in Table 1.

CASP Quality Appraisal

On completion of the CASP checklist, overall, all included studies met CASP criteria. Combined, this suggested an acceptable standard for all included studies. However, a number of the studies did not meet CASP criteria for point number six, 'relationship and reflexivity', with the authors only partially describing the relationships between the authors and participants (n=4) or including no description of the relationship at all (n=5). Also, only five studies provided partial descriptions of ethical considerations. The lack of reporting of ethical considerations and the relationship between author and participant are significant. Being cognisant of the difficulties with informed consent in the intellectual disability population, this should be a central quality that is met in papers seeking the individuals experience. Finally, the author and reviewer agreed that three of the studies partially analysed the data sufficiently. With the majority of the papers being published in the last three years and with the presence of clear reporting guidelines, the methodological quality or at least

the reporting of the methods remains poor. The CASP Checklist is available in Appendix C.

Thematic Synthesis

This review focused on the experiences of individuals with an intellectual disability and their families, at any stage of the criminal justice process; from police interview or as a witness in court through to experience in prison and interacting with the probation service. Synthesis of the data resulted in four superordinate themes; Being person-centered, Social context, Responding to the system and Interpersonal relationships and the associated subthemes, as described in Figure 1. These themes do not represent an exhaustive list of individuals' experiences but are a summary of themes that were prevalent across the studies. To support clarity for the reader, '....' is used throughout the results section to indicate quotes. An excerpt of coding and theme development is available in Appendix D.

Table 1

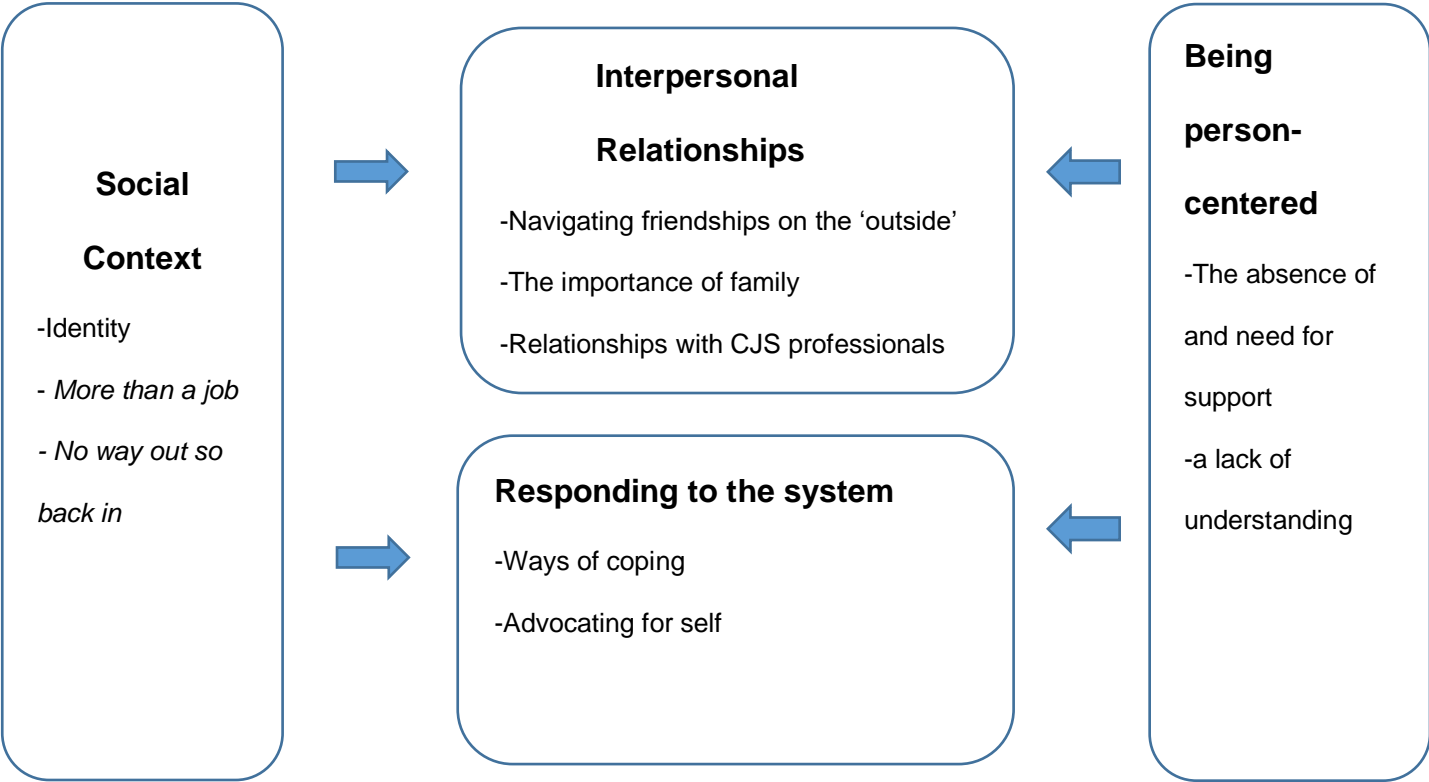
Study Characteristics

Author/Year/Location	Design	Aim of Study	Country	Sample	Data Collection	Data Analysis	Overview of findings
Beckene et al., (2017)	cross-sectional	To explore how people with intellectual disabilities who have allegedly been victims of sexual abuse, and their carers/supporters, experience the CJS	UK	Convenience n= 8 (4carers-family members). All female.	Semi-structured interviews. Questions for individuals with ID were simplified	Grounded Theory	Trauma Fluctuating support Mutual (mis)understanding (In)justice
Chiu et al., (2019)	cross-sectional	To explore how ex-offenders with intellectual disabilities experience life post-release from prison.	UK	Purposive sampling, n=10, all male	Semi-structured interviews	Interpretative Phenomenological Analysis	The nature of post-prison support. Trouble is both normal and easy. The significance of family relationships. The need to be hard in the context of vulnerability
Ellem et al., (2012)	cross-sectional	To explore the experience of community re-entry for individuals with an intellectual disability	Australia	n=10, 7males, 3 females	Semi-structured life story	Thematic Analysis	Applying for parole Preparedness for post-prison life Re-entering the community Understanding orders Finding somewhere to live Finding employment Reconnecting with friends and family Physical and mental health needs

Ellem et al., (2019)	cross-sectional	To explore the perspectives of the police by YPWCD and service providers who support young people.	Australia	Purposive sampling, n=3, 2 male, 1 female	Semi-structured interview	Thematic Analysis	Citizen participation Dignity and Respect Fairness and Neutrality Trustworthiness
Howard et al., (2015)	cross-sectional	To explore the experiences and support needs within the CJS	UK	N=9, 6 male, 3 female	Focus Groups	Template Analysis	Negative feelings Professional attitudes Suitability of CJS Supports needed
Jessiman et al., (2017)	cross-sectional	To compare and contrast the views on the role and function of the AA	UK	N=8, 1 female	Focus Groups	Thematic Analysis	Presence of an AA Family or professional? Support required Attributes of the AA
Leggett et al., (2007)	cross-sectional	To explore the views of suspects with learning disabilities concerning police interviews and the AA.	UK	N=15, 13 male, 2 female	Semi-structured interviews	Interpretative Phenomenological Analysis	What people said about AA's What people said about the interview generally attitudes Feelings
Levine et al., (2017)	cross-sectional	To explore women's service needs and to critically assess whether the available services are meeting their needs	Canada	N=16, all female	Semi-structured interviews	Content Analysis	Identity issues Disrupted places Isolation Disconnect from services
Sarrett et al., (2021)	cross-sectional	To explore beliefs about the CJS and professionals and advice	USA	N=27, 6 females	Semi-structured Interviews	Grounded Theory	Beliefs about judges and police Advice for CJS professionals
Spaan et al., (2019)	cross-sectional	To explore the obstacles encountered by victims of crime with MID	Netherlands	N=1	Semi-structured interviews	Content Analysis	Victims' difficulty meeting the requirements and expectations of the system

Figure 1

Conceptual Diagram of superordinate and subthemes



Being person-centered

Throughout the included studies, individuals spoke of their experience of the CJS as having a number of barriers to being responsive to their individual needs.

The absence of and need for support

For most participants, support throughout the CJS was experienced as lacking or indeed absent altogether. There were varied experiences of the Appropriate Adult scheme: some individuals had an AA present and felt they were valuable, some had an AA present and felt it made no difference. A number of individuals had their family member as their AA and there were mixed feelings about this; not wanting others to know their business, but others felt differently; 'I would have to have someone in the room that I knew...I've got to trust them' (Leggett et al., 2007). Some individuals did not know what an AA was while others felt the AA was a safeguard against the police 'putting words in your mouth' (Ellem et al., 2012). If an AA was not present, the experience varied, with some individuals noting not being offered an AA, others had refused an AA as they had been told it would take too long for them to arrive, some felt it was patronising to have one and a number noted not knowing they could have one. Separate to the absence of an AA, an absence of support was experienced when: there were no practical supports, a lack of support to understand the CJS process, 'I found it hard to understand what was going on. No one helped me' (Chiu et al., 2019), an absence of emotional support or someone who understands intellectual disability

and the need for a support network, 'Talk to them, give them give them reassurance that that they alright' (Howard et al., 2015). Throughout the studies, individuals demonstrated the relationship between what they felt and their experience of support. The feelings described ranged from feeling anxious in the interview process, feeling confused, feelings of disregard, feelings of injustice and feelings of fear, 'I was like scared and I couldn't breathe' (Ellem et al., 2019). Individuals made a number of recommendations during their interviews that spoke to their lived experience of the CJS. Those who didn't know about the AA or a registered intermediary felt it was a good idea and would lessen anxiety: 'If there's someone else there to put to try and put it over more clearer then it would've maybes have been a bit better' (Jessiman et al., 2017)'. Individuals spoke of the characteristics they would like the AA to have; calmness, caring, with listening and communication a priority. Wanting a family member or professional as an AA varied from person to person, between studies. Individuals spoke of their opinion that hospital or healthcare settings in general would better suit their needs; they felt that the CJS was not sensitive to specific needs of individuals with an intellectual disability, that it was safer, more support was offered and staff understood them 'get out more and keep you busy all day and you got staff to talk to' (Howard et al., 2015).

A lack of understanding

There appears to be a lack of understanding on both sides, referred to by one author as 'mutual misunderstanding'; professionals lack understanding of intellectual disability and people with an intellectual disability lack understanding

of the CJS. Individuals believed that professionals, particularly police and probation officers, did not know about their intellectual disability, 'I would never trust them [the police], but I would trust them if they understood learning disabilities' (Howard et al., 2015). There is a repeated sense of individuals not being informed as to what is happening to them. A continuous hesitancy is noted in their knowledge as to their experience, 'I think I might have been on parole... I'm not sure. I've been on a lot of things... I've been on...demand uh, custody, uh... sentence been sentences been like been adjourned' (Sarrett et al., 2021). Being moved through the system without control and staff changeovers added to the confusion and fear for individuals across studies. In prison, participants noted their confusion around contradicting instructions. The implications for this, aside from the frustration for the individual, is the environment of the prison expects rules to be followed which could appear like obstinance, when in fact the individual is negotiating the instructions. Individuals on parole were unable to explain what the process was like and others did not know when they were being released, 'KE: When did you find out you were leaving? Mario: When they come to the yard where I'm at... The other security guard, he said "Mr Mario P, your time is up'. The majority of individuals who were asked experienced 'straight release', noted as something that 'happened to them' (Ellem et al., 2018). Others did not know what they had to pay for, or what liaison or diversion schemes they could apply to.

This lack of understanding was reiterated by family who felt their family member was not understood, 'people in the jury were judging a circumstance

where they didn't necessarily understand where S. was coming from because of her disability I think' While just one paper included the family perspective, the study focused on the court experience and echoed what the individuals said. A family member reflected the same, 'I didn't feel like I had my say, I felt like I was led (...) I felt like it came down to how clever the lawyers were, the barristers were, and not to the actual facts' (Beckene et al., 2017), also family members felt the wording was confusing, 'They speak in jargon and they tend to use long words. They use some words, don't they. S. understands the majority of things, but people tend to talk to her at a level she can understand' (Beckene et al., 2017). Individuals again, through their lived experiences, elicited how things could be improved; this included access to information and explaining what was happening in an accessible way, including a timeline through the CJS. Practically, individuals recommended deformatising the courtroom with protective screens and the use of video links when giving evidence, 'you'd probably open up more' (Sarrett et al., 2021), as well as access to resources and training in prisons. Upskilling for CJS professionals in intellectual disability awareness was endorsed, as similar to training of healthcare professionals who were regarded as knowledgeable. Individuals wanted 'staff that's skilled with dealing with people with disabilities' (Howard et al., 2015).

Social Context

Central to the experience of the individual is the context in which their experience occurs. The social context of the individual within the CJS and beyond was elicited throughout the reviewed papers.

Identity

The intersectionality reflected in the studies is of interest in how professionals and systems view individuals with an intellectual disability and how they view themselves. Indeed, for some participants their intellectual disability was not their priority; it was their sex, i.e. being female, or their race that was significant, 'fit a profile on someone who has done something' (Sarrett et al., 2021). As to the construct of an identity, a 'negative' identity was associated with not having achieved outside of the CJS, in school or in work, noted by one participant as saying she had 'messed up' in life (Levine et al., 2017). With the individuals interviewed, it appears that there had been limited opportunities to develop a positive identity, with difficulties in childhood being a common experience. Individuals differed within studies as to an identity of 'criminal', some acknowledged, 'they've got the job to protect the public [...] they're not worried about you, you've committed the crime' (Howard et al., 2015). While others noted a difference between who they were as people and making bad decisions that lead to prison, 'I can't say no' (Levine et al., 2017).

More than a job

Across the post-release studies, finding employment was an issue for all individuals. Individuals were aware of the knock on impact having employment meant for them; in how they were viewed by professionals and the opportunities that could arise from this; 'and it would definitely help me, to then move on, to like to own my own, flat, at the end of it' (Chiu et al., 2019). Individuals took this seriously and saw it as their way 'out', 'But I have done, got myself qualifications

and everything to help me get a job when I get out and all that' (Ellem et al., 2012). However, gaining employment was not straightforward having been in prison, 'I have had work in the past but it just, since I've gone in, there, well, people don't want me now, cause criminal record and that' (Levine et al., 2007). The authors noted the sense of giving up and the feeling of rejection due to their criminal record or being on parole 'they've just said, sorry, criminal record, can't have you' (Chiu et al., 2019). In prison, opportunities were also limited, either by employment not being paid, if sentences were short-term or the nature of the work being 'constative' and so was not an opportunity to upskill for preparation for life after prison.

No way out so back in

For individuals with a criminal record, access to housing was another barrier faced, leaving some people homeless. Other individuals, even when they found accommodation, struggled to keep it; failing to pay rent. This resulted in individuals staying in hostels where they were exposed to other individuals with significant difficulties. Individuals often had nowhere else to go besides prison, 'And the only place where I felt safe and...be able to cope and that was commit a crime and go back to prison' (Ellem et al., 2012). Individuals noted the absence of a positive social network and would return to environments and behaviours that placed them at risk for further criminality, 'I don't got no home again because, so I guess I'm gonna come here for winter, cause I'm not gonna be homeless' (Levine et al., 2017). The difficulty with gaining employment and housing leaves one limited as to their opportunities. The sense of security these opportunities provide

are clear. When asked what would be appropriate, the response was overwhelmingly, 'a safe place, somewhere safe where you can stay' (Levine et al., 2017). The authors throughout the studies, noted their interpretation that 'a sense of loneliness pervaded many participants' accounts of community re-entry'.

Responding to the system

The following subthemes focus on the inner world of the individual with an intellectual disability and how they have responded to their criminal justice experience.

Ways of coping everyday

Individuals noted different ways of coping with stresses in their everyday life both in prison and on release. Individuals spoke about trying to keep right by keeping busy, 'I got meself an outside cleaning job and I started getting well and eating and stuff like that and time and time just went quick and I was out before I knew it' (Rocky). Individuals, in their words, also spoke to a coping of pushing away the difficulties, as noted by Chiu et al., (2019), Ellem et al., (2012), and Levine et al., (2017), who interpreted this as desensitisation or denial of their struggles. This pushing away of their difficulties focused on others as the cause of their trouble, denying their difficulties and either an inability or an unwillingness to see both their past and future struggles, 'I think so low of myself and the shit that I've done that I need to keep burying this shit, you know.'" (Linda). Once released, some individuals spoke of falling back into old ways of coping, 'I breached my conditions. I fell back into like the drugs and the stealing again' (Levine et al., 2017). Other individuals with an intellectual disability spoke of

acquiescence (Howard et al., 2015; Ellem et al., 2012; Spaan et al., 2019): 'They are very forceful, they just keep going on at you and going on at you until you say [...] (Rocky) Until you say? (Facilitator) And then you give in (Bob)' and 'I just stayed polite so I said "that is fine, thank you" even though I wasn't happy'. Throughout experiences, individuals noted exposure to harm, before during and after prison. This led individuals to want to protect themselves; for males this often resulted in the development of a 'hard man' persona, where others would be fearful of them, 'Then I stood up straight..he was bricking it..he backed off..I had my hand in the fist way ready'. Unfortunately, many of these understandable ways of coping placed individuals directly at risk of not only further harm but also further interaction with the CJS.

Advocating for self

There was a sense that individuals did not want a passive experience, for things just to happen to them. Individuals acknowledged their responsibility in their actions and were attempting to make positive changes, 'I'm doing all these courses... going to counselling, doing others things and that... Not drinking or anything like that... (Ellem et al., 2019). Individuals also reflected their responsibility to make others aware of their intellectual disability, noting the personal implication of not doing so, 'but if you don't declare it, then you're going to slip through the net' (Jessiman et al., 2017). Some participants spoke about taking charge and asserting themselves; to be heard and to receive the support they need, 'So then I eventually did ask if they could explain it to me. No time? I said: "yes but I just need some help". Eventually she got someone and I was helped

with the questionnaire' (Spaan et., 2019). Stepping up often came from previous experiences where the individual was not supported; 'Lee: We're doing it before I go out all the way right up till when I get out INT: Oh. OK start from here Lee: So working yeah going all the way up the health team what I got to do so the help will be out there is (would be) fine. Hopefully [Lee, interview 6]'. The need to advocate reflects a service or system that is not responsive to individuals in its care.

Interpersonal Relationships

Central to the CJS process is the interactions and relationships the individual experiences along the way. Individuals throughout the studies reflected their experiences of the various relationships they developed and maintained throughout the CJS process.

Negotiating friendships on the 'outside'

Participants noted wanting to 'keep right' on their release from prison but as noted above, there can be barriers to this (Ellem et al., 2012; Chiu et al., 2019; Howard et al., 2015). Participants noted that their friendships could impact on them keeping right, 'INT: And erm, it sounds like there are some friends you say, you're staying away, because they might lead you into trouble? Kane: Yeah, I keep them at arm's length [Kane, interview 9]'. However, friendships were a 'double edge sword'; the knowledge that friendships could get one into trouble was at odds with breaking these friendship patterns, particularly as individuals got much out of these relationships, particularly understanding and acceptance, 'Mike: Like my friend says 'It doesn't bother me what you were in for, at the end of the day, INT: You're you? Mike: Yeah [Mike, interview 5]'.

The importance of family

Participants spoke of the importance of the relationships with their families, as their 'moral compass' in many ways on leaving prison (Levine et al., 2017). The importance of family was experienced as more than just receiving practical support. Indeed, this was seen when participants experienced their families as being done with them, 'my parents don't want to deal with me anymore right now' (Levine et al., 2017). The strain on these relationships was also reflected when individuals had children who were no longer part of their lives; 'When asked about his current contact with his son at the time of the interview, Mario commented: He too far now... out West (Ellem et al., 2012)'. The importance of family was also reflected in how individuals attempted to preserve their image with their family, 'I don't want my little girl to see me in prison [interview 1]' (Chiu et al., 2019). There appears to be a push and pull, a disconnection and a longing within family relationships, which no doubt existed prior to incarceration but equally this will not have helped the preservation of such a vital support.

Relationships with CJS professionals

CJS professionals are integral in the experience of the individual within the CJS. Interactions with CJS professionals elicited strong feelings in the individuals. Participants experience of custody was overwhelmingly negative, and this elicited a number of negative, difficult feelings including feeling 'intimidated', 'dehumanised', 'bullied' or 'isolated' (Jessiman et al., 2017; Sarrett et al., 2021). There was also a fear of court and what would happen, 'they jumped to conclusions without getting the right endings first. They didn't listen to me' (Spaan

et al., 2019). While in prison the isolation was a lot to deal with (Howard et al., 2015), 'you're just something put in a room and left to – that's it' (Helen) and 'putting people in cells and people just end up going crazy and mad' (Rocky). Common across papers was the need for respect for the individual (Ellem et al., 2019; Ellem, 2012; Howard, 2015; Leggett, 2007). Individuals felt respected through positive interactions with CJS professionals; when their voices were heard 'speaking directly to me, not my mum' (Sarrett et al., 2021), this meant making certain accommodations for the individual and having opportunities for feedback, 'they understood when I couldn't understand the questions so they asked for a solicitor and she was explaining to me so I could answer the questions' (Leggett et al., 2007). Again, stemming from the lived experience, individuals were able to offer recommendations that included tone of voice, rate of speech, opportunities for feedback, 'they could phone up that person and ask, how has it gone? And what would help improve the service' (Jessiman et al., 2017) and professionals who would show interest and emotional support, individuals wanted someone 'to sit with and get to talk to'.

Discussion

This review aimed to identify and synthesise the experience of the individual with an intellectual disability and their families in the criminal justice process. Part of this objective was to address the gap between the personal and the professional perspective; to acknowledge in the literature those who are impacted disproportionately by the CJS. In acknowledging this, this synthesis has demonstrated how the experience of the individual is unique, yet reflective of what is already in professional-led research and the service atmosphere. Farmer (2003) notes the extensive evidence as to how strategies are most effective when developed from the perspective of individuals most impacted by the absence of such strategies. Therefore, there is a need for individuals with an intellectual disability to occupy a meaningful role in the CJS discussion.

The absence of and need for support was reflected throughout the studies. The Appropriate Adult scheme particularly, put in place to safeguard, may not currently be as effective as envisaged. In theory, the appropriate adult can be a useful support for individuals with an intellectual disability, however, some participants had difficulties with the concept of and experience of the AA, from preferences of wanting an AA present to reflecting various opinions as to the use of an AA. MacDonald and colleagues (2021), note the need for the voices of the individual to be part of services if they are truly to be reflective and effective of the rights of individuals with disabilities. The synthesis has reflected the mismatch between the concept and real-world application that needs to be pursued to understand where the disconnect lies.

The studies synthesised also note the need for improved communication between the individual and the professional. Morales and colleagues (2017), demonstrated that individuals with an intellectual disability display accurate autobiographical memories, specifically if the content of the memory is emotion-based. Acknowledging the emotionality demonstrated in the synthesised studies, individuals need to be part of the conversation. Professionals in the CJS have been distrustful of those with an intellectual disability as a result of their communication differences (Corby et al., 2018), however, just as professionals have certain concerns of the individual, they also need to acknowledge their own biases and ways of communicating that will avoid transmitting bias or influencing an individual's responses, as well as being accommodating to the individual (Sigstad & Garrels, 2018). Making such changes would go some way in reducing the assumption that accounts are inaccurate and as such are not valid. Additionally, misunderstanding between individuals with an intellectual disability and CJS professionals can result in distress that escalates an interaction into violence (Myers, 2017). CJS professionals need to be able to communicate with the individual in a way that is precise but also responsive.

As a further step along the CJS process, the experience of community re-entry was highlighted as a particular barrier for individuals with an intellectual disability. Individuals also noted their lack of understanding as to how services work outside prison, there appeared to be a disconnect between what was needed and what there was access to, especially services that were adapted to their disabilities. Navigating services can be particularly difficult for individuals with an

intellectual disability, and while some noted advocacy they received from support workers, the majority did not have support beyond their probation officer. Applying for parole is difficult as the process requires an understanding of the requirements. For individuals with deficits in communication and literacy, it is likely to hamper the parole process for the individual (Mason & Murphy, 2002). Community re-entry is undoubtedly a complex interconnection of different supports and structures working together. However, without these supports, individuals note the probability of returning to prison as the only known safety, security and consistency available to them. As reported in The Bradley Report (2009), allowing the individual to readjust to living in their community, with appropriate support, can have a significant qualitative impact in terms of personal well-being, which the individual has a right to be afforded. Cockram and colleagues (2005), in their longitudinal study, found that individuals with an intellectual disability, have a higher probability of re-arrest than other offenders. This is pertinent when throughout the studies, various barriers to community re-integration are noted by individuals who experience not just one barrier but many that snowball, impacting the individual negatively, resulting in repeated experiences of the CJS.

While it is noted that the terminology 'individual with an intellectual disability' is used in this study, the authors hold in mind the variance in the type of intellectual disability and level with which social functioning can be impacted (Gudjonsson & Henry, 2003). While each individual has an intellectual disability, they also have a social identity of gender, race and social class, which needs to be comprehended to fully understand the lived experience of the individual.

Additionally, when researchers explore the reasons for the high rate of individuals with an intellectual disability in the criminal justice system, it is important if one wants to be reflective of the real world setting, to be cognisant of social elements such as poverty, poor education and unemployment wherein individuals with intellectual disability are over-represented (van Dooren et al., 2015). The subtheme of identity explored by individuals with an intellectual disability is a stark reminder as to the labels and parameters others can place upon the individual, even when this is not a personal priority for them. The intersectionality of these experiences needs to be forefront in policy that sees the whole of the individual and not just a diagnosis.

In the introduction, it was highlighted how previous studies focus on the professional experience. Gulati and colleagues 2021 paper is an example of this where their thematic analysis explored the challenges people with an intellectual disability face in contact with law enforcement, from the professional perspectives only. Interestingly, however, the paper did match with what the individuals with an intellectual disability had recommended for supports from their experience. This demonstrates the ability and utility of including the individual in these conversations. The authors suggested a model that incorporated training in the recognition of intellectual disability, strategies for effective communication, the provision of appropriate information and both practical and emotional support for the individual and these suggestions were offered by individuals throughout the included studies. While this recommendation was specifically for law enforcement, i.e. police, as often the gatekeepers of further criminal justice

interaction, this may be a significant protective factor for individuals but also demonstrates the interaction between research and policy for effective change.

The experience of respect or indeed a lack of respect was explored by individuals through their experience with CJS professionals. Respect may not seem disability specific and yet when one considers the historic practices of dehumanisation in intellectual disability, this concept is particularly pertinent. Feeling respected included behaviours such as tone of voice, rate of speech and including the individual. Professionals note the challenge to identify if an individual has an intellectual disability; attempts have been made to develop screening tools (Ali & Galloway, 2016), or professionals rely on observables (Douglas & Cuskelly, 2012). Yet in this review, individuals suggest that they be asked if they have an intellectual disability; they suggest that this would improve the experience from that first interaction. These comments do differ from the existing literature that reports individuals do not report an intellectual disability to avoid stigma (Scheyette et al., 2009). Timing may be a factor, where individuals wanted to be asked at the start of the interaction. Being aware of an intellectual disability at the earliest opportunity also has wider implications as to any proceedings being fair and just. More broadly, if individuals are not reporting their intellectual disability because of fear of stigma or prejudice, then the wider changes that can be adopted would surely impact on the experience of stigma and allow for more sensitivity and attunement to each individual.

Within this review, individuals reflected personal recommendations they would make to improve the CJS experience. These recommendations directly

reflect the lived experience of the individual. Of note is how the ideas from individuals on how to improve experiences match the liaison and diversion models that are developed in many countries, from specialist expertise to intellectual disability awareness. Overall, suggestions focused around increased support: with communication, the content of information but also the way of interacting with the individual in a respectful manner, as well as emotional support and overall checking that there is mutual understanding in any situation. Of note was the preference across papers, for healthcare services. Participants relayed confidence in the healthcare system, questioning the appropriateness of the CJS and the need for diversion. The support, such as with communication and emotional responsiveness, align with what is broadly the attitude within the CJS at present. And yet, the individuals were not aware of many of the existing supports, e.g. the appropriate adult, support with communication. Wider questions need to be asked as to individuals not being informed of their rights and where this disconnect originates and how it continues to pervade experiences.

The current review is limited by the number of studies meeting the inclusion criteria; therefore, generalisability may be limited. However, one could argue that in synthesising the available qualitative literature, the authors are enhancing the idiographic generalisability (Sandelowski, Docherty & Emden, 1997). Combining international literature on individual experiences also has its limitations when one considers how the CJS operates in different countries. Yet, across countries, consistent experiences amongst individuals allowed for a combining of the available literature into themes. While the current review was focused on the

experiences of individuals with an intellectual disability with experience of the CJS, future synthesis studies should consider the experience of the individual with an intellectual disability within a forensic unit or health service. While it was agreed that these individuals may not have come in contact with the CJS and therefore were omitted from the current review, the voices of these individuals are important and warrant a review in the future. The author is aware that they have included both 'victim' and 'perpetrators' in the review and have not differentiated between these groups. This was done in line with the purpose of the review; to explore the experience of individuals with an intellectual disability of the CJS. The author was not concerned as to how the individual came in contact with the system but instead what their experience was once they had been exposed to said system. However, the author does note that future research could explore if there are any differences in experiences based on the above groups. In terms of limitations of the review itself, the authors are aware that initial line by line coding was completed by the lead author only. However, the lead author and primary supervisor (CG) met and reviewed the internal validity of both the descriptive and analytical themes. In terms of the individual studies themselves, the authors note the need for studies to include more individual demographic information about participants; to further inform life circumstances and to allow for future analysis that could look at demographics and how they may relate to study findings.

Clinical Implications

In exploring the experiences of individuals with an intellectual disability and placing these experiences within the existing literature, these findings can be

translated into real life applications, in services both within the CJS and potentially in health services. The consistent adoption of a more person-centred approach for individuals with intellectual disabilities when they come in contact with the CJS could facilitate comprehension, communication and engagement with the CJS in a meaningful way. This could not only improve their experience when interacting with the CJS but could also have a positive impact on the disproportionate level of interactions the individual with an intellectual disability has with the criminal justice system. In relation to other services, the review details the barriers to leaving prison and the author posits that this review could aid in signposting services as to what is needed by individuals with an intellectual disability on leaving prison and re-integrating in their communities. By exploring the experience of the individual in this review, the author hopes that services may witness the subjective experience of the individual as one continuous experience and not separate, compartmentalised interactions, as seems to be the case at present. The author hopes that this too will aid in developing a more integrated, person-centred approach that is reflective of all individuals who are in this system.

Conclusion

The aim of the review was to explore the experiences of individuals and their families of the CJS. The review found that from an individual and family perspective, supports were often missing from the CJS experience. The significance of mutual understanding was detailed; what the individual needs and indeed what is needed from them. Individuals also told of their experience of

responding to the system in certain ways and how relationships form a central focus of life before, during and after the CJS. The social context of where the CJS experience sits within society was noted particularly as to identity and the barriers of 'making it on the outside'. These findings offer insight into the unique experiences of the individual of the criminal justice system and demonstrates how their voice is often missing in service delivery. These findings may further inform services on how best to support the individual with an intellectual disability within the criminal justice system.

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Section 2

SR - Technical Appendices

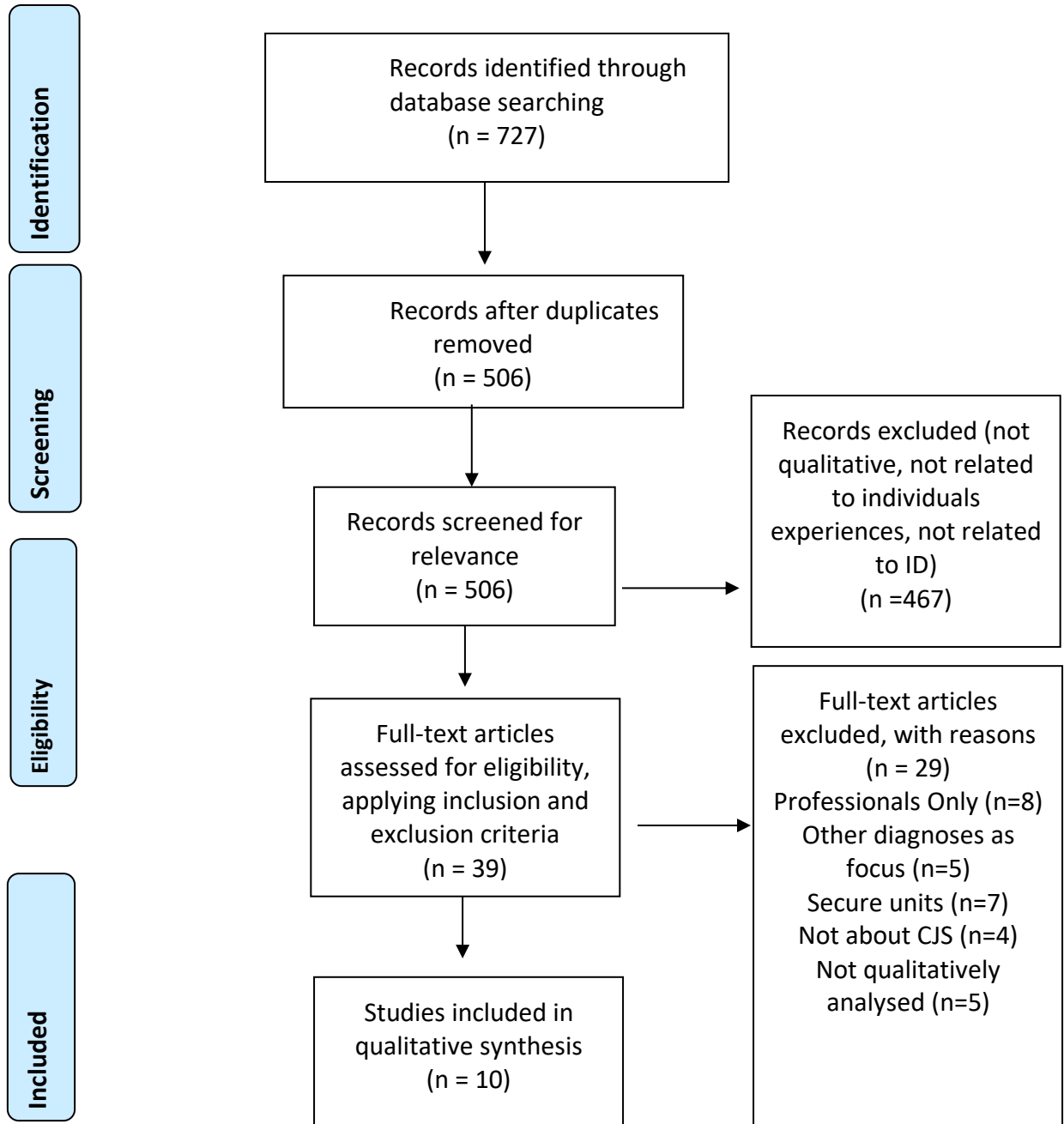
Appendix A

Search Strategy for PsycINFO (1806-present) OVID in December 2020

(intellectual disabilit* OR mental retard* OR learning disabilit* **AND** Criminal Justice System OR CJS OR prison OR probation OR court OR secure OR forensic OR law enforcement OR police OR Garda OR detention OR arrest **AND** questionnaire OR survey OR interview OR focus group OR case study OR observation **OR** View OR experience OR opinion OR attitude OR perception OR belief OR perspective **OR** Qualitative OR mixed method OR narrative OR grounded theory OR thematic OR interpretative phenomenology OR ethnography OR template OR content OR discourse).

Appendix B

The PRISMA Flow Diagram



Retrieved from: Moher, D., Liberati, A., Tetzlaff, J., & Altman, D.G. (2009). The PRISMA Group Preferred Reporting Items for Systematic Reviews and Meta Analyses: The PRISMA Statement. *PLoS Med* 6(7): e1000097. doi:10.1371/journal.pmed100009

Table 2 *Quality Assessment Rating for Each Study (CASP)*

Author/Year of Publication	Clear aims stated	Quality Methodology appropriate	Research Design appropriate	Recruitment strategy appropriate	Data collection appropriate	Relationship & Reflexivity	Ethical Considerations	Data analysis Rigorous	Findings clearly stated	Value of research
Beckene et al., (2017)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Chiu et al., (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Unclear/Partial	Yes	Yes	Yes
Ellem et al. (2019)	Yes	Yes	Yes	Yes	Yes	No	Unclear/Partial	Yes	Yes	Yes
Ellem et al., (2012)	Yes	Yes	Yes	Yes	Yes	Unclear/Partial	Unclear/Partial	Unclear/Partial	Yes	Yes
Howard et al. (2015)	Yes	Yes	Yes	Yes	Yes	Unclear/Partial	Yes	Yes	Yes	Yes
Jessiman et al. (2017)	Yes	Yes	Yes	Yes	Yes	No	Yes	Unclear/Partial	Yes	Yes
Leggett et al., (2009)	Yes	Yes	Yes	Yes	Yes	Unclear/Partial	Yes	Unclear/Partial	Yes	Yes
Levine et al., (2018)	Yes	Yes	Yes	Yes	Yes	Unclear/Partial	Yes	Yes	Yes	Yes
Sarrett et al., (2021)	Yes	Yes	Yes	Yes	Yes	No	Unclear/Partial	Yes	Yes	Yes
Spaan et al., (2019)	Yes	Yes	Yes	Yes	Yes	No	Unclear/Partial	Yes	Yes	Yes

Appendix D

Excerpt from Coding and Theme development

Below is an example of how themes were combined and translated across the included papers. For example, 'Will: And erm, they, they thought because I'm letting people in, who's taking drugs in the flat and drinking, they can't have me there, because, letting people in with drugs [Will, interview 8]. It was clear that Will understood how his action has led to his eviction from his former flat. However, the second passage again reflects the involvement of his friends, and for Will, it appears that his friends were always part of his problem. It was interesting that the acknowledgement of friends as "trouble" did not entirely stop the participants from engaging with them. Perhaps, this interpretation should be analysed with the benefits that friends can bring. Considering the persistent turmoil that participants often found themselves in, and the lack of beneficial expectation from staff (as seen in Theme 1), it was not surprising that this left participants with a difficult option. The difficulties were summarized again by Will: I love my girlfriend but, it's just, staying out of trouble from my friends, is the hardest bit...' [Will, interview 8] (Chiu et al., 2019) were coded as 1. 'friends taking drugs and drinking', 2. 'not being able to stay', 3. 'understanding consequences', 4. 'involvement of friends', 5. 'awareness of friends as trouble', 6. 'engaging with trouble', 7. 'friends as beneficial', 8. 'being in persistent turmoil', 9. 'lack of expectation for staff', 10. 'acknowledging the difficulty', 11. 'friends as trouble'. The quote 'Kylie commented on the failure of friends to maintain contact with her when she was released: Yeah every year I always send the girls um my inmates Christmas cards...they send me one back sometimes' (Ellem et al., 2012)

were coded as; 12. 'friends not keeping contact on release', 13. 'sending Christmas cards', 14. 'inconsistency from friends'. Codes 1., 4., 5., 6., 7., 10., 11., 12., and 14., were coded within the superordinate theme 'Interpersonal Relationships', subtheme 'navigating friendships on the outside'. Code 2., was coded within superordinate theme 'Social context', subtheme 'no way out so back in'. Code 3., was coded within superordinate theme 'Responding to the system', subtheme 'advocating for self'. Code 8., was coded within 'Responding to the system', subtheme, 'ways of coping' and code 9. was coded within 'Interpersonal relationships', subtheme 'Relationships with CJS professionals'. Code 13 was initially coded under theme 'trying to connect'. This was not a final theme and so code 13 was coded under subtheme 'navigating friendships on the outside' within the broader synthesis.

Section 3

SR - Journal Instructions for Authors

Journal of Applied Research in Intellectual Disabilities – Author

Guidelines

This information was extracted verbatim from:

<https://onlinelibrary.wiley.com/page/journal/14683148/homepage/forauthors.html>

1. SUBMISSION

Authors should kindly note that submission implies that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.

Once the submission materials have been prepared in accordance with the Author Guidelines, manuscripts should be submitted online at <https://mc.manuscriptcentral.com/jarid>

2. AIMS AND SCOPE

JARID is an international, peer-reviewed journal which draws together findings derived from original applied research in intellectual disabilities. The journal is an important forum for the dissemination of ideas to promote valued lifestyles for people with intellectual disabilities. It reports on research from the UK and overseas by authors from all relevant professional disciplines. It is aimed at an international, multi-disciplinary readership. In order for a paper to be considered for publication, it must be about people with intellectual disabilities. Manuscripts which focus upon autism will be considered only when the focus is also upon intellectual disabilities. Papers which focus upon autism and exclude people with intellectual disabilities will not be considered. The topics it covers include community living, quality of life, challenging

behaviour, communication, sexuality, medication, ageing, supported employment, family issues, mental health, physical health, autism, economic issues, social networks, staff stress, staff training, epidemiology and service provision. Theoretical papers are also considered provided the implications for therapeutic action or enhancing quality of life are clear. Both quantitative and qualitative methodologies are welcomed. All original and review articles continue to undergo a rigorous, peer-refereeing process.

3. MANUSCRIPT CATEGORIES AND REQUIREMENTS

Original Articles, including Clinical Trials (see guidance within section 5), **Review Articles** and **Brief Reports** are accepted by the Journal. **Theoretical Papers** are also considered, provided the implications for therapeutic action or enhancing quality of life are clear. Both quantitative and qualitative methodologies are welcomed. Articles are accepted for publication only at the discretion of the Editor. Authors who are submitting original articles where qualitative methods have been used must ensure that their choice of method is well justified and issues relating to methodological rigor are effectively addressed.

Articles and **Theoretical Papers** should not exceed 5000 words

Review Articles should not exceed 7000 words

Brief Reports should not exceed 2000 words

All word limits are inclusive of the abstract. References, Words in Tables, Captions/Legends, Figure and Figure captions/legends are excluded from the word limits.

As of December 2019, JARID no longer accepts Book Reviews.

4. PREPARING THE SUBMISSION

Use of Language

The language used to describe disability differs across countries, cultures and disciplinary fields, and continues to evolve. All manuscripts submitted to JARID must use language that promotes the value of all people as full members of our shared society. Pejorative language inclusive of euphemisms must not be used. For JARID this includes the use of older language that has been used to describe people with intellectual disabilities such as “retarded”, “handicapped”, or “mentally handicapped”. Using any terms which are offensive, or patronising may lead to rejection of your submitted manuscript.

JARID recommends using person-first and/or identity-first language thoughtfully and appropriately. For example, the language used to describe both people with intellectual disabilities and autistic people has evolved based on recent advocacy efforts. When referring to people with autism, it is acceptable to use either identity-first language (e.g., “autistic people”) or person-first language (e.g., people with autism”), while identity-first language is not used to describe people with intellectual disabilities, where person-first language is preferred. Thus, people with intellectual disabilities should be referred to as people with intellectual disabilities.

We have consulted with over 40 self-advocates through Learning Disability England which included the North West Self-Advocacy Group, as well as Self-Advocacy Together and asked them what language we should use when writing about people with intellectual disabilities.

People with intellectual disabilities said that they do not like to be referred to by acronyms or abbreviations. Authors must therefore not

use an abbreviation to describe intellectual disabilities such as “ID” or “LD”. Instead, use person-first language such as children, teenagers, adults, or people with intellectual disabilities, avoiding acronyms or abbreviations.

The terms “learning disabilities” and “learning difficulties”, though used in some countries to refer to people with intellectual disabilities, can cause confusion among readers. These terms are not used by the journal to refer to people with intellectual disabilities. Authors must only use the term “learning disabilities or difficulties” where this refers to a specific learning disability/disorder– such as a specific learning difficulty in reading, written expression or mathematics. **If “learning disabilities” or “learning difficulties” are used, authors must not use an abbreviation.**

Parts of the Manuscript

The manuscript should be submitted in separate files: title page; main text file; figures.

Title page

The title page should contain:

- i. A short informative title that contains the major key words. The title should not contain abbreviations (see Wiley's [best practice SEO tips](#));
- ii. A short running title of less than 50 characters;
- iii. The full names of the authors;
- iv. The author's institutional affiliations where the work was conducted, with a footnote for the author's present address if different from where the work was conducted;
- v. Acknowledgments.

Authorship

Please refer to the journal's authorship policy the Editorial Policies and Ethical Considerations section for details on eligibility for author listing.

Acknowledgments

Contributions from anyone who does not meet the criteria for authorship should be listed, with permission from the contributor, in an Acknowledgments section. Financial and material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

Conflict of Interest Statement

Authors will be asked to provide a conflict of interest statement during the submission process. For details on what to include in this section, see the section 'Conflict of Interest' in the Editorial Policies and Ethical Considerations section below. Submitting authors should ensure they liaise with all co-authors to confirm agreement with the final statement.

Main Text File

As papers are double-blind peer reviewed the main text file should not include any information that might identify the authors.

The main text file should be presented in the following order:

- i. Title, abstract and key words;
- ii. Main text;
- iii. References;
- iv. Tables (each table complete with title and footnotes);
- v. Figure legends;
- vi. Appendices (if relevant).

Figures and supporting information should be supplied as separate files.

Abstract

All papers should have a structured abstract (maximum 150 words) as follows: Background, Method, Results, and Conclusions. The abstract should provide an outline of the research questions, the design, essential findings and main conclusions of the study.

Keywords

Please provide up to six Keywords to aid indexing.

References

References should be prepared according to the *Publication Manual of the American Psychological Association* (6th edition). This means in text citations should follow the author-date method whereby the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998). The complete reference list should appear alphabetically by name at the end of the paper.

A sample of the most common entries in reference lists appears below. For more information about APA referencing style, please refer to the [APA FAQ](#). Note that for journal articles, issue numbers are not included unless each issue in the volume begins with page one, and a DOI should be provided for all references where available.

Tables

Tables should be self-contained and complement, not duplicate, information contained in the text. They should be supplied as editable files, not pasted as images. Legends should be concise but comprehensive “the table, legend, and footnotes must be understandable without reference to the text. All abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶,

should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

Figure Legends

Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Figures

Although authors are encouraged to send the highest-quality figures possible, for peer-review purposes, a wide variety of formats, sizes, and resolutions are accepted.

[Click here](#) for the basic figure requirements for figures submitted with manuscripts for initial peer review, as well as the more detailed post-acceptance figure requirements.

Color Figures. Figures submitted in color may be reproduced in colour online free of charge. Please note, however, that it is preferable that line figures (e.g. graphs and charts) are supplied in black and white so that they are legible if printed by a reader in black and white. If an author would prefer to have figures printed in colour in hard copies of the journal, a fee will be charged by the Publisher.

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Appendices will be published after the references. For submission they should be supplied as separate files but referred to in the text.

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General Style Points

The following points provide general advice on formatting and style.

- **Spacing:** Manuscripts should be double spaced with a wide margin.
- **Abbreviations:** In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Initially, use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.
- **Units of measurement:** Measurements should be given in SI or SI-derived units. Visit the [Bureau International des Poids et Mesures \(BIPM\) website](#) for more information about SI units.
- **Numbers:** numbers under 10 are spelt out, except for: measurements with a unit (8mmol/l); age (6 weeks old), or lists with other numbers (11 dogs, 9 cats, 4 gerbils).
- **Trade Names:** Chemical substances should be referred to by the generic name only. Trade names should not be used. Drugs should be

referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name and the name and location of the manufacturer in parentheses.

5. EDITORIAL POLICIES AND ETHICAL CONSIDERATIONS

Peer Review and Acceptance

Manuscripts are judged on the significance of the contribution to the literature, the quality of analysis and the clarity of presentation. Papers are expected to demonstrate originality and meaningful engagement with the global literature.

Except where otherwise stated, manuscripts are double-blind peer reviewed by anonymous reviewers in addition to the Editor. Ensure that all personally identifiable information is removed from your manuscript before you upload it to help protect your identity through the peer review process. Authors are asked not to post information about their submitted manuscripts to social media or websites until a final decision about the paper has been made; again, the reason for this is to help protect the double-blind peer review process. Authors who do not work in such a way as to help maintain the double-blind peer review process may have their manuscript rejected.

Final acceptance or rejection rests with the Editor-in-Chief, who reserves the right to refuse any material for publication or to edit any contribution to ensure that it conforms with the requirements of the journal

In-house submissions, i.e. papers authored by Editors or Editorial Board members of the title, will be sent to Editors unaffiliated with the author or institution and monitored carefully to ensure there is no peer review bias.

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Section 4

Large Scale Research Project (LSRP)

Healthcare staff working in prisons: A quantitative investigation of the correlated between self-harm exposure and professional quality of life in these caring for individuals who engage in deliberate self-harm.

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Acknowledgements

I would like to thank all the healthcare staff who took time to complete the online survey for this study. My sincere gratitude to anyone who shared the link to the survey on social media, it was much appreciated. My supervisors' support has been invaluable throughout the last few years and I have appreciated their guidance and advice throughout. Finally, I would like to thank my family and friends who have given understanding and patience throughout this process.

Abstract

Objectives: There are limited studies that examine the work-related outcomes among healthcare professionals, with related exposure to self-harm among individuals in prison. The aim was to examine whether repeated levels of exposure to self-harm, along with internal and external circumstances, would correlate with professional quality of life. **Design:** A cross-sectional online survey was developed to better understand the role of repeated exposure to self-harm as a predictor of professional quality of life among prison healthcare workers. **Methods:** The dependent variable of professional quality of life was measured using the ProQOL measure. Healthcare professionals across prisons in Northern Ireland, England, Scotland and Wales were invited to participate, through social media and email recruitment. **Results:** 131 healthcare staff completed the survey. Exposure to self-harm did not significantly correlate with professional quality of life. However, environmental factors and staff characteristics, specifically social climate, work locus of control, facility and work shift were significantly associated with professional quality of life. **Conclusions:** This is the first exploratory study, to the authors knowledge, that has investigated exposure to self-harm and the impact on healthcare staff in prisons and the author notes the correlational nature of the study. Further research that explores the impact of traumatic events on healthcare staff in prisons is needed. Environmental factors that can be influenced and changed readily should be considered to help support staff well-being in challenging work environments.

Keywords staff well-being, self-harm, prison, quantitative, burnout

Practitioner Points

- The current research demonstrates the potential impact environmental factors may have on staff well-being.
- A responsive environment for healthcare staff working in the prison environment could aid in staff well-being.
- Consideration of the impact of potentially traumatic events on healthcare staff in prisons is still relatively unknown.

Introduction

Self-harm (also referred to as self-injury, self-mutilation, deliberate self-harm, non-suicidal injury and para-suicide) is an injury to the self, regardless of the intent or motivation (NICE, 2004). Although self-harm is a worldwide public health concern (WHO, 2014), it is particularly common in UK prisons - with an estimated prevalence of 5-6% in male prisoners and 20-24% in female prisoners (Hawton, Linsell, Adeniji, Sariaslan, & Fazel 2014). These figures far exceed the estimate of less than 1% of adults who self-harm in the general population every year (Borges, Nock, & Haro-Abad, 2010). In addition to the significant impact of self-harm on the individual, studies have shown that staff who come into contact with those who self-harm can perceive it as manipulative and attention-seeking which in turn may limit the support sought by individuals who self-harm (Marzano, Ciclitira & Adler, 2013; Smith, Power, Usher, Sitren & Slade, 2019). Also noted is the substantial costs to the system, particularly if associated with more severe forms of self-harm (Favril, Yu, Hawton, & Fazel, 2020). With the prevalence of self-harm in the prison environment and the evidence to support the impact on staff responses to those who self-harm, investigating the relationship between repeated exposure to self-harm and professional quality of life may be beneficial to ascertain the staff availability to help those in their care.

Professional quality of life (ProQOL) encompasses the positive and negative emotions of working as a 'helper', where compassion satisfaction (CS) encompasses the positive emotion, and compassion fatigue (CF) encompasses the emotions experienced as negative, when working as a 'helper'. CF is made up of two separate components: the emotions typical of burnout (BO), for example,

frustration or anger and the emotions typical of those experiencing secondary traumatic stress (STS), for example the fear and arousal experienced when exposed to trauma that is work-related (Stamm, 2010). The ProQOL model demonstrates how three key environments feed into the positive and negative aspects of helping: the personal characteristics of the employee, the client (or person helped) and the work situation itself. With repeated exposure, the emotional and physical wellbeing of staff is compromised, which leads to burnout (Stamm, 2009). Burnout itself impacts on staff morale and well-being, as well as the capacity to perform professional roles (Austin, Goble, Leier, & Byrne 2009). The impact on staff who have stress-related conditions does not just impact them; patients of staff who are experiencing adverse stress conditions report lower satisfaction with their care (Austin, Goble, Leier & Byrne, 2009). There is also a financial cost in staff experiencing compassion fatigue that includes higher rates of turnover (Austin et al., 2009), increased rates of sick leave (White, 2006), and lower productivity, which according to Stamm, Varra, Pearlman & Giller (2002), are indicative of burnout. Various studies have explored potential gender and age-related differences in susceptibility to compassion fatigue, currently without consensus (Baum, 2016; Marchand, Blanc, Beaugard, 2018; Purvanova & Muros, 2010). In Bell, Hopkin and Forrester's (2018) exploratory study of exposure to traumatic events and the impact on ProQOL, they found that staff were not at a high risk of burnout, compassion fatigue or decreased levels of compassion satisfaction. They did find, however, that higher rates of BO, STS and lower CS was associated with factors such exposure to traumatic events, the working environment and staff characteristics. Maslach and colleagues, (2001), have

hypothesised that the largest risk factor for burnout may be emotional exhaustion, brought on by the very nature of working and caring for other individuals. If this is the case one could posit that being exposed to those with a high degree of trauma would also impact the individual caring for them (STS).

Research has demonstrated that job burnout is a cumulative process, with Maslach, Schaufeli and Leiter (2001), positing that it results from organisational factors rather than personal factors alone. Van der Helm, Ros, Wissink, Jan Stams & Schaftenaar (2013), found that a negative social climate is associated with a higher frequency of aggression towards objects, others and oneself. Social Climate is “a set of properties or conditions relating to the internal environment of an organization, as they are perceived by its members” (Ajdukovic, 1990 p. 422). Several factors have been linked to the experience of the social climate as positive or negative. Specifically, various studies have identified that the interpersonal relations between staff and patients in the environment is a central factor in the experience of the social climate (Bressington et al., 2011; Tuveesson et al., 2011).

Taking the ProQOL model that includes personal characteristics, and previous research that has focused on the concept of ‘locus of control’, research has shown that participants who score high on internality are more likely to have lower levels of job stress and higher levels of job performance and satisfaction (Chen & Silverthorne, 2008). The ways that staff deal with self-harm incidents remain unclear and are most likely multi-faceted, however, we know that having a perceived sense of control is linked to symptoms of traumatic stress (Wright et al., 2006). Domain-specific measurements generally result in stronger results with context-related criteria. For example, work locus of control correlates more with

job satisfaction and burnout than general locus of control (Wang, Bowling & Eschleman, 2010).

Professionals who respond to self-harm can experience a range of concerns and difficult emotions as part of their work (Taylor, Hawton, Fortune, & Kapur, 2009). A systematic review on international literature conducted by Saunders and colleagues (2012), found that nursing staff can hold negative attitudes towards individuals who self-harm. This is witnessed as frustration, hostility and anger. Karman and colleagues (2014), in their literature review, found that while many of the studies demonstrated both positive and negative attitudes, that age, gender, and experience of staff was integral in impacting on not only developing negative attitudes but also in maintaining these attitudes. More positive attitudes have been evidenced in older, more experienced nurses. There is extensive qualitative literature that has focused on the attitudes and experiences of staff. Such research has found that staff interpreted self-harm as 'manipulative' and 'attention-seeking' (Short et al., 2009), while others noted frustration and distress when working with people they believed were not self-harming for 'genuine' reasons (McAllister et al., 2002). Huband and Tantam (2000), reported an antipathy that develops towards those who self-harm over time while Marzano and colleagues (2013), found that prison staff move from being overwhelmed in being exposed to self-harm to being 'more hardened' to it, with a blunting of emotion with repeated exposure. More recently, Walker, Shaw, Hamilton, Turpin, Reid & Abel, (2017), found that staff coped with being exposed to self-harm by presenting a 'facade of coping'. Staff noted rejecting help that was offered to them following incidences of self-harm and a desensitisation over time.

Staff who participated in the study reflected a need to demonstrate that they were coping when they had indeed been impacted by it. Being emotionally detached is indicative of staff stress and burnout (Marzano, et al., 2012), where Liebling, Tait, Durie, Stiles, & Harvey (2005), have found that these ways of coping are largely ineffective in improving ones job satisfaction and stress management.

This previous qualitative research suggests that exposure to self-harm impacts staff and that the emotional impact can lead to stress and burnout. However, what is yet unknown is the direct impact exposure to self-harm has on professional quality of life. Therefore, the objective of the current study is to explore whether the repeated exposure to self-harm, along with individual factors, attitudes and work environment, is associated with the professional quality of life of healthcare workers in the prison environment.

Method

Design

The current study was a quantitative, questionnaire-based, cross-sectional online survey. Ethical approval was sought and received from Queen's University Belfast, Faculty of Engineering and Physical Sciences (Ref.# EPS 20_285). Governance was sought and received from the South Eastern Health and Social Care Trust Research and Development Office (Ref.# 274710).

Participants and Procedure

Participants were included in the study if they were 18 years or older, were English speaking, were employed in the National Health Service/Health Service NI at the time of the survey as a healthcare staff member and worked with individuals in prison following self-harming incidents. There were no explicit exclusion criteria, once all inclusion criteria were met. Once ethical approval was received, the survey was launched and the survey link was shared on a number of social media platforms as well as being emailed to healthcare staff in prisons in Northern Ireland, independent of the researchers. Recruiting through social media platforms (Twitter and Facebook), the aim was to reach prison healthcare staff from Northern Ireland, England, Scotland and Wales. When a potential participant clicked on the link they were directed to an information sheet. The information sheet (Appendix A) included the contact details of the researcher and the chief investigator, an explanation of the nature of the study, inclusion/exclusion criteria, notice of obtainment of ethical approval, the voluntary nature of the survey and confirmation that all responses would be anonymous. As

the study was online, consent was sought through a number of tick box options at the beginning of the survey, which the participant had to click to proceed (Appendix B). Once participants consented, they were directed to answer the demographic questions and questionnaires. Prior to and on completion of the survey, all participants were provided with information for emotional support and the research team's contact details (Appendix C).

Measures

The instrument used in this study was an 87-item online survey (inclusive of consent questions, an anti-spam question, questionnaires, demographic items and two Covid-19-related questions), developed using survey creator, Qualtrics. The survey was piloted prior to the official launch and any necessary amendments were made.

Independent Variables

Demographics. Participants were asked to complete a number of demographic and work-related items. The researcher was conscious to keep this information to a minimum to ensure anonymity and so the items were asked as follows: participants were asked to provide their profession (list of healthcare professions), age (age range), sex (male, female, other, prefer not to say), their location of employment (limited to country), the type of facility they work in (remand, sentenced, mixed), population in facility (male/female/both), the amount of time they have worked in that facility (in years) their typical shift (day/night) and typical hours worked in each shift.

Exposure to self-harm behaviour. Exposure to self-harm in the workplace was measured using the following item: 'On average, each week, how much contact do you have with prisoners who exhibit self-harm behaviour?' This item was coded on a five-point Likert scale (0 = "none at all" to 5 = "a great deal") (*utilised by* Mackay & Barrowclough, 2005). This is a one-item measure and therefore validity is not measurable. However, this item was deemed most appropriate as it asks explicitly about exposure to self-harm, which is the aim of the current research and so face validity is asserted.

Theory-driven Measure of Self-Injurious Behaviour (TSM-SIB). The TSM-SIB is a 14 item self-report measure of attitudes towards self-harm. The measure is scored on a 7-point scale. The Cronbach's alpha coefficient of the questionnaire in the current study was found to be .70. (Caton, Ireland, Chu, Ireland & Cramer, 2021). As this is a new measure there is no previous information as to reliability and validity. In consulting the author, Professor Ireland, they noted this new measure as an improvement to their previous measure (APSH). More research was to be undertaken on the measure but due to Covi-19 this was postponed.

EssenCES (Climate Evaluation Schema) *Prison version.* The EssenCES is a 17-item (15 items scored) self-report measure to assess social climate within forensic and mental health settings. Dimensions measured (including internal consistency) are: Therapeutic Hold (0.73), Patients' Cohesion and Mutual Support (0.76) and Experienced Safety (vs. threat of aggression and violence) (0.79). Items are measured on a 5-point scale (not at all to very much) (Schalast & Tonkin, 2016). The Cronbach's alpha coefficient of the questionnaire

in the current study was found to be .74. This measure has been used in previous research and demonstrates robust factor structure and there are no strong correlations with job satisfaction. The dimension of 'safety' correlates with the frequency of problem/dangerous events ($r=0.62$).

Work Locus of Control Scale (WLCS) (Short form) The WLCS- short form, is an 8-item measure designed to assess control beliefs in the workplace. Half of the items are written in each direction - external and internal and are scored on a 1 to 6 scale (disagree very much to agree very much). Higher scores represent externality. It is a domain-specific measure and correlates .55 with general locus of control and predicts work behaviour more precisely than general locus of control (Spector, 1988). The researcher decided to use the short form for pragmatic reasons, as the test battery was already lengthy. The Cronbach's alpha coefficient of the questionnaire in the current study was found to be .95. This measure has been used in previous research and has demonstrated good internal consistency (.88) and construct validity (Gupchup & Wolfgang, 1997). While test-retest reliability was reported as .60 by Moyle (1995).

Dependent Variables

Professional quality of life assessment questionnaire (ProQOL). The Professional quality of life scale (Stamm, 2002) was used to evaluate a participant's quality of work life. The ProQOL is a 30-item self-report measure and is composed of three subscales; compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS). Each of the subscales consists of 10 items and each item is rated on a 5-point Likert scale (1=never to 5= very often). A higher

score on a subscale indicates a higher degree of that sub-factor. A score of 22 or less is considered 'low', with an 'average' score ranging from 23 to 41 and any score of 42 or higher is considered to be 'high'. Low CS will increase CF, while low STS and BO will decrease CF. The scale has demonstrated good construct validity and the current version of the measure reduced the known collinearity between compassion fatigue and burnout (Stamm, 2005). The Cronbach's alpha coefficient of the questionnaire in the current study was found to be .75. This measure has been used extensively in previous research exploring staff quality of life and has demonstrated good construct validity with over 200 published papers. As the three subscales measure different constructs, for the compassion fatigue subscale, the inter-scale correlation is 2% shared variance with STS and 5% shared variance with BO.

Covid Context

The launch date of the survey was postponed due to the Covid-19 Global pandemic. At this time, the researcher made an amendment to the survey to include an additional two Covid-19 related questions: Question 1: "Have the frequency of your contacts with prisoners who exhibit self-harm behaviour changed since Covid-19?" Participants were given multiple response options (frequency has increased, decreased, stayed the same), Question 2: "How would you say your professional quality of life has changed since Covid-19?" Participants were given multiple response options (ProQOL has stayed the same, worsened slightly, worsened greatly, improved slightly, improved greatly). These items were added to acknowledge that the context of the work environment may

have changed due to the pandemic and the researcher wanted to explore the impact of Covid-19 on staff rate of exposure to self-harm and professional quality of life. These questions were developed by the researcher and were pragmatic in response to the context of the research and therefore, in addition to being one-item measures, while validity is not measurable, the researcher asserts face validity.

Statistical Analysis

Primary Analysis

Once all the data was collected, the researcher transferred the data set to a password-protected computer. All analysis was completed using SPSS version 26. Descriptive statistics were computed and are reported. Bivariate analyses were used to explore the interrelationships between the variables. Three separate multivariate analyses (hierarchical regressions) were conducted to investigate how the independent variables contributed in explaining the variance in the ProQOL, testing the following hypotheses (hypothesised model in Appendix D):

- Hypothesis one: that repeated exposure to self-harm, along with internal and external circumstances will predict compassion satisfaction in prison healthcare staff.
- Hypothesis two: that repeated exposure to self-harm, along with internal and external circumstances will predict burnout in prison healthcare staff.

- Hypothesis three: that repeated exposure to self-harm, along with internal and external circumstances will predict secondary traumatic stress in prison healthcare staff.

Secondary Analysis

The researcher conducted secondary analysis (frequencies, Chi Square, Fisher's exact test) on the Covid-19 related items, as mentioned above. The approach to analysis was preregistered on platform, AsPredicted (Registration Number 63814).

Results

Primary Analysis

Participant Demographics and Job Characteristics

149 participants responded to the survey. After checking for completeness, 18 participants had not completed the survey to 100%, but had completed it to above 50%. The decision was made to include this data for the demographics analysis. This left a final sample of 131 participants available for bivariate and multivariate analysis. Most respondents were female (60%), while 40% were male ($n = 89$; $n = 60$, respectively). Age ranges were collected and the majority of participants were aged between 26-30 (25%, $n = 37$), worked in England (50%, $n=74$), and were psychiatric nurses (25%, $n=38$). Additional descriptive statistics are available in *Appendix E*.

Bivariate Analysis

As this was an exploratory study, the independent and dependent variables were reviewed to assess intercorrelations (Appendix G) and next steps in analysis were decided. A detailed explanation of these steps is available in Appendix H.

Multivariate Analysis

Linear regressions have some assumptions that must be met for the method to be applied: A linear relationship was assumed between the dependent and independent variables, on viewing the scatterplot. Issues of multicollinearity were assessed, and this assumption was met as the independent variables did not have intercorrelations of above .7, where also the VIF was under 10. No violations of normality were met, on inspection of the P-Plot and histogram. Three linear regressions were conducted for the three dependent variables

(Compassion Satisfaction, Burnout, Secondary Traumatic Stress) and a hierarchical entry method was used to input the independent variables. The ANOVA p-value = 0.000, indicated that overall, the three regression models statistically significantly predicted the dependent variables. Full Regression Tables are available in Appendix F.

Hypothesis one: that repeated exposure to self-harm, along with internal and external circumstances will predict compassion satisfaction in prison healthcare staff:

Hierarchical multiple regression was used to assess the ability of independent variables to predict levels of Compassion Satisfaction, after controlling for age and gender. Age and gender were entered into step 1, explaining 27.3% (Adjusted R²) of the variance on Compassion Satisfaction. After entry of profession, facility-remand, facility-adult, population of facility, work shift, attitudes to self-harm, social climate and work locus of control (WLOC) at step 2, the total variance explained by the model as a whole was 42% $F(11, 119) = 9.52$, $p < .001$. The variables explained an additional 18.4% of the variance in Compassion Satisfaction, after controlling for age and gender, R^2 change = .180, F change (8, 120) = 5.05, $p < .001$. In the final model, gender ($\beta = .282$, $p < .001$), social climate ($\beta = .264$, $p < .001$) and WLOC ($\beta = .262$, $p < .001$) were statistically significant. Therefore, hypothesis 1 was partially supported, while noting the correlational value of said hypothesis in the context of the current study.

Hypothesis two: that repeated exposure to self-harm, along with internal and external circumstances will predict burnout in prison healthcare staff:

Hierarchical multiple regression was used to assess the ability of independent variables to predict levels of Burnout, after controlling for age and gender. Age and gender were entered into step 1, explaining 12% (Adjusted R²) of the variance on Burnout. After entry of profession, facility-remand, facility-adult, population of facility, work shift, attitudes to self-harm, social climate and work locus of control (WLOC) at step 2, the total variance explained by the model as a whole was 23% $F(10, 120) = 4.95, p < .001$. The variables explained an additional 17% of the variance in Burnout, after controlling for age and gender, R^2 change = .171, F change (8, 120) = 3.63, $p < .001$. In the final model, age ($\beta = .241, p < .001$), and type of facility-remand ($\beta = .249, p < .001$) were statistically significant. Therefore, hypothesis 2 was not supported.

Hypothesis three: that repeated exposure to self-harm, along with internal and external circumstances will predict secondary traumatic stress in prison healthcare staff.

Hierarchical multiple regression was used to assess the ability of independent variables to predict levels of STS, after controlling for age and gender. Age and gender were entered into step 1, explaining 7.5% (Adjusted R²) of the variance on STS. After entry of profession, facility-remand, facility-adult, population of facility, work shift, attitudes to self-harm, social climate and work locus of control (WLOC) at step 2, the total variance explained by the model as a whole was 20% $F(10, 120) = 4.21, p < .001$. The variables explained an additional 17% of the variance in STS, after controlling for age and gender, R^2 change = .171, F change (8, 120) = 3.46, $p < .001$. In the final model, only work shift

($\beta=.314$, $p<.001$), was statistically significant. Therefore, hypothesis 3 was not supported.

Secondary Analysis

Change in frequency of contact with self-harm due to Covid-19

Of the 149 participants, 42% (n=63) reported that their exposure to individuals who self-harmed had increased, while 39% (n=58) reported a decrease in exposure and 19% (n=28) reported that exposure had stayed the same. The association between the Covid-19 item and job characteristics was tested using Chi-square test and Fisher's exact test. There was no statistically significant relationship between the Covid-19 item and location of employment ($p=0.073$), the population in the facility ($p=0.064$) or work shift ($p=0.084$). There was a statistically significant relationship between the Covid-19 item and age ($p=0.002$). Older participants reported (in comparison to younger participants) that the frequency of contacts with individuals in prison who self-harmed had increased since Covid-19. There was also a statistically significant relationship between the Covid-19 item and gender ($p=0.008$). Females reported (in comparison to males) that the frequency of contact with individuals in prison who exhibit self-harm had increased since Covid-19.

Change in professional quality of life due to Covid-19

Of the 149 participants, 58% (n=87) reported that their ProQOL had decreased, while 29% (n=43) had reported an increase in ProQOL and 13% (n=19) reported that ProQOL had stayed the same. The association between change in professional quality of life since Covid-19 and job characteristics was

tested using Chi-square and Fisher's exact test. There was no statistically significant relationship between change in ProQOL and location of employment ($p=0.067$) or gender ($p=0.118$). There was a statistically significant relationship between change in ProQOL and the population in the facility ($p=0.021$). Of those participants working with a male population, 60% of reported that their ProQOL had worsened since Covid-19, while 40% of participants working in facilities with a female population reported this. Additionally, there was a statistically significant relationship between change in ProQOL and work shift ($p=0.002$), where 62% of participants working the day shift reported that their ProQOL had worsened since Covid-19, while 38% of participants working the night shift reported so. There was a statistically significant relationship between change in ProQOL and age ($p=0.000$). Older participants reported their ProQOL had worsened since Covid-19, compared to younger respondents.

Discussion

Three main findings emerged from the current study. First, it was found that exposure to self-harm was not associated with healthcare staff ProQOL. Second, it was instead environmental and staff characteristics that explained unique variance in healthcare staff ProQOL. Third, a significant proportion of staff noted an increase in exposure to self-harm and a decrease in professional quality of life since Covid-19. Previous research has demonstrated that being exposed to traumatic events can pose a significant occupational impact on staff in prisons. Burnout, secondary traumatic stress and compassion satisfaction are concepts that have been used to examine such issues previously (Bell, Hopkin & Forrester, 2018). Much of the research has focused on hospital settings, mental health staff and correctional officers (Sinclair et al., 2017; Sorenson, Bolick, Wright, & Hamilton, 2016). The current findings do not support the previous research that CS and CF are associated with exposure to traumatic events (Bell et al., 2018), operationalised here as repeated exposure to self-harm. To the best of our knowledge, the current study is the first study that has investigated the relationship between the variables exposure to self-harm, social climate, attitudes to self-harm, work locus of control and the ProQOL of healthcare staff in prisons.

Environmental factors (facility-remand and type of shift) explained significant variance in the domain of Compassion Fatigue (BO and STS). Interestingly, no other type of facility explained significant variance. Environmental factors such as the type of facility (remand) and work shift are tangible elements of the work environment. These findings are important as they suggest that environmental factors could be associated with the perceived quality of life of

staff. Previous research recognises that burnout levels are impacted by environmental factors (Maslach et al., 2003). From previous research it is also known that positive workplace factors including being involved in decision making, appropriate communication and support with non-client facing work reduces burnout (Lambert, Altheimer, & Hogan, 2010; Lambert, Hogan, Griffin, & Kelley, 2015). The findings in this study reflect Ledingham's (2015) study of beliefs about job stress among mental health professionals; staff noted stressors external to themselves as significant to burnout and did not reflect the impact of the challenging job role itself. Previous research has demonstrated that fostering a positive working environment inclusive of both preventative and responsive management and support is significant in reducing levels of compassion fatigue and maintaining compassion satisfaction (Sinclair et al., 2017; Sorenson et al., 2016).

Interpersonal and intrapersonal factors (social climate and work locus of control) explained significant variance in the domain of compassion satisfaction. Social climate is in essence the interaction between the individual and their environment; the physical, social and emotional conditions interact and over time, may influence the behaviours, mood and self-concept of the individuals (Schalast & Groenewald, 2009). While there is no previous prison-related literature pertaining to Work Locus Of Control, the authors wonder as to the significance of controllability in a work environment such as a prison, where the environment functions on a set of rules and regulations. In previous research internality has been associated with lower job stress and higher job satisfaction (Chen, 2008). What is of note is how inter and intrapersonal factors explain compassion

satisfaction, while external, environmental factors explain compassion fatigue in this sample of prison healthcare staff.

While the current research did not find a negative association with exposure to self-harm on staff attitudes, previous qualitative research has demonstrated the negative impact of exposure to self-harm on staff attitudes to those in their care and their own emotional coping (Saunders et al., 2012; Walker et al., 2017). It may be beneficial to consider previous qualitative research when interpreting the current findings. As Marzano and colleagues (2013) noted, staff reflected being 'more hardened' and emotionally blunted with repeated exposure to self-harm and Walker et al., (2017) described a 'façade of coping' to this exposure. The current results could possibly reflect a desensitisation over time, that could be indicative of burnout or secondary traumatic stress, where participants did not emotionally connect to what was being asked. Being exposed to such events as self-harm in the work setting should not be seen as just a part of working in a prison. While services need to support those who self-harm, they also need to support staff when their daily working life involves repeated exposure to such events.

Secondary analysis was conducted to help understand the context in which the data was collected - during the Covid-19 pandemic. While this analysis was exploratory, it is notable that many staff reported that exposure to individuals who had self-harmed had increased and that their professional quality of life had decreased. While the results in this study are concerning, there are conflicting reports published as to rates of self-harm in prison during the pandemic (Gray, Rooney & Connolly, 2021; Hewson, Green, Shepherd, Hard, & Shaw, 2020). The

researcher posits that exposure to self-harm may have increased due to individuals engaging in self-harm more frequently as a way of coping with increased isolation and reduced access to family and support. Another reason could be that reduced staffing numbers could have meant that staff were client-facing more often. The reports of reduced ProQOL again could be as a result of understaffing, the impact of the pandemic on overall well-being and coping or an increased workload due to the need for Covid-19 health and safety measures to be followed in an already reportedly busy environment. As the pandemic is ongoing, it will be important to monitor the impact on individuals and staff in prisons and reflect upon the potential long-term impacts that Covid-19 may have.

A number of limitations are noted in the current study. First, as this is a cross-sectional study, causality cannot be assumed; the researcher cannot establish the influence or direction of the relationship. Second, as the data was collected during a global pandemic, this may have impacted on the working environment but also the potential for the results not to be reflective of the work conditions in prisons in general. Third, reasons for individuals who did not respond is not known and so the differences between respondents and non-respondents could not be examined. Finally, as the study was anonymous, there were limitations as to the detail of personal and job characteristics that could be collected. As prisons differ across regions, it may have been beneficial to be able to assess differences within regions. The strength of the study was that it was an online, anonymous survey where participants could feedback honestly on a topic that may carry some hesitance. Larger and longitudinal studies may be required to fully understand the relationship of the studied variables. If researchers were to

conduct similar studies in the future, the above limitations and strengths may be beneficial to consider.

Clinical Implications

While the author acknowledges the correlational nature of the study, the potential utility of the study, both clinically and in research is worth stating. While the hypotheses were not fully supported, there remains merit in the study, specifically the importance of focusing on the potential impact of repeated traumatic events on staff who work in potentially threatening environments, where their well-being and quality of life remains under studied. It may be worth considering in the future focusing on the more behavioural element of the impact of caring for individuals who engage in self-harm, while still being cognisant of the personal and relational components. Elements similar perhaps to the behavioural understanding both in clinical practice and in research in settings such as the intellectual disability setting may be useful to inform such understanding in the future.

Conclusion

This study aimed to investigate whether exposure to self-harm for healthcare staff, along with other external and internal factors would be associated with their professional quality of life. While exposure to self-harm was not a significant predictor of professional quality of life, certain environmental factors and staff characteristics were predictive; social climate, work locus of control, remand facility and work shift. The findings suggest the importance of the working environment for healthcare staff in prisons and the need for services to be responsive to professional quality of life, for the benefit of healthcare staff and those in their care.

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Section 5

LSRP - Technical Appendices

Appendix A

Information Sheet

You are invited to complete the following survey on staff experiences of self-harm in the workplace. We ask that you read below before agreeing to take part in the survey.

Background Information:

The purpose of this survey is to learn about prison staff experiences of managing self-harm, so that we can in the future better support staff. If you proceed to complete the survey, you will be asked questions about caring for prisoners who self-harm. Researchers at Queen's University Belfast and the South Eastern Health and Social Care Trust (SEHSCT) are conducting this survey. Findings will also be used to guide staff support strategies within the SEHSCT.

Who can take part in the study?

- Participant who is a member of the National Health Service (NHS) or Health and Social Care (HSC) Northern Ireland.
- who is a healthcare staff member (qualified doctor, nurse, psychologist or allied health professional)
- who engages face to face in the care of prisoners following a self-harming incident
- who is English speaking
- who is over the age of 18 years

Procedures:

If you agree to participate, you will be asked to complete a survey asking questions about your exposure to self-harm at work, your opinion on why prisoners may self-

harm, opinions about your work life and your wellbeing in the workplace. Prior to answering the questions, you will be asked some demographic and job-related questions.

Risks and benefits of being in the study:

There are no immediate or expected risks of taking part in the study. Research data will be stored securely, and only the researchers will have access to your responses. There are no additional benefits to taking part in this study.

Anonymity and Confidentiality:

All responses collected will be anonymous. The results will be used in part for a Doctorate in Clinical Psychology research project. Results may be published in a peer reviewed academic journal. Confidentiality and anonymity will be maintained; the researchers will NOT include any information (e.g. your name, address or exact service you work in) that will make it possible to identify any individual in any report they publish or present.

Voluntary nature of the study:

Your decision whether to participate is voluntary. If you decide to participate, you are free to withdraw without giving any reason. However, once you submit the survey, as it is anonymous, you cannot withdraw your consent to participate as the researchers will not be able to locate your responses.

Contacts and Questions:

The researcher conducting the study is Grace Kelly. If you have any questions, you may contact them by email on: gkelly52@qub.ac.uk or their supervisor, Dr Christopher Graham at: Christopher.Graham@qub.ac.uk.

Your wellbeing:

If you feel distressed at present, the researchers encourage you to find out about supports that may be available, please contact:

· Your General Practitioner (G.P). · The Inspire website at: <https://www.inspirewellbeing.org/>. Inspire offer a wide

range of supports for mental health and wellbeing.

· Call The Samaritans helpline on 116123. The Samaritans offer a safe place for you to talk at any time during the day. · Alternatively: <https://www.samaritans.org/>

Thank You.

Appendix B**Consent form**

Before you agree to participate in this study, please read the information sheet carefully. If you are willing to participate in the study, please tick the boxes opposite each statement.

- I am 18 years old or older
- I confirm that I have read the information sheet and fully understand what is expected of me in the study
- I confirm that I can contact the researcher and/or their supervisor if I have any questions
- I understand that the collected data will be anonymous
- I understand that I can stop answering the questions at any point while completing the survey
- I understand that as no identifiable information is being collected as part of this survey, once I complete the survey I cannot withdraw my data as the researchers will not be able to identify me individually
- I understand that the information provided may be published in group form and that my individual responses will not be considered in isolation from this
- I freely and voluntarily chose to participate in this study

Appendix C Debrief sheet

Thank you for taking part in this survey, your contribution is valuable to this research.

What will happen next is that the responses you provided today will be stored securely until the survey closes online. Then I will download all the data collected from all participants into a password protected file onto a password protected computer, where I will access the data to analyse it. Once again all responses you provided will be anonymous.

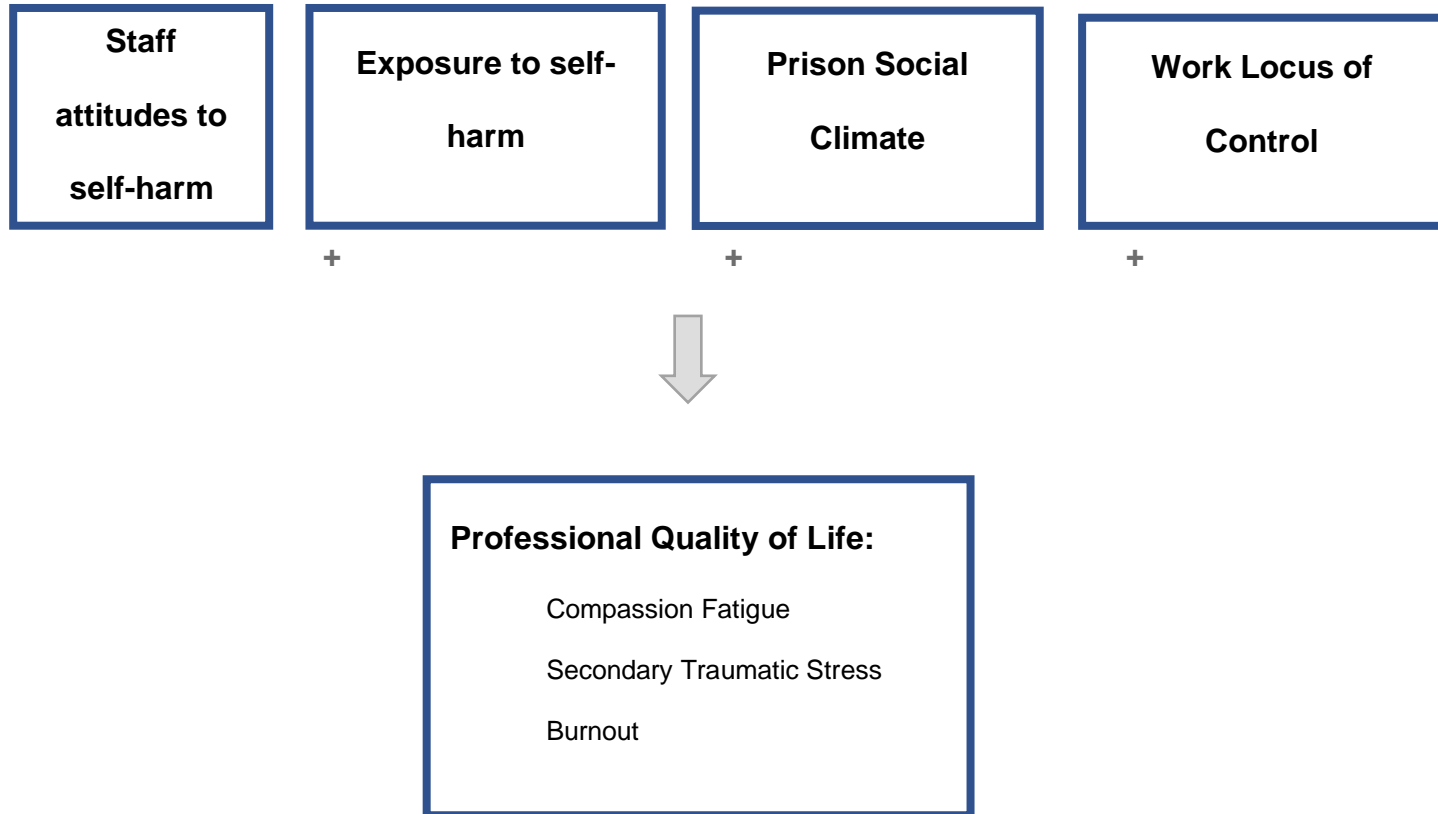
If you have any further questions you can contact Grace Kelly
(██████████) or Dr Christopher Graham
(██████████).

If after completing this survey you have become aware that you might be distressed or be struggling with work then you might want to consider taking the following steps:

- You might want to make an appointment with your General Practitioner (G.P) to discuss your mood and see if they recommend any treatment.
- You could have a look at the Inspire website at:
<https://www.inspirewellbeing.org/>. Inspire offer a wide range of supports for mental health and wellbeing.
- You can also call The Samaritans helpline on 116123. The Samaritans offer a safe place for you to talk at any time during the day. · Alternatively:
<https://www.samaritans.org/>

Thank You

Appendix D
Hypothesised Model



Appendix E
Descriptive Statistics

Table 1: Descriptive Statistics

Item	N	%
Profession		
Doctor	12	8.1
MHP	34	22.8
Psychiatric	38	25.5
Nurse	31	20.8
General Nurse	10	6.7
Student Nurse	5	3.4
Pharmacist	19	12.8
Other		
Location	53	35.6
NI	13	8.7
Scotland	74	49.7
England	9	6
Wales		
Population	117	78.5
Male	10	6.7
Female	22	14.8
Both		

*Note: NI= Northern Ireland,
MHP= Mental Health
Professional*

Table 2: Means and Standard Deviations of Measures used

Measure	Construct	<i>M</i>	<i>SD</i>	Range	Potential range
	STS	24.50	5.19	10-38	0-50
PROQOL	Compassion satisfaction	34.91	5.87	24-48	0-50
PROQOL	Burnout	31.40	5.60	11-38	0-50
TSM-SIB	Attitudes to self-harm	40.10	8.81	40-90	1-98
WLOC	Work Locus of Control	30.20	6.61	16-40	8-48
EssenCES	Social Climate	42.80	7.72	18-55	0-60
Hours	-	8.83	1.76	2-13	1-24
Yrs in Facility	-	4.62	3.92	1-32	1-60

Note: PROQOL = Professional quality of life scale, STS= Secondary Traumatic Stress

Appendix F

Full Regression Tables

Table 3: Compassion Satisfaction

Variable	B	SE B	β	ΔR^2
Step 1				.284**
Age	.145	.033	.335**	
Gender	.544	.118	.351**	
Step 2				.180**
Age	.072	.032	.166	
Gender	.438	.111	.282**	
Profession	.034	.030	.082	
Facility emand	.194	.131	.106	
Facility adult	-.024	.113	-.016	
Population	.072	.087	.067	
Work Shift	-.230	.211	-.094	
Att. To SH	.054	.057	.070	
Social Climate	.423	.128	.264*	
WLOC	.222	.061	.262**	

Notes: * $p < .01$; ** $p < .001$; * on β values indicates significance of t statistic, * on R^2 values indicates significance of F statistic.

Table 4: Burnout

Variable	B	SE B	β	ΔR^2
Step 1				.120**
Age	.084	.022	.319**	
Gender	.080	.080	.085**	
Step 2				.171**
Age	.063	.022	.241*	
Gender	.066	.078	.070	
Profession	-.009	.021	-.037	
Facility-remand	-.276	.091	-.249*	
Facility-adult	.012	.079	.013	
Population	-.064	.061	-.098	
Work Shift	.069	.147	.046	
Att. To SH	.090	.040	.191	
Social Climate	.167	.089	.171	
WLOC	.048	.043	.092	

Notes: * $p < .01$; ** $p < .001$; * on β values indicates significance of t statistic, * on R^2 values indicates significance of F statistic.

Table 5: Secondary Traumatic Stress

Variable	B	SE B	β	ΔR^2
Step 1				.089*
Age	-.020	.026	-.068	
Gender	-.297	.092	-.277*	
Step 2				.171**
Age	.009	.026	.031	
Gender	-.231	.091	-.216	
Profession	-.044	.024	-.155	
Facility-remand	-.278	.106	-.221	
Facility-adult	.146	.091	.139	
Population	.043	.070	-.058	
Work Shift	.533	.171	.314*	
Att. To SH	.049	.046	.093	
Social Climate	-.142	.104	-.128	
WLOC	-.072	.050	-.122	

Notes: * $p < .05$; ** $p < .01$; *** $p < .001$; * on β values indicates significance of t statistic, * on R^2 values indicates significance of F statistic.

Appendix G

Pearson's correlations between study variables (N=131)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Age	—	.205*	.175*	-	.025	.099	.054	-.079	.169	.177	-.173*	.002	.405**	-.046	.407**	.337**	-.124	.226**	.294**	.197*
2. Gender		—	.216*	-	-.055	-.122	-.059	.079	-.090	.141	-.017	-	.047	-.063	.420**	.151	-	.023	.123	.171
3. Profession			—	-	.025	.254**	-.121	-.028	.051	.144	.022	-	-.111	-.017	.260**	.086	-.203*	.245**	.199*	.036
4. Location				—	-.040	-.122	-.144	-.051	.094	-.152	-.038	.075	-.118	.032	.022	.117	.024	-.019	.000	-.119
5. Remand					—	-.048	.080	.002	-.047	.038	-.046	-	-.050	-.025	.023	-	-.187*	.071	-	-.083
6. Mixed						—	-	.087	.205*	.192*	-.062	.068	-.095	.031	-.062	-.089	-.063	.103	.154	.011
7. Sen							—	-.050	.160	-.063	.062	.002	.105	.165	.094	.165	-.020	-.106	-.009	.131
8. YO								—	.024	.598**	.282**	-	.015	.094	.073	-.105	-.048	-.086	-.083	.220*
9. Adult									—	.087	-	.041	.084	-.022	.089	.081	.042	.074	.132	.108
10. Pop										—	.400**	.005	.176*	.160	.163	-.037	-.008	-.014	-.009	.240**
11. Work Shift											—	-	.044	.182*	-.193*	-.116	.278**	-.168	-	.006
12. Hours-Shift												—	-.023	.026	.064	.170	.055	.196*	-.015	.320**
13. Time													—	.089		.040	.113	-.102	-.015	-.019
14. SH Exp														—	-.040	.128	.199*	-.255*	-.023	.098
15. CS															—	.433**	-	.277**	.404**	.384**
16. BO																—	.208*	.280**	.352**	.197*
17. STS																	—	-.059	-.187*	-.130
18. Atti to SH																		—	.276**	.187*
19. SC																			—	.075
20. WLOC																				—

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the .005 level (2-tailed). YO: Young Offender.

Appendix H

Steps taken following bivariate analysis

1. Review of all IV's to explore any correlations, level of correlation and possibility that variable is measuring the same construct (small= .10 to .29, medium= .30 to .49, large=.50 to 1.0).
2. IV's 'Hours at work' and 'Location of employment' did not correlate significantly with other IV's or any of the DV's- were not brought forward to regression analysis.
3. Length of Time in job and Age correlated (medium, .405) and time did not correlate with any other IV or DV and so was not brought forward to regression analysis.
4. Type of facility-Young Offender correlated with population in facility (.598, large) and so was not brought forward for regression analysis, as it may mean something similar.
5. Out of the remaining types of facilities (Remand, Sentenced, Mixed, Adult), Mixed and Sentenced had a significant negative correlation (-.407, medium) and were not brought forward to regression analysis.

6. Self-harm exposure did not correlate with any other IV's or with any of the DV's except for 'Attitudes to self-harm' (-.255, small, negative correlation)- although not purposefully, could be measuring the same thing. Was not brought forward to regression analysis.
7. Any other variables that were not significantly correlated with the DV's but were significantly correlated with other IV's, but were not seen to be measuring the same construct as the other IV's, were brought forward for regression analysis, as the analysis is exploratory and we wanted to avoid missing any possible explained variance.
8. Controlled for demographics (Age and Gender) in step one of the regression analysis for all 3 DV's.

Section 6

LSRP - Journal Instructions for Authors

The British Journal of Clinical Psychology - Instructions for Authors

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Once the submission materials have been prepared in accordance with the Author Guidelines, manuscripts should be submitted online at <http://www.editorialmanager.com/bjcp>

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Articles should be no more than 5000 words (excluding the abstract, reference list, tables and figures). Brief reports should not exceed 2000 words and should have no more than one table or figure. Any papers that are over this word limit will be returned to the authors. Appendices are included in the word limit; however online appendices are not included.

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Provide appropriate keywords.

Acknowledgments

Contributions from anyone who does not meet the criteria for authorship should be listed, with permission from the contributor, in an Acknowledgments section. Financial and material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

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- iii. References
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- **Numbers:** numbers under 10 are spelt out, except for: measurements with a unit (8mmol/l); age (6 weeks old), or lists with other numbers (11 dogs, 9 cats, 4 gerbils).

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Section 7

LSRP - Ethics Approval

LSRP - Ethics Approval



Date:	06 February 2020
To:	Dr Christopher Graham / Grace Kelly
Faculty REC Reference Number:	EPS 20_285
Full Title:	Healthcare staff working in the prison setting: A quantitative investigation of the impact of caring for prisoners who engage in repeated deliberate self-harm
Decision:	APPROVED – with additional conditions

Thank you for your application which was reviewed at the meeting of the Faculty of Engineering and Physical Sciences Research Ethics Committee (EPS Faculty REC) on 11 December 2019.

Your application was considered and some clarification and revisions were requested on 18 December 2019. You submitted the requested information on 17 January 2020 which was forwarded for review.

The response has been reviewed and deemed satisfactory. The application has been **approved**.

The Reviewers have advised that this approval is contingent on the fulfilment of the following:

- The Demographic Questionnaire (Appendix F) should provide the standard options of 'Male', 'Female', 'Other', 'Prefer Not to Say'. Please provide the revised Demographic Questionnaire.

Conditions of the Approval

The Faculty REC approval is subject to the following conditions:

- (i) The study must be conducted in accordance with all relevant legislation. All relevant management approvals from organisations involved in the research must be obtained.
- (ii) When the research involves human volunteers the study must be entered on the University's Insurance Database.
- (iii) Monitoring and auditing process must be complied with including submission of annual progress reports to the Faculty REC.

It is the Chief Investigator's responsibility to ensure the study is conducted in accordance with the conditions stipulated.

Any future changes to any part of the submitted application, protocol or supporting documentation must be notified to the Committee prior to these changes taking place.

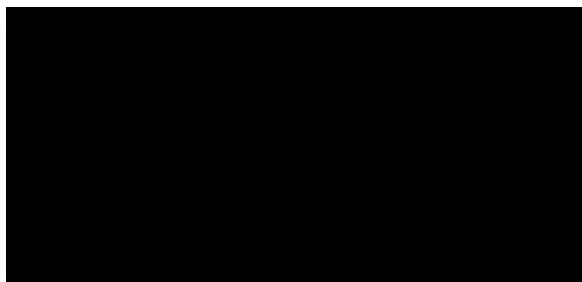
Approved Documents

The documents approved by the Faculty REC are listed in the table below

Documentation Received	Version	Date
Application Form	2	15 January 2020
Cover Letter Addressing Committee Comments		15 January 2020
Research Protocol	2	15 January 2020
Appendix A: TSM-SIB measure	2	15 January 2020
Appendix B: Debrief	2	15 January 2020
Appendix C: Social Media Posts	2	15 January 2020
Appendix D: Information Sheet	2	15 January 2020
Appendix E: Consent Form	2	15 January 2020
Appendix F: Demographics	2	15 January 2020
Peer Review		Received 04 December 2019

If you would like to discuss this further please contact the Research Ethics Officer, Mr Stefan Curran, at facultyrecepts@qub.ac.uk or by telephone on 028 90972529.

Yours sincerely



pp Professor Brendan Murtagh
Chair, EPS Faculty REC

Section 8

Reflective Appendix

LSRP & SR - Reflections

The research element of the DClin has been a challenging experience for me, however, I feel it has helped to develop my research competencies, including communicating with supervisors and external organisations, thinking critically and broadening both my qualitative and quantitative abilities. Both in my undergraduate and postgraduate studies I have used both qualitative and quantitative methods of analysis. Since then, I have been involved in a number of projects in community environments and it was important to me to maintain my research skills as well as develop them further throughout DClin training.

Choosing a quantitative research design for my Large-Scale Research Project (LSRP) pushed me to reacquaint myself with quantitative methodologies and the specifics of the method. For me, a part of the research process that was particularly difficult was recruiting participants to complete the research. I think I focused on getting the survey right and although I was aware of the struggle to get staff in prisons involved in research, until I was in that position, I was probably somewhat naïve as to this. I remember many meetings where we would go back and forth to discuss what other options we had to improve numbers and it felt like such a battle at the time.

For the Systematic Review (SR), I felt this was an opportunity to explore an area I knew relatively little about. At the time of deciding on a topic I was on a placement in a community intellectual disability service and I was repeatedly struck by service-level decisions around individuals with an intellectual disability. I often

wondered who made the decisions and who they were for. I was exposed to the individual and the family in my day to day work and would find myself questioning service set up and the interactions of different services. In reading the intellectual disability research I was drawn to a system or setting like the Criminal Justice System as it encompassed many of the elements of service delivery and the individual at the centre of the service. Additionally, intellectual disability papers were noting a change in service structure since the Bradley report and I thought it would be beneficial to review what was out there in the way of personal experiences of the individual with an intellectual disability. In my DClin programme, qualitative systematic reviews are not common and so as a class we requested teaching on this specific type of review as there were a number of us interested in pursuing this type of approach. When we received the training we had conducted much of the review ourselves, by reading lots of previous systematic review articles and 'how to' papers. Still, the training firstly was a great space to hear out loud the thoughts and curiosities I was having on my own and it was also a space to ask questions and hear about the creativity you can introduce in this space. Additionally, I along with a number of my classmates who were conducting qualitative systematic reviews met on a number of occasions and also sent each other articles and discussed any issues we were having. Also, by having a reviewer, I found this beneficial to get a new, fresh perspective. As a novice to SR's as well as reading reviews with multiple researchers, I was daunted by the task. I have found conducting the review has re-affirmed the importance of transparency in research by the steps taken in the review process and also having

different voices and perspectives; by having a reviewer who you can really flesh out your ideas and viewpoint with, I felt it bolstered my approach.

Research supervision has been a learning curve for me. I understood pretty quickly that supervision was different from what I had previously. I think I adapted well to the process. I think recording the meetings is important for the simple sake of a year down the road you can be asked something and have no recollection as to why a certain decision was made, which happened in the LSRP a number of times as time for analysis grew closer. Having three supervisors, I was unsure as to where to involve different individuals; I think this became clearer as I went along and was supported by my supervisor to include different supervisors at different stages. When you are in a research team with three individuals who are more experienced and who are not relying on the research as you are, to qualify, it pushes you to take the lead and get questions answered while also taking initiative. It took me a while to have the confidence to trust my own ideas and reasons for certain decision, but I think as my confidence grew, especially with regards to decisions around Covid-19, I felt able to back my own decisions. Still, I think I remained open to other perspective and ways to improve. I think this will help me not only in any research I undertake in the future but also in my clinical practice.

Completing an LSRP and SR during training has been challenging for me, due mostly I feel to the time demands we are under. Being a trainee clinical psychologist involves juggling research as well as working as clinicians in psychology services, attending teaching and other academic course work. I was

also keen to remain involved in activities and interactions outside of the course, to help keep perspective as well as knowing the training would end at some point and you still want to be someone your family and friends want to be around. Additionally, with the global pandemic, I feel this impacted on my well-being and motivation at times. Also, the launch of the research was delayed, and we also moved to online research meetings, which changed the interactions with the research team. I felt at times there was much to try and keep on top of; while I did my best I feel that at times I was just ticking over in every aspect rather than feeling proud or accomplished at anything and this is different to what I thought it would be like. In the future, I think it will be important for me to be cognisant of the time required to conduct research of the standard that I am happy with and that I incorporate this in a mindful, measured way. Having experienced the scientist-practitioner role throughout training, I think this has benefited me as to being aware of the perseverance and collaboration needed to engage meaningfully in research that would inform clinical practice.