Women making meaning of their desistance from offending: an interpretative phenomenological analysis

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Women making meaning of their desistance from offending: an interpretative phenomenological analysis

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I confirm that no part of the material presented in this thesis has been previously submitted by me or any other person for a degree in this or any other university. In all cases, where it is relevant, material from the work of others has been acknowledged.

Signed:

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Abstract

It is recognised that women who have offended comprise a vulnerable group having commonly experienced trauma and abuse. However, the dominant risk paradigm and assessment tools used within the Criminal Justice System have excluded women offenders in the research base. Similarly, current approaches to desistance, which is concerned with the cessation of offending, have neglected the perspective of women offenders. This study explores an alternative approach, based upon women offenders perspectives, to inform upon intervention and support which encourages desistance from offending.

Resilience theory provides a broad framework for the study, in which in depth interviews were conducted with a purposeful sample of 15 ethnically diverse women drawn from probation services and third sector agencies. Documentary records which included offence history and Probation assessment records were utilised to provide a rich context to the research. Interpretative phenomenological analysis was used to explore the women's experiences and understandings of their offending behaviour, as well as how they found meaning in the support and interventions received from these services. Findings revealed complex histories of childhood neglect and abuse, interpersonal violence in adult relationships, including rape and mental health needs. Of particular importance was the value placed by the women on interventions and approaches that focussed on enabling them to build resilience, through relational resources and self-efficacy beliefs. Barriers to building resilience were related to adaptive behaviours, including the understanding that trust in relationships was paradoxical. Another barrier was posed through lack of self-efficacy beliefs. The study concludes that desistance from offending is underpinned by the process of building resilience for recovery in women offenders. It is recommended that building resilience to support the recovery journey is translated into policy and practice and that the way in which women offenders are assessed based on risk to the public is reconceptualised to inform this.

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Chapter 1. Introduction

1.1 Chapter overview

This chapter introduces the research by outlining the research problem, arguing that current approaches to interventions with women offenders do not fully support their needs. Approaches which focus primarily on desistance from offending and the use of the risk paradigm within the criminal justice system in the UK have been informed largely by research evidence and argument about male offenders. I argue that despite a wealth of evidence showing that women offenders comprise a vulnerable group with experiences of violence in their adult lives as well as abuse and neglect in childhood (Corston, 2007; Prison Reform Trust, 2015), this has not translated into policy and practice that can inform effective interventions for women offenders.

This chapter, which will explore the existing research, concludes that context-specific understanding is essential in order to develop gender-specific policy and practice that can usefully inform effective approaches and interventions with women offenders. I argue that an exploration of how women offenders make sense of interventions and approaches which support desistance from offending, offers a valid alternative to research that has been based largely on male offenders. I also argue that resilience theory, concerned with strategies for managing threats to wellbeing, offers greater potential (Rumgay, 2004) to provide theoretical insights to inform effective future policy and practice with women offenders.

1.2 The exclusion of women offenders from UK research

Currently, there is a lack of relevant research literature about women offenders; existing research in the UK does not take into account their gender-specific needs and, instead, focuses predominantly on men, who comprise the majority of the offending population[1]. Much of the literature on women offenders subsumes women within a general 'offending' dynamic, rather than considering their lives outside this context; there has been criticism that the specific needs of women offenders have not been adequately addressed (Worrall & Gelsthorpe, 2009; Faulkner & Burnett, 2012).

[1] Of those sentenced at all courts in 2010 whose gender was known, in the U.K 77% (1,013,770) were men and 23% (305,094) were women. As of 30 June 2010, the prison population was 85,002. Women comprised 4,267 (5%) of this total and men 80,735 (95%), (National Offender Management Service, 2012, March).

This research seeks to address gaps in the aforementioned knowledge and aims to speak directly to the exclusion of women offenders in the existing evidence base as well as the dominant approaches currently used within the criminal justice system in the U.K. The following account argues that the dominant approaches concerning desistance from offending and risk do not account for the experiences and perspectives of women offenders. Evidence is discussed in relation to the high levels of adversity experienced throughout the lives of women offenders, which includes violence in adulthood and abuse and neglect in childhood.

Research specific to desistance and risk is outlined alongside my argument that the methodologies currently applied do not account for the nuanced understandings necessary to inform policy and practice with women offenders. It is argued that, in order to address this problem, context-specific methodologies are necessary.

1.3 Desistance from offending

One of the over-arching goals of the criminal justice system is to focus on the reduction and cessation of offending[2]; there is research literature that informs this, referred to as 'desistance' research', which relates to the study of the cessation of offending. The operational and contextual definitions of desistance have varied over time and between authors and it has been argued that there currently exists no unanimous definition (Maruna, 2001; Picquero, Farrington & Blumstein, 2003; Kazemian & Farrington, 2010). However, for the purposes of contextualising this research with regard to women offenders, I will consider the two broad strands corresponding to this area of research.

The first strand of research relating to desistance has been undertaken on a large scale, with a focus on quantitative analysis and provision of a statistically-powerful evidence base of robust nomothetic design.[3] The policy and predictive utility of this research area has been substantial, and the longitudinal and prospective nature of these studies has meant that there is a robust account of offending patterns of behaviour, over time, often described in a sequential way. In keeping with a

[2] 'The purpose of the Criminal Justice System (CJS) is to deliver justice for all, by convicting and punishing the guilty and helping them to stop offending, while protecting the innocent'. (National Archives; Criminal Justice System, 2015)

[3] An approach that is 'at the level of groups and populations and only probabilistic claims about individuals can be made – for example, that there is a 70 per cent chance that person X will respond in this way' (Smith & Eatough, 2007, p. 37).

nomothetic design, such approaches seek to uncover objective phenomena rather than considering an idiographic[4] approach, which focuses on the depth of individual accounts.

Criminal career research is a particular cluster of desistance research which has been utilised to demonstrate age-related effects and associated sequences of offending. Childhood risk factors and their potential impact on offending were included in this research; examples include offending family members and significant negative life events (Farrington, 1990; Kazemian & Farrington, 2010; Picquero, 2004). Criminal career research has been used to inform policy and targeting specific interventions; if prevalence is high, strategies can be considered with the goal of addressing offending in an entire community. If prevalence is low and concentrated, strategies can be considered which focus on targeting known offenders and relate to rehabilitation, deterrence, and incapacitation (Farrington, 1992). However, the aforementioned studies have excluded particular demographics, including females; the exclusion of females within this research has meant that resulting policy and practice has not been gender-specific.

The large-scale designs described above have overlooked women's perspectives. Assumptions have been made that the needs of women offenders are the same as those of male offenders. Existing research has focussed explicitly on men; therefore, the targeting of rehabilitation and interventions informed by such grand-scale research has failed to take into account the needs of women offenders. Policy and intervention which is gender informed is conceptualised in a biased way, illustrative of the 'normative-male problem' (Matlin, 2012, p.41), which does not account for the experiences of women. In essence, what has not been observed, has not been attended to.

There is a second strand of desistance research, which I will now discuss. The particular approach has arguably led to greater progress and development in desistance research. This has utilised qualitative approaches and worked towards greater inclusivity in approach. Much of this strand of research has been used to develop insights into effective practitioner approaches within the criminal justice system, to support a process of desistance (McNeil, 2006). This has contributed to a

[4] Approaches which 'seek to examine individual cases in detail to understand an outcome (Coyle, 2007, p.14).

greater understanding of the individual and the internal processes of change. One of the core texts which have influenced this particular perspective was written by Maruna in 2001. The focus of Maruna's study was phenomenological, which meant that the approach was focussed upon obtaining detailed descriptions of experience in order to discern the essence of the phenomenon of desistance (Maruna, 2001).

Maruna (2001) interviewed 65 offenders and ex-offenders in Liverpool and provided a context rich account of the process of offending for individuals who had been subject to various influences, which included low educational attainment, issues with addiction, few opportunities within the community and unemployment (Maruna, 2001). The research focussed on the reasons why some individuals within such a context desisted from offending while others did not.

Maruna (2001) used Narrative Analysis to show the differences between those who desisted and those who persisted in crime. Differences were found particularly in the area of cognitive understanding. Within this research, individuals' narratives, or scripts, were used as a way to better understand their lives. The stories individuals used to construct the maintenance of desistance were translated into themes, which included personal redemption and change through making positive contributions to families and communities. However, the normative-male problem again prevailed, as women were subsumed within Maruna's (2001) research, therefore lacking women-specific understanding:

> *'Women's stories have been included in this sample primarily in an effort to uncover the universal, rather than the gender-specific, aspects of making good. It is likely that there are both'.*
>
> Maruna, 2001, p. 176.

Arguably, the strength of Maruna's (2001) research was in its idiographic approach, which focussed on understanding desistance in depth, including striving for an understanding of the process of desistance, as lived and experienced by offenders, rather than making broad claims as is the case with nomothetic research (Coyle, p.14). Maruna's (2001) research shifted the focus towards an increased understanding of the phenomenon of desistance, rather than making broad objective claims about what had contributed to the cessation of offending. Arguably, such approaches offer greater insights through which to inform practitioner approaches for working with offenders. However, the concern for women offenders was not explicitly addressed.

There is a small cluster of research focusing on women's desistance, and I will proceed to discuss these studies, the majority of which have been undertaken in the United States. Arguably, one cannot assume that this research is culturally representative of a UK population, yet, I will discuss these here, for the women-specific insights and commonalities within arising themes. Notably, these studies have included increased attendance to the women-specific context, including a focus on relationships which have been supportive of desistance as well as practical barriers to desistance, including access to finances and competing demands on women's lives. I will initially discuss the context of emotional and cognitive aspects of desistance for women.

One of the most notable qualitative studies on desistance, which was explicit regarding the inclusion of women, was undertaken by Giordano, Cernkovich and Rudolph (2002) in the USA. Giordano et al (2002) argued that research on desistance was lacking an account of 'experiences, others and contexts' (Giordano et al, p.998). Based on qualitative life history research with 97 women and 83 men, a theory of 'cognitive transformation' was proposed. The transformational aspects of desistance were described and were said to include a 'replacement self', which was realised through cognitive shifts. The ability to be 'open' to change and to use 'hooks' (provided by others) for change were all directed toward the creation of a 'replacement self'. Indeed, the themes of identity change and transformation can be found throughout desistance research (Maruna, 2001; Farrall, 2002; McNeil, 2006). However, it is the explicit inclusion of women, in relation to gender-specific contexts, experiences and others, which distinguishes Giordano et al.'s (2002) study. Further research from overseas has been developed in relation to gender-specific contexts and experiences; these will be discussed below.

Research from the USA has utilised interviews with parolees 21 months after their release from prison and with no subsequent recorded crime (Bui & Morash, 2010). Retrospective interviews were undertaken in order to ascertain what these women offenders had believed to account for their success in the cessation of offending. Findings indicated a relationship to these women's social networks and support; for example, the termination of abusive relationships and the development of new, healthier relationships were described. These changes were often rooted in prison experiences, including introductions made to church organisations and friends in self-help and drug treatment programmes. Of note is the fact that participants who were successful in the cessation of offending had sought to change abusive and

detrimental relationships if these relationships had not ended whilst they were in prison. Pro-social networks, in addition to essential practical support for housing and finance, were all indicative of successful desistance.

The specific relational support needs of women offenders have been further explored in the USA. Cobbina (2010) utilised qualitative interviews, and official records of crime committed by women offenders, to undertake interviews with women who had not offended for at least two consecutive years; a total of 50 women were interviewed. Family support was seen as critical to success, and support included financial, emotional and childcare assistance. Additionally, supportive parole officers and access to post-release services were important. Abusive relationships, including unsupportive parole officers, were described as barriers to desistance, as were competing practical demands on individuals post-release.

The aforementioned research has been insightful, yet there is currently a dearth of research on women's desistance, and the majority of the research that has been conducted has been undertaken overseas, particularly in the USA. One of the studies undertaken in the UK was completed in Scotland, with young women (McIvor, Murray & Jamieson, 2004). This study concurred with previous research on women's desistance, highlighting the importance of relationships with respect to desistance from crime. The study undertaken by McIvor et al. (2004) centred on young women's relationships with their parents, children, and partners.

Overall, literature on desistance has focussed on the cessation of male offending. The literature drawn upon in this research is not exhaustive, although it does serve to highlight that the desistance research base, which informs criminal justice policy and rehabilitation from offending, focuses predominantly on male offenders. There is a dearth of research pertaining directly to women's desistance from crime; the majority of the research that does exist does not speak directly to the UK population as it was conducted overseas. Despite this limitation, there are some commonalities across themes, in these areas of research, particularly with regard to the need for support, including drug treatment support and financial assistance. The main theme throughout women-specific research, speaks to the relational aspects of desistance.

The wider context of desistance, relating to the cessation of offending, has been discussed here. The context of a criminal justice system that does not include the

specific needs of women offenders in relation to desistance has been discussed. I have argued that the perspectives of women have not been included and, despite the changing landscape of research approaches, which increasingly include idiographic approaches, the experiences and perspectives of women have continued to be largely excluded. With this in mind, I will consider what is known about the contexts of the lives of women offenders. This chapter will move from the wider remit of desistance from offending within a criminal justice context to a more detailed understanding of the contexts of women offender's lives.

1.4 Adverse, violent experiences and mental health needs

There is a stark contrast between the dearth of women's perspectives in desistance research and the high representation of women offenders in research concerning trauma and abuse. A high proportion of women offenders have experienced interpersonal violence and abuse, and the following outlines the levels and nature of the violence and abuse experienced by many women who have been incarcerated:

- 46% of women in prison report having suffered domestic violence
- 53% of women in prison report having experienced emotional, physical or sexual abuse during childhood.

Source: Women in Prison, 2015

Mental health statistics have also been reported for women offenders, in relation to gender differences and non-offending populations; the following were found:

- Women in prison are more than three times as likely to be identified as suffering from depression as women in the general population (65% and 19% respectively).
- More than half (53%) of women in prison report having experienced emotional, physical, or sexual abuse as children, compared to 27% of men in prison
- Women accounted for more than 26% of all self-harm incidents in prisons throughout England and Wales despite representing only 5% of the prison population.

Source: Prison Reform Trust, 2015

The adverse and violent contexts of women offender's lives have been documented across a range of platforms and literatures. This author will discuss some of these, but the discussion does not represent an exhaustive account. Current literature includes research and campaigning literature as well as mental health and forensic texts, practitioner-led advocacy, and National Offender Management Service (NOMS) research and statistical reports. There is a consistent message throughout these sources, and a wealth of evidence has accumulated in relation to the adversity and violence experienced in the lives of women offenders. The evidence does not stem from one campaigning source but rather a range of sources.

One of the most notable reports on women offenders was the Corston Report (2007), which was conducted in the prison estate. Recommendations for a radical shift in the approach used with women in the Criminal Justice System (CJS) were documented. Women offenders were referred to as 'victims', and high levels of trauma and abuse were documented within the report. Mental health support was advocated, alongside tailored support in the community, rather than in prison, to address the causes of offending behaviour and prevent further offending.

I argue that a greater emphasis should be placed on the inclusion of women within desistance research; this could provide valid insights into factors that support the cessation of offending in women offenders. This author also argues for the importance of including women's perspectives with regard to mental health support needs, as the incidence of trauma within this population is high. The mental health needs of the population of women offenders are high, and mental health support has been previously advocated within the literature, which I will now discuss.

The high levels of mental health support needs in the offending population have been emphasised for both men and women. Crighton and Towl (2008) argue that the offending population constitutes a group with high levels of mental health needs. They also argue that a combination of experiences, which include violence within the family, means that the needs of this population are particularly high. The complex nature of the mental health support needed within this population is clear, and there are additional and specific concerns that ought to be explored for women in particular.

Drug and alcohol addiction, as well as other mental health challenges, is often prevalent in the population of women offenders (National Offender Management

Service, 2012). In addition, the National Offender Management Service (NOMS) report of 2012, argues that low self-esteem hinders women's ability to recognise that their lives are worth changing, and this leads to difficulties accessing services in the community, which exacerbates isolation. Significant losses are experienced through imprisonment, for example the loss of children into care, family breakdown, and loss of a partner (NOMS, 2012). Approximately two-thirds of women in prison have dependent children and at least one third of the women were lone parents prior to imprisonment. Therefore, the implications for both the women and their children are significant.

An additional wealth of research literature from the USA attests to the mental health support needs for women offenders and the complex and multi-dimensional nature of the assistance required. Additional mental health concerns for women offenders include the long-term consequences of child sexual abuse, which may include Post Traumatic Stress Disorder (PTSD), depression, anxiety disorders, substance abuse, and risky sexual behaviour (Matlin, 2012, 436). Women's responses to violence often include isolation, low self-esteem, and depression (Matlin, 2012). Furthermore, the complexity of being both victims and perpetrators of crime, alongside the interaction effects related to offending behaviour, have been discussed (Bloom, Owen, & Covington, 2003; Salisbury & Van Voorhis, 2009; Blanchette & Brown, 2006).

Research indicates a striking need for mental health support for women offenders and, in particular, recognition of the violence and trauma frequently experienced by this population. However, there appear to be barriers to such recognition and subsequent support. One of these barriers has been cited as professional reluctance to work with individuals with high levels of mental health needs (Crighton & Towl, 2008). Similarly, there has been criticism that practice within correctional services has been limited by structural and procedural barriers which prevent a focus on individual needs (Gannon & Ward, 2014). The therapeutic alliance, individualised flexible client focus, and psychological expertise have also been argued to be lacking as a consequence of current frameworks of assessment (Gannon & Ward, 2014). The dominant framework of assessment, which focuses on risk, will now be considered for insights offered in relation to how the needs of women have been operationalised in the criminal justice system.

1.5 The dominant risk paradigm

Public safety is one of the central concerns of penal policy in the UK; this has been translated into an account of risk, which underpins the use of a common assessment tool used within prison and with regard to probation services in the UK. This particular tool is called the OASys (Offender Assessment System) and is currently used to provide an account of an offender's profile. However, in a strikingly similar manner to approaches used within desistance research, the development of this assessment tool was based on nomothetic research with a male population (Robinson and Crow, 2009).

In practical terms, I argue that the use of the OASys assessment tool creates an illusion of validity, as something which is related to the specific offending behaviour of women. However, based upon the normative concept previously discussed, the lack of gender specific research has subsumed women offenders within research specific to men. To emphasise this clearly, I will go on to describe the assessment tool, alongside some caveats with regard to applying the same tool to women offenders.

The OASys assessment tool is used to provide an account of offence history and an offender's changeable (or dynamic) 'needs' which are deemed to probabilistically determine the likelihood of offending, as a form of risk. However, a recent critique of the literature on the criminogenic[5] needs underpinning OASys (Hollin & Palmer, 2006) outlined that women-specific considerations should be applied with particular areas of the assessment. Hollin and Palmer (2006) argued that, with regard to women, a history of past or current abuse cannot be said to predict the likelihood of offending. Likewise, mental health support needs may not predict offending, but rather may indicate a possible 'precursor' to offending, which could likely be eliminated by the provision of appropriate support for the individual. The critique essentially shows that the current OASYs assessment tool lacks specificity, which is a factor that determines the predictive validity of risk assessment tools.

Further support for different assessment approaches for women offenders has recently been advocated (Palmer, Jinks & Hatcher, 2010). Data from the OASys

[5] '…the dynamic attributes of an offender that, when changed, are associated with changes in the probability of recidivism.' Hollin & Palmer, 2006

indicated that women have significantly higher levels of need with particular regard to mental health and relationships. The study highlighted the need to develop research accounting for men and women across probation and prison samples. The resulting recommendation was for gender-specific assessments and, as a consequence, the development of effective intervention. These two areas of research (Hollin & Palmer, 2006; Palmer et al., 2010) highlight a gap in terms of inappropriate measures of risk to the public. This research also highlights the misunderstanding of assessed need and the fact that women offenders may not be provided with appropriate interventional support.

I have argued here that women offenders have not received appropriate support and have not been included within effective policy and practice because the research informing this has neglected their perspectives. There has been a misunderstanding of the violent and adverse contexts of women offender's lives into a discourse of dangerousness, or 'risk *to*' the public, rather than a more appropriate discourse of vulnerability and mental health support needs for the women involved. The current assessment tool does little to acknowledge the abusive contexts in which many women offenders have lived and does not address the needs arising from the experiences of abuse. The OASys assessment tool, which is utilised within prisons and probation, is not gender sensitive and does not account for the physical and sexual abuse and mental health problems experienced by many women offenders.

1.6 The resilience paradigm

The current risk assessment tools focus on 'criminogenic needs', and desistance focussed approaches do not acknowledge the adverse and abusive contexts of women offenders' lives. For these reasons I argue that a new approach should be adopted, one that accounts for the experiential reality of women offenders' lives. Such an approach should provide a valid alternative to methods based on male-based research and would provide a necessary challenge to the current conceptualisation of risk within criminal justice, which neglects the abusive and adverse contexts of women offenders' lives. Research exists which indicates that lessons may be learned from engagement with resilience theory, which I argue warrants further exploration.

Researchers argue that vulnerable women with histories of abuse, in potentially volatile or disadvantaged environments, require strategies to manage personal risk (Rumgay, 2004). Supportive systems, which enhance or build resilience, were

advocated as a way in which women offenders could feel empowered to take on and recognise opportunities, which could lead to a process of desistance (Rumgay, 2004). Rumgay highlighted, specifically 'management of problematic interpersonal relationships emerges as a crucial element of personal resilience' (2004, p. 412). Furthermore, the concept of 'hidden resilience' (Bloom & Covington, 2012) has been indicated as something that could encapsulate the reality of women offenders' lives. The nature of hidden resilience, which exists across culture and context and may not conform to social expectations, was cited within Bloom and Covington's (2012) account.

The resilience paradigm is one which represents a shift in debate, from deficit models, towards one which are centred upon strengths, which is particularly evident within health based research. Adaptive resilience responses have been studied as a mechanism for survival in sheltered battered women (Humphreys, 2003), as one example. Within Humphrey's research, a paradigm centred on pathology was cited as useful for the finding of 'problems', whereas a focus on resilience was proffered to build on the strategies already used to survive, in order for the women concerned to move on with healthier and safer lives. The importance of the shift towards a resilience paradigm as a means through which we can understand health related concerns, has been advocated by O'Leary and Ickovics (1995). They argue that health related challenges should be understood beyond a model which is focussed on deficit and pathology, towards one which is focussed upon strengths which can be nurtured.

I argue here that resilience theory should be further explored with regard to women offenders, in order to shed much-needed insights that could inform policy and practice. If the reality of women offenders' lives constitutes experiences of abuse and violence, a framework which addresses this may rest upon exploring resilience. A paradigm shift, which moves away from pathology and deficit models and focuses instead on strengths and adaptive responses, has been advocated. Adaptive responses which comprise a resilience framework have been advocated in work with women offenders and also within health. It is proposed that research which engages with resilience theory may lead to increased understanding in work with women offenders.

1.7 Summary of the research problem

The research which underpins policy and practice related to desistance from offending does not identify the distinct needs of women offenders. The large nomothetic designs upon which desistance research has largely been based, does not attend to the nuanced levels of understanding necessary, to fully explore the area. The subsequent development of desistance research, which has entered into the territory of idiographic and rich accounts, has also neglected women's perspectives within desistance research.

Despite the exclusion of women from research into desistance, there is unequivocal evidence concerning the violence and abuse that often constitutes the context of women offenders' lives; this is the case across a range of sources. The mental health needs of women offenders are high, and I argue that the support needs of women offenders have been subsumed within a paradigm of risk based on research with male offenders. Furthermore, the dominant paradigm has been based upon risk to the public, and current assessment tools used with women offenders are not specific to their needs. Based upon high rates of neglect and trauma in the lives of women offenders, which includes physical and sexual violence, the current approaches adopted with women offenders need to change. Current assessment tools based on risk are not gender specific and do not take the experiences of women into account.

I argue that an alternative approach, which grounds accounts within the experiential reality of women offenders' lives, could provide a valid alternative to inform approaches and interventions with women offenders. Resilience has been introduced as a theoretical framework through which to understand the context specific reality of women offenders' lives.

1.8 Preliminary research question

This research will explore the perspective of women offenders, through asking the research question: What are the understandings of women offenders, in relation to interventions and approaches which support their desistance from offending?

1.9 Thesis structure

This research prioritises the perspective of women offenders and the thesis is structured to reflect the unfolding nature of this process. In chapter two, I review the

literature on resilience, which provides an introductory frame of reference, prior to engaging with the perspective of women offenders. In chapter three, I provide a detailed outline of the methodology, which includes a rationale for my use of Interpretative Phenomenological Analysis (IPA), to gain an in depth understanding of the personal and social worlds of women offenders. In chapter four, I reflect upon ethical considerations with regard to undertaking research which involves a sensitive topic, concerning interpersonal violence and abuse with a vulnerable population. This is followed by two results chapters, each focusing on separate stages, which are reflected upon as the insights emerge. Chapter five details the initial exploration of the understandings of the participants, in relation to interventions and approaches which support desistance from offending. This chapter charts a turning point in the research, as the emerging insights from participants are concerned with 'coping' with interpersonal violence and abuse and the recovery process. Chapter six details the second stage of the results, as a detailed examination of what builds resilience, to support recovery. Chapter 7 discusses the two results stages and engages with the introductory frames of reference in the resilience literature review and further extant literature. In chapter 8, I summarise my findings in relation to the research questions and development of the research. Four recommendations are made for policy and practice and four recommendations are made for research. The limitations of the research are discussed and the thesis concludes with an account of personal reflexivity over the course of the study.

Chapter 2. Review of the literature on resilience

2.1 Chapter overview

This chapter introduces resilience theory as a framework for this research. Resilience has been studied in relation to adverse contexts, and it is this focus that lends itself to the study of women offenders, as a high proportion are known to have experienced adversity, violence and abuse (e.g. Prison Reform Trust, 2015). This chapter charts the development of resilience as a dynamic theory that is defined through a focus on adaptation. Frames of reference are explored in this chapter, which will be engaged with further in the discussion in chapter 7. The frames of reference have been organised into the following areas: the developmental evidence base of resilience theory, constructs of risk and protective resources underpinning resilience theory, measuring resilience, mental health, and the meaning making of experiences. This chapter concludes by drawing the frames of reference together as a platform from which to engage with resilience theory, prior to drawing on insights from women offenders.

2.2 Development of resilience theory

For the purposes of introducing resilience theory and early conceptualisations, it is useful to ground this in the development of theory. The following section charts the development of theory, which started through research undertaken into the life histories of individuals with behavioural problems, or disorders, as psychosocial risk factors. As will be discussed in section 2.2.1, this area of research resulted in a view that poor developmental outcomes were inevitable, based upon risk factors, such as childhood exposure to parental mental disorder, mental illness and alcoholism. This section goes on to chart further development of theory, which incorporates the idea of agency, which will be detailed and defined here in relation to how individuals interact with their environments, rather than merely responding as passive recipients. Attention is then turned towards waves of resilience theorising, highlighting the different disciplines and breadth within resilience research, alongside a critique of a lack of consensus within the definition. This section concludes with a definition of human resilience, which focuses on adaptation and will be used as the focal point of this research.

2.2.1 A dynamic process

One of the developments of resilience theory started with the Kauaui study (Werner & Smith, 1982, 2001; Werner, 1992) a longitudinal study of 505 Individuals, born in 1955, who were tracked through the course of their lives in order to chart the course of their lives with relation to psychosocial and biological variables. The environments in which these individuals were raised were often disadvantaged, for example, in some homes there was no running water or electricity, and one in three individuals experienced 'perinatal stress' occurring around the time of birth. The nature of the stress experienced by some individuals included chaotic family environments, including alcoholism and parental mental illness. The population tracked was considered 'high risk', or of greater likelihood of following a deleterious course of alcoholism and mental illness. This assessment was made due to the expectation that the disadvantaged conditions in which these individuals were raised would contribute to poor developmental outcomes, such as emotional, or behavioural problems (Werner & Smith, 1982, 2001).

The Kauaui study consisted of a team of mental health workers, paediatricians, social workers and public health nurses, who monitored the development of the participants at the ages of 1, 2, 10, 18, 32 and 40 years old. These ages were considered to be critical in the life cycle to the development of autonomy, trust, intimacy, identity and generativity (Werner & Smith, 1982, 2001; Werner, 1992). The findings were documented throughout and conclusions brought together when the same individuals reached 40 years old. While many of the individuals who grew up in particular disadvantage experienced harmful effects upon their health and development, one third of the population did not exhibit harmful effects. These particular individuals (the 'resilient' group) had been exposed to the same adverse environment and yet had grown up without apparent deleterious effects. One of the differences in the resilient group, was their belief that life has meaning, with related expressions of hope and optimism for the future.

Three overarching clusters of factors differentiated the resilient participants who did not exhibit harmful effects; these were known as 'protective'[6] factors, which included attributes within the individual, the family, and the community. Individual protective

[6] Protective factors will be discussed, as resources which prevent deleterious effects, in greater detail in section 2.4, page on the constructs of resilience.

factors included temperamental characteristics that elicited positive responses from their caregivers. Family protective factors included at least one competent, emotionally stable person who was sensitive to their needs. The community protective factors included emotional support delivered within the community, such as from a teacher, or a neighbour.

The longitudinal Kauaui study described, is thought of as the 'classic' resilience study (Masten & Wright, 2010) which demonstrated that personal wellbeing could remain unhindered, despite experiencing high levels of disadvantage. It also demonstrated that individuals exposed to psychosocial adversity and trauma showed variability in outcomes, both in the short and long term. This longitudinal study opened up the exploration of resilience, from which subsequent studies moved towards a study of resilience as a dynamic concept.

Parallel developments in research, around the same time as the Kauaui study, were also being made in the field of psychopathology, in relation to the development of schizophrenia. Research undertaken by Garmezy (1971, 1974), was central to the study of childhood resilience. Inspired by the realisation that there were higher levels of 'adaptive' functioning among some adults diagnosed with schizophrenia, Garmezy led a team, who focussed upon the children of parents with a diagnosis of schizophrenia (Garmezy, 1985). The study was longitudinal and called the 'Project competence longitudinal study (PCLS)'. The purpose of the study was to observe the children and monitor developmental outcomes within the family context and the 'risk'[7] factors within that context.

Within Garmezy's research, the concept of 'high' risk was used to describe children who were considered to be of greater likelihood for developing psychopathology (Garmezy, 1985; Garmezy, Masten & Tellegen, 1984). Levels of risk were estimated on the basis of presentations of mental disorder within the parents of the children observed. However, despite expectations of deleterious outcomes, many of the children of parents with schizophrenia went on to develop well.

With growing evidence of the complexity of risk, Garmezy's team led a shift towards studying competence, or 'strengths', as well as risk factors. This shift led to a

[7] Risk is often referred to as an interdependent factor within resilience research, meaning that resilience is not discussed in the absence of 'risk', as threat, or adversity (e.g. Rutter, 2006). Risk will be discussed in greater detail in section 2.4 on the constructs of resilience.

complementary focus on children's strengths in the context of adverse life events which included parental mental illness and living in poverty. This shift can be conceptualised as a move along a deficit-strengths continuum enabling better understanding of factors associated with the ability to withstand adversity, in other words, resilience.

The longitudinal approach in the research conducted by Garmezy and colleagues has been considered ground breaking, as it opened up new territory, as resilience became viewed as a dynamic concept, related to both genetic and environmental factors (Rutter, 1988). This approach, which included a focus upon social context and support systems, enabled resilience to be viewed as an adaptive process, subject to change within different contexts and over time. Resilience was not viewed, therefore, as a fixed trait, but as a far more complex dynamic.

The studies described so far, have been cited as the 'beginnings' of the study of resilience, related to a complex and dynamic process (Masten & Wright, 2010, Rutter, 1987, 2006). The research described has focussed on strengths within at risk groups, rather than focusing solely on problems in development. These studies have emphasised that individuals interact with their environments and that resilience is a process and therefore challenged assumptions that all children raised within disadvantaged or adverse contexts would demonstrate deleterious outcomes. The Kauaui study and the PCLS study effectively created space, through which interaction effects and the adaptive functioning of individuals could be considered within a more sophisticated framework.

The process of adaptation which is a central component of resilience, describes how individuals overcome traumatic experiences, or adversity, and lies at the core of much of the contemporary research. It centres upon a process of dynamic change and interaction. A broad conceptualisation of resilience, based upon adaptation is provided below:

> *'*Resilience *is a broad conceptual umbrella, covering many concepts related to positive patterns of adaptation in the context of adversity.'*
>
> Masten & Obradovic, 2006, p. 14

It has been argued that the concept of adaptation can offer valid insights into informing policy and programmes (Masten, 2001). Based upon the substantial benefits that can be made in attending to the adaptive capabilities of individuals,

Masten (2001) has argued that neglecting human adaptation and development is detrimental to intervention. The discipline of psychology, with its focus upon 'pathology' and 'risk' was challenged by Masten (2001), a psychologist herself. The core argument made by Masten, was that lessons could be learned from research which focussed upon the adaptive competencies of the individual. It was this focus which was advocated as paramount for informing policy and programmes which build upon the competencies of the individual, rather than focusing on deficits.

Developmental psychology has been integral in the early theorising on resilience. It has informed the conceptualisation of resilience, which is based upon adaptation. Developmental psychology has also been integral in advocating competency based intervention, on the basis of adaptive strengths of individuals within adverse contexts. Subsequently, resilience theorising has developed and changed in scope, as the disciplinary focus has broadened. It is with regard to defining resilience and the waves of resilience research which I will now consider, prior to defining human resilience for this research, centred upon adaptation.

2.3 Defining resilience

Research into the concept of resilience has developed and grown and become more integrative in terms of incorporating disciplines other than developmental psychology. This has broadened the development of theory through forging links, such as between neurophysiological and psychological perspectives and research (e.g., Cicchetti, 2010). However, as a consequence of the breadth in integrative knowledge and different methodological approaches, there has been criticism that a consensus definition of resilience should be reached.

Before outlining the definition of resilience adopted in this research, I will consider some of the main arguments and concerns regarding a consensus definition. For the purposes of this research, the arguments concerning variability in definition provide a platform from which to consider some of the boundaries and possibilities of resilience theories. Therefore it is useful to identify what is already known and also the gaps in knowledge, which can be informed by this research.

Concerns regarding a consensus definition has grown in line with growing interest and popularity of resilience. The development of resilience theory has evolved through different 'waves' of resilience research. These waves of research have focussed upon different resilience strands, starting from initially descriptive

accounts, through to an increased breadth of cross-disciplinary research applications, from the individual, through to macro-level functioning. These waves of research are outlined, briefly, with examples from each wave, below:

> First wave: Mainly descriptive, identifying the most promising factors associated with distinguishing between those who function well from those who function poorly in the context of different kinds of adversity (Garmezy, 1985; Werner & Smith, 2001).
>
> Second wave: Research focussed on the 'how', as explanatory processes. How specific processes relate to, or lead to, resilience (Egeland, Carlson & Sroufe, 1993; Cicchetti & Curtis, 2007).
>
> Third wave: Resilience promotion in relation to specific types of intervention, such as effective parenting and multi-modal programmes which include adult-centred, child-centred and two-generation programmes (Forgatch & DeGarmo, 1999; Johnson & Wiechelt, 2004)
>
> Fourth wave: Resilience across different levels of human functioning (i.e. molecular, through to macro level societal functioning) and more integrative (Gottlieb, 2007; Cicchetti & Curtis, 2007).

As resilience research has developed, the way in which it has been conceptualised has increased in breadth. One particular perspective of resilience has placed an emphasis upon different cultures and also the qualities of the environment. This particular approach relates to the broader socioecological perspective of resilience (e.g., Ungar, 2012). This provides an essential framework for considering resilience because it focuses on the co-construction of what is a meaningful expression of resilience. This means that it is the interaction between individuals within specific cultural contexts and experiences which construct resilience. What is 'meaningfully' constructed can be emphasised by focusing upon the cultural aspects within populations, in terms of how populations navigate towards what is needed and culturally meaningful within the environment.

Essentially, the socioecological view of resilience which includes attention to culture, broadens the field further, because it includes a consideration of diverse needs and navigation within environments. At a broader, political level, the socioecological perspective also attends to power relationships and the legitimacy of experiences. This is because the meaning of situations within the socioecological perspective of resilience is negotiable and 'reflects the relative power of those involved to argue for the legitimacy of their experience' (Ungar, 2012, p. 23). Therefore an additional dimension is introduced here, which considers cultural embeddedness and the relative power within this.

The socioecological view of resilience emphasises the importance of not only considering resilience as a function of the person alone, but rather, the person within an ecology. I argue that the developments in the conceptualisation and frameworks within resilience have included some very positive and necessary considerations. This is especially the case when cultural elements are considered, alongside a concern for legitimacy and power. The social justice elements which interconnect with resilience theory are arguably, an essential concern, because it is communities and individuals within adverse conditions which are investigated. However, there has been a call for an agreed definition of resilience, which could prove a challenge to the development of resilience theory.

There has been criticism that resilience has been conceptualised differently across different disciplines (Luthar, Cicchetti & Becker, 2000). It has been argued that a lack of an agreed definition of resilience has meant that the different strands of resilience research cannot be brought together to inform a review of the research literature in a systematic and universal way. However, the critique was focussed upon areas of resilience research, which excluded cultural factors. The socio ecological perspective was not included, alongside attendance to legitimacy which would include the perspectives of individuals or communities. Rather, the critique upon which Luthar, Cicchetti and Becker's (2000) argument rests, was based upon the structural components of resilience, through which a consensus definition was advocated.

I argue that many of the inconsistencies in definition, are based upon the different conceptual and operational definitions of resilience used. The development of resilience has meant that as the scope of the research focus and disciplinary perspectives have broadened, so too has the scope for definition. I argue therefore that it is not possible to arrive at an exact consensus on the definition, although essentially, the parameters of the research would need to be defined. It is with this is mind that I will briefly outline the definition of 'human resilience' used, which will provide the scope of this research, in the next section.

2.3.1 Adaptation and human resilience

This research is centred upon women offenders, who have a greater likelihood of having experienced adversity and trauma with corresponding mental health support needs (Prison Reform Trust, 2015; Women in Prison, 2015). In relation to

engagement with resilience theory, for the purposes of this research, the following definition of human resilience, which is centred upon 'adaptation' will be applied:

> *'Human resilience refers to the processes or patterns of positive adaptation and development in the context of significant threats to an individual's life or function'.*
>
> Masten & Wright, 2010, p. 215

The above definition of human resilience which has been cited by Masten and Wright, focuses upon adaptation, within adversity. There is broad agreement across the health and social science disciplines concerning a definition of human resilience which is focussed upon 'adaptation' (e.g. Southwick & Charney, 2012, p. 29; Rutter, 2006, 2012). However, there is some debate concerning the criteria which constitutes 'good' adaptation (Masten, Monn & Supkoff, 2011, p. 105). I will further address and expand upon value judgements concerning normal functioning in section 2.5. The next section concerns the core constructs of resilience, , based on the argument that researchers should justify and clearly operationalise the pivotal constructs of resilience (Luthar et al., 2000).

2.4 The constructs of resilience

Resilience is a complex dynamic which is constructed by different components. This means that there are interdependent factors which effectively comprise resilience. In practical research terms, it is necessary to consider these, as a means of robust engagement with theory (Luthar, Cicchetti & Becker, 2000). Resilience is constructed in different ways across different disciplines and the following section does not attend to all interpretations of how resilience might be constructed. Particularly pertinent to this study, is the argument concerning the necessity for women from disadvantaged environments to use strategies for the management of personal risk and the need for supportive systems (Rumgay, 2004). For the purposes of this research, I have chosen to draw on the main constructs of risk and protective factors, which dominate the field of human resilience. The first of these constructs is risk.

2.4.1 Risk

Resilience research presupposes that threats, or risks, exist which threaten positive adaptation (Masten & Wright, 2010; Kaplan, 1999; Rutter, 2006). Risk is a key construct of resilience theory and is used across many disciplines; the focus is on

areas such as parental psychopathology, poverty, and cognitive functioning. Particular risks or threats of danger which can impact upon an individual may include traumatic experiences such as rape, or family violence and chronic adversity such as poverty or chronic illness, natural disaster and war, to name a few areas (Masten & Wright, 2010).

There are controversies around what constitutes risk. One concern is that it can be difficult to demonstrate that one particular risk factor is related to resilience. It can be difficult to isolate one particular risk factor from others and to know exactly what is causing a negative outcome. As outlined by Masten and Wright (2010) it is difficult to demarcate risks and related outcomes when risk factors are ongoing. One such example is with ongoing exposure to family violence, where there is no clear beginning, or end to the exposure. It would therefore prove difficult to show that a particular risk factor was present, prior to any deleterious effect on the child.

In a similar way, the co-occurrence and cumulative effects of risk factors make it difficult to understand the exact nature of particular risk factors. An example of this has been outlined by Luthar and Zelazo (2003) regarding parental alcoholism, poor parenting style and emotional neglect of a child. In practical research terms, these challenges present difficulties in terms of how risk is operationalised. Confounding issues, in 'real world' terms, mean that timing, co-occurrence and cumulative effects of risk are all difficult to demarcate.

I argue that alternative methodologies should be usefully applied with regard to risk. This is because a great deal of focus on the construct of risk, has been based upon a statistical concept which has focussed upon groups. Within the field of developmental psychology, for example, there is a focus upon a comparative framework of 'normative' groups (Luthar & Zelazo, 2003). This relates to 'normal' trajectories of functioning which are used to define the comparative measures which risk is built upon. Within this framework, something is defined as a risk variable if the problems, or negative outcomes are measurably higher than the comparable 'normative' group. Expected group level normative functioning is included which includes factors such as age appropriate performance. Although this particular approach is usefully applied with regard to group level functioning, arguably, it does little to account for the dynamic process that constitutes resilience. Arguably, there should be alternative understandings of risk, which place the individual at the centre

in relation to how risk is experienced. I argue that this could provide greater insight into the dynamic process of resilience, which operates in the presence of risk.

To summarise, in this section I have considered risk and the methodological scrutiny and criticism which can apply to the construct of risk on a number of levels. The first level of scrutiny described here is the idea that risk can be a somewhat elusive and nebulous construct. This is because it is not always a single demarcated factor and can be ongoing. For this reason it is difficult to both define and measure it in practical research terms. Similarly, it proves difficult to define and measure risk when the risk factors co-occur and are cumulative. What this means is that risk is a construct which warrants considerable attention in terms of how it is operationalised within research and I have argued here that individual experiences should be placed at the centre of this, in order to promote greater insight. I will now discuss protective factors in relation to resilience.

2.4.2 Protective factors

Protective factors are viewed directly, or indirectly, as assets or resources which prevent the deleterious effects of exposure to risk (Masten, 2001; Rutter, 1987). Protective factors form a key component of resilience, as, given exposure to risk, a harmful outcome would ordinarily be expected. Protective factors can operate as either internal or external resources, examples include social supports,relationships and individual capabilities and protective systems embedded within cultural, religious, or community systems (Bell, 2011; Masten and Wright, 2010). It is this focus upon protective factors which gives the study of resilience its focus on ‘strengths’, as it is the understanding of protective factors which can enable an individual to adapt to disadvantage, or threatening contexts.

Prior to a definition of resilience which was focussed upon adaptation, initial conceptualisations were strongly influenced by the concept of a ‘trait’, which a child either did, or did not have. Protective personality traits in children who were considered to be resistant to stress, were described within research (Garmezy, Masten & Tellegen, 1984). Also, expressions such as the ‘invulnerable’ child (Anthony, 1974, p.8) were used, in relation to children who would remain unaffected within adverse environments during their upbringing. The ‘normal’ traits of the invulnerable child are discussed below, in relation to child rearing:

'We will crew for them and always be around when they really need us, but the really hard battles may need to be fought alone. This may sound like a tough philosophy for child rearing, but we are talking about producing a relatively invulnerable child to live in a relatively tough world, and we have to find ways of toughening him up at the same time preserving his normal characteristics.'

Anthony, 1974, p. 544

In contrast to this view of the invulnerable child, Masten (2001) challenged the notion of extra-ordinary traits in children, arguing instead for the 'surprising ordinariness of the phenomenon' (Masten, 2001). Her article 'Ordinary Magic' (2001) argued that it was the operation of basic adaptive systems which underpin resilience in childhood. However, essentially, Masten also argued that a recognition of vulnerability within childhood was paramount, as even the most basic system of adaptation requires nurturing. Through stressing that the greatest threats to human development are those which compromise protective systems, Masten (2001) argued for a fundamental shift in thinking about interventions and approaches. Masten advocated a shift that would take into account the complexity of both resilience and childhood vulnerability.

Protective systems are subject to similar critiques concerning concepts of measurement as risk factors. Protective systems may not constitute clear cut, discrete factors, might co-exist with other protective factors, may also be cumulative and not easily time bound. In a similar manner to risk factors, it is difficult to 'pin down' how protective factors can be demonstrated empirically. One of the most important considerations here is the potential detrimental impact of the trait-based view of invincibility considered by Masten in 2001. Trait based views alone cannot account for the complexity of resilience as a dynamic process.

Resilience is a phenomenon that includes both personal attributes and structural factors which can act as barriers or enablers when it concerns accessing resources. This has been explored in research across the life span and across cultures. For example, confidence, courage and self-efficacy have been identified as important personal attributes, contributing to the development of psychological resilience in women experiencing intimate partner violence in India (Shanthakumari, Chandra, Riazantseva & Stewart, 2014). Also, self esteem and self efficacy have been

identified as key to resilience in contexts of poverty and domestic violence in the USA (Williams and Mickelson, 2004). Smyth & Sweetman (2015) argue that personal attributes can be nurtured most effectively in the context of women's organisations and feminist activism. The argument is that resilience depends not only on personal attributes, but also on access to enabling resources, and that access to those resources can be influenced by wider structural factors.

Conversely, structural factors can act as barriers in accessing resources. Structural barriers exist on differing scales and in different contexts, from global gender discrimination, through to smaller scale discrimination at community, or household level. For example, gender discrimination exists on a broad scale, reflected in economic policies which fail to invest in women and constitute barriers to women's access to resources (Perrons, 2015). Although Perrons argues that progress has been made in relation to women's participation in terms of access to work, she also argues that essential conditions have not been met. These conditions relate to education, training, recruitment and limited decision making power, which have not been addressed within broader economic policy and therefore continue to limit women's access to resources.

Structural inequalities compromise the development of resilience among women. Smyth and Sweetman (2015) argue that violence against women is perpetrated not only by men, but also by governments through the inequitable allocation of resources. Structural factors at community and household levels may also constitute barriers in gaining access to resources. For example, women are more likely to be marginalised or excluded from leadership roles, the result of intra-household and community level decision making processes, and subsequently distanced from decision making about the allocation of resources (Drolet, Dominelli, Alston, Ersing, Mathbor et al, 2015).

2.5 Concepts of measurement

This section provides an outline of concepts of measurement with regard to resilience. As this research seeks to generate new knowledge to inform upon interventions and approaches which encourage desistance and consider insights which can be gained from resilience , arguably, it is necessary to consider how resilience has been conceived as 'measureable' in the past. I will initially describe

the metaphorical description of recovery, which has entered the resilience discourse. I argue that this creates a misleading picture, in relation to women who have experienced violence and abuse. Following on from this, the scientific method of considering comparative normal functioning is described. A critique in relation to power inequalities and lack of cultural sensitivities is provided, alongside this. This section culminates with the view that resilience can only be inferred, requiring an alternative, nuanced understanding based upon the complexities of the resilience dynamic.

2.5.1 Recovery: 'bouncing back'

Some of the references to resilience include the metaphor to 'bounce back' within the discourse (Luthar, Cicchetti & Becker, 2000; Bogar & Hulse-Killacky, 2006). This creates an impression of a fast recovery process to a baseline. However, this does not account for resilience as something which occurs over time, or for extended periods. I also argue that the discourse of bouncing back does not account for a process whereby the baseline to return to is not a positive state. To illustrate this, a criticism of the discourse on bouncing back is particularly insightful from disaster resilience research (Aldunce, Beilin, Handmer & Howden, 2014). Aldunce et al (2014) argue that the metaphor of bouncing back represents a limiting potential, when resources are directed towards returning communities to the situation they were in prior to a disaster. This argument serves to highlight that returning to previous levels of functioning are potentially dangerous as they do not prevent future disaster scenarios.

Certainly, I argue that the metaphor for bouncing back, does not account for the contexts which are pertinent to women who have experienced violence and abuse. The particular adverse context of violence is one which has been experienced by many women. Certainly women offenders have experienced high levels of trauma and abuse (Corston report, 2007; Women in Prison, 2015). United Nations figures indicate that 35% of women worldwide have experienced physical and/or sexual intimate partner violence and attention is drawn to even greater estimates in the region of 70% in other reports (United Nations, 2012). Violence is prevalent in the lives of many women and for this reason, serves as a particularly pertinent contextual factor which should be considered with regard to women and resilience.

Pulvirenti and Mason's (2011) research with refugee women who had experienced violence, led them to argue that the capacity for survival could best be described as

'moving on', rather than 'bouncing back'. This draws attention to the flaw with regard to bouncing back, implying that the simplistic return to a previously healthy level of functioning, is erroneous. The question of 'bouncing back to what?' is arguably a more suitable consideration. It is argued by Pulvirenti and Mason (2011) that violence becomes normal for many women and when women have low expectations of their circumstances and environment, they may not even expect to be safe.

I argue that a more sophisticated conceptualisation of recovery may be considered when the environment, or conditions are included. The following extract from a paper by Masten and Obradovic (2008) illustrates this:

> *'[Individual resilience refers to] - regaining or attaining effective or normal functioning following a period of exposure to traumatic experiences or conditions of overwhelming adversity, often described in terms of recovery, bouncing back, normalization, or self-righting. The last category includes recovery after a crisis or catastrophe as well as normalization onto positive developmental trajectories in response to improved conditions, such as when a child adopted from deprivation conditions in an orphanage shows accelerated catch-up growth when rearing conditions improve'.*
>
> Masten and Obradovic, 2008, p.2

The above quote emphasises that 'normalization' is one of the possible recovery responses, in relation to developmental trajectories. Therefore, rather than 'bouncing back', reference is made to a process of growth. This provides a more sophisticated conceptualisation of recovery within a resilience framework, as it accounts for; the conditions and also a process which is not an immediate return to a previously stable baseline. Therefore, an adaptive response (of catch up growth) is subject to improved conditions, rather than making assumptions concerning a healthy or stable baseline.

I argue here that although bouncing back has entered the discourse with regard to resilience, it masks the context and this is detrimental. It is arguable that frameworks which consider comparative levels of safety and returning to a previously healthy baseline of functioning, can serve to mask violent and abusive contexts, which essentially must be addressed. Chronic stress, violence and abuse, can occur for long periods of time and traumatic experiences can involve individual instances, or can be repeated, or ongoing in nature. I argue that the metaphor of bouncing back masks the process of resilience with particular regard to women. Essentially for the

purposes of social justice[8] there is a responsibility to take care of the least advantaged members of society. I argue that in a similar way that the 'trait' based view of resilience does not account for context, the metaphor of recovery masks this context. I have argued here that recovery is more appropriately conceptualised within a resilience framework, when the context is taken into account. Improved 'conditions' and a process of 'normalization', are pro-offered here as a more sophisticated conceptualisation of resilience and recovery, based upon Masten and Obradovic's (2008) account.

2.5.2 'Good' outcomes and 'normal' functioning

Reference is made to concepts such as normative functioning and good outcomes within the resilience literature in a way which arguably infers judgement concerning what constitutes success. The controversy surrounding who defines resilience and 'by what standards' has been made by Masten (2001) relating to frequent references made to good outcomes in the resilience literature. However, despite these concerns, the investigation, or exploration, of these standards do not seem to be clearly articulated within resilience studies.

I argue that value judgements and concepts such as 'good' and 'normality' are partly masked by adherence to the scientific method of study. An example of a standardised approach to researching resilience as an inferred construct has been outlined by Luthar and Zelazo (2003, p. 514) as 'inferred based on direct measurement of the two component constructs, risk and positive adaptation'. However the suggested framework here relates to variables expressed at a quantifiable level. The examples stated in Luthar & Zelazo's account are based upon comparisons with 'normative populations' using diagnostic criteria. Therefore, indicators of functioning are based upon the concept of normal standards, versus maladjustment.

Attendance to the scientific method of study has been traditionally viewed as rigorous because it can be quantifiable and scrutinised based upon group averages. A striving for neutrality and objectivity for precise measurement constitutes the scientific method (Coyle, p13, 2007). However, arguably such methods in isolation,

[8] 'social justice is about assuring the protection of equal access to liberties, rights, and opportunities, as well as taking care of the least advantaged members of society' (What is social justice? Available at: http://gjs.appstate.edu/social-justice-and-human-rights/what-social-justice)

exclude the valuable insights and understandings which can be gained from individuals who do not adhere to the dominant expectations of normality.

One of the main criticisms of normative expectations, within the scientific method of studying resilience, relates to power inequalities. Glantz and Sloboda (1999) argue that views concerning positive adaptation tend to be grounded within dominant cultures or society. A tacit support for assumptions of healthy functioning, therefore, is something which reflects the dominant cultures and also, I argue, may contribute towards sustaining it.

2.5.3 An inferred process

The conceptualisation of resilience as something which can only be inferred (Rutter, 2006, 2012) highlights the complexity of resilience and something which cannot be directly measured. It also attests to the fact that resilience is not a construct based upon demonstrable fixed traits, but something which operates through interaction within context. Within Rutter's (2006, 2012) account, a convincing argument is provided, that resilience cannot be easily predicted across all risk situations. Interactions between individuals within any particular context were cited as part of the resilience dynamic. Rutter (2006, 2012) argued that assumptions concerning resilience in one individual cannot pre-suppose resilient adaptation within a different context. Certainly, this highlights the complex interaction and the need for nuanced inferred understandings of resilience.

2.6 Resilience, mental health and disorder

It is towards research on mental health and resilience which I will now turn. The contexts of the lives of women offenders have already been described as adverse, with experiences of violence and abuse in childhood and adulthood (Corston, 2007; Women in Prison, 2015; Prison Reform Trust, 2015). The mental health needs of women offenders have also been described in relation to depression, post-traumatic stress disorder, anxiety, self-harming behaviour and personality disorder (Corston, 2007). As resilience and mental health are key components of this research, I will firstly define how mental health has been constructed, starting with how mental health is defined, followed by a history of the development in this area. This will be followed by developmental and biological aspects of mental health, prior to considering the final aspect of this chapter, which will focus upon cognitive meaning making.

2.6.1 Definitions of mental health and disorder

The realm of mental health research is vast and there are different definitions which correspond with wellbeing, mental health and disorder. For clarity and by way of an introduction to the remainder of this chapter, which is concerned with mental health and disorder, I will briefly outline the way in which mental health has been defined. The definitions provided by the World Health Organisation (WHO) are outlined below:

> Mental Health and Wellbeing
>
> *'Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.*
>
> World Health Organisation, 2014

The above definition demonstrates that mental health and wellbeing are related and that wellbeing is considered to be a 'state', rather than a trait. This means that based upon the above definition, the state of wellbeing is something which can fluctuate and is a function of context. The context of 'community' is referenced above, which provides a broad contextual definition. Overall, based upon the above definition, mental health relates to a state of wellbeing and is related to the 'normal' stresses of life.

> Mental disorder
>
> *'Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated'.*
>
> World Health Organisation, 2015

A broad definition of mental disorder is provided above, across a range of functions, including relationships and thought patterns. This is centred on the concept of normality, with regard to appreciating the need for breadth in definition and accounting for the complex range of disorders. There is a clear absence of focus on context and it is toward this that I will now turn.

2.6.2 Mental health, trauma and contexts of recovery

In this section, I argue that in relation to the functioning of individuals, mental health, wellbeing and disorder do not operate in a vacuum without attendance to context. It is one of the fundamental constructs of resilience that adversity, or risk, is a paramount concern and for this reason, I will briefly introduce some of the research on mental health and disorder which is context specific. This includes research which is focussed upon trauma, which I will now discuss.

From a historical perspective, it is worth noting that the primary sources of mental 'dysfunction' were originally thought to reside within the individual, prior to considering the context through which dysfunction occurred. One particularly insightful account of the development of conceptions of disorder, which moved away from dysfunction centred within the individual, was provided by Bonanno and Mancini (2011). From the First World War, through to the global conflict of the Second World War, Bonanno and Mancini (2011) charted the rise in consensus which emerged. This related to a popular change in view, that extremely adverse events by themselves could be attributable to trauma-related dysfunction.

More recently, trauma has been conceptualised as a reaction to a highly threatening and emotionally severe incident (Mueser, Rosenberg & Rosenberg, 2009). In 1980 the American Psychiatric Association first formalised a diagnostic category of post-traumatic stress disorder (PTSD). The most recent version of the diagnostic categories, the Diagnostic and Statistical Manual Version 5 (DSM-5) was produced in 2013 (American Psychiatric Association). The DSM-5 diagnostic categories of PTSD form four main categories, which I will briefly summarise by category: 1. Re-experiencing, 2. Avoidance, 3. Negative cognitions and mood, and 4. Arousal. Re-experiencing includes spontaneous memories, or flashbacks; Avoidance refers to external reminders of the event; Negative cognitions and mood represents a 'distorted' myriad feelings, including blame of self, or others; Arousal is marked by aggressive, or self-destructive behaviour, sleep disturbances and hyper-vigilance, associated with the 'fight or flight' response (American Psychiatric Association, 2013).

There is some debate concerning what actually constitutes trauma. The DSM-5 which described diagnostic categories, speaks in the language of symptomology or distorted feelings, related to incidents. Dulmus and Hilarski (2003) argue that confusion exists throughout the literature concerning what it is that actually defines

'trauma' (p. 27). Dulmus et al (2003) argue that with regard to trauma, 'it is not the event that is causal, but the individual's unique perception of the event' (p. 28). Trauma has been defined within the literature as something which presents a lack of meaning and connection, resulting in concerns for safety and impacts upon healthy functioning (Maslow, 1968; Herman, 1992). The meaning making of experiences, alongside further detail concerning sexual and physical assault in women, will be further detailed further in section 2.7.

A range of factors are associated with poor responses to, and slow recovery from, trauma in adults (Crighton and Towl, 2008) and include: poor social support, poor emotional relationships with significant others, poor quality of life and poor quality of health. These factors that inhibit recovery correspond to protective factors that promote resilience: available social support, positive emotional relationships, good health and quality of life. Thus, resilience plays a core role, as it pertains to recovery from trauma, in relation to access to quality support systems.

Resilience is a construct which operates as a continuum, rather than a 'binary' category that is either present or absent, across the life span. For example, research has demonstrated that resilience is a continuum which is more readily developed by children who have more protective resources in their lives (Masten, Cutuli, Herbers, Hinz, Obradovic et al, 2014). Masten (2014) also argues that a continuum of resilience exists which has been evidenced through diverse fields of resilience research, which includes neurobiological theories, to familial, school and cultural contexts of development. Masten argues that protective resources that underpin the development of resilience include effective parenting, intelligence, problem solving and self-control. The notion of a continuum of resilience relates to the sense that the factors that contribute to resilience, and therefore resilience itself, can be promoted and developed.

Within the field of mental health, a continuum of resilience has been linked to effective coping responses in the face of distress (Dulmus & Hilarski, 2003). Drawing upon evidence that resilience is not a static trait, Dulmus and Hilarski discuss how multiple variables influence the development of resilience as part of a complex process. The continuum of resilience has also been studied in relation to organisational approaches to managing stress within the military, in order to promote healthy functioning and longer term wellbeing (Nash, Steenkamp, Conoscenti & Litz, 2011).

2.6.3 Mental health and attachment across the life span

As discussed in the introduction in chapter 1, research indicates that many women offenders have experienced high levels of adversity and abuse in both childhood and adulthood (e.g. Prison Reform Trust, 2015). It is pertinent that these are considered within the resilience literature and I will start with childhood aspects, in relation to mental health and experiences of neglect and abuse. The mental health aspect of resilience in childhood has been studied with particular regard to the stress response and attachment (e.g., Bowlby, 1988; Bandura, 1997; Torres, Southwick and Mayes, 2011). It is in this regard that the stress regulating effects of childhood attachments will now be considered.

The 'affect regulation' response, or the ability for an individual to moderate their own emotional responses, has been one of the key areas of interest within mental health and resilience research. This has utilised developmental theory and patterns of attachment, that place an emphasis upon early life experiences and the attachment relationships in childhood. As part of the developmental context, the sensitivity and responsiveness of the primary caregiver are considered to be one of the major determinants of the way the child learns to relate to others and regulate distressing emotions (Bowlby, 1988). Securely attached children are considered better at responding in an emotionally and behaviourally appropriate way when they experience changing environmental conditions.

Attachment has been outlined as an important source of resilience, through the seeking of comfort and security when confronted with some kind of stress' (Svanberg, 1998). Early templates of working models of relationships enable the child to develop templates of the world that relate to perspectives of others. These templates, or working models of relationships are outlined as those built upon others as 'trustworthy, responsive caring and helpful', or 'frightening, unsafe, uncaring and unreliable' under extreme stress or challenge (Torres, Southwick &Mayes, 2011, p. 309). Within recent years, attachment has been reconceptualised to include all significant relationships which arise across the lifespan. These have included peers and romantic relationships (Armsden & Greenberg, 1987; Hazan & Shaver, 1987). Indeed attachment behaviour is something which is continuous and related to a range of different attachment relationships.

Family attachment relationships are described in some of the work undertaken by Cameron, Ungar & Liebenberg (2007). They outline that precursors to resilience are

achieved through building social support and relational assets, which act as buffers to external stressors. During each phase of development Cameron et al (2007) highlight that undue stress can interrupt the development of normative milestones. The ability to develop through age appropriate milestones is something which is outlined as uneven, with varying levels of resources available to protect the child at different points in time and to varying degrees. The developmental life course dynamic outlined here suggests potential utility in terms of informing interventions specific to one's developmental needs at particular times across the lifespan. The strength of the methodology in this research was its focus on the levels of meaning-making as well as the highly reflective team approach. Also, in terms of breadth of utility, Cameron et al (2007) outline an approach which incorporates a cultural ecological viewpoint for what constitutes family attachments across a diverse range of cultures, rather than the accepted norm of Westernised cultures.

Cameron et al (2007) advocate resolution of attachment needs as something which can occur at multiple levels, involving wider structures at individual, community member and organisational levels. This is a particularly useful approach in terms of understanding of resilience which can lead to interventions that target lifespan developmental needs and takes into account the ability, or wants of individuals to seek out the resources they need. This highlights the need to adapt through forming attachments which are protective, and which can assume a more ecological and culturally sensitive definition of attachment:

> *'In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.'*
>
> Ungar, 2013, para 2.

With regard to children, it is the evidential base of early attachment models which emphasises the ability of children to adapt through environmental and care giving conditions. Torres et al (2011) discuss the growing body of evidence that suggests that there are 'set-points' that can be demonstrated in children that enhance the likelihood of having a stress response, which can be reduced to a healthy level of functioning. The insights gained have been insightful in terms of considering the supportive relationships and environments which can enable children to adapt positively to stress. The following section will provide an argument that adaptive

strategies can arise when the conditions of healthy attachment and care giving conditions are not met.

2.6.4 Personality disorder as an adaptive strategy

There is a high estimated prevalence of diagnosis of personality disorder within the population of women offenders in the U.K[9]. Certainly, it would be noteworthy here to evaluate the position on this in relation to research in this area, to provide greater context in relation to women offenders. Prior to discussing a view with regard to personality disorder and women, it is interesting to note that there is a distinct objection to the use of personality disorder, as a label. There is an argument that offenders unwilling to engage with treatment are labelled as 'personality disordered', or 'resistant' (Day, Bryan, Davey & Casey, 2006). The argument made by Day et al (2006) is that offenders may be influenced by lack of insight and low levels of motivation to change.

With regard to women, specifically, there is an argument that personality disorder comprises a strategy in relation to experiences of abuse. This relates to the 'Dynamic-Maturational Model' of attachment (Crittenden &Ainsworth, 1989). This has been described as a model based upon adaptive patterns of behaviour which reflect the needs to promote survival (Crittenden & Ainsworth, 1989). As detailed in this research, attachment behaviour continues to be activated throughout life, most intensely under conditions which involve stress or anxiety. 'Self-reliance' is outlined by Crittenden and Ainsworth as being fostered by feeling secure about the availability of attachment figures when needed. Crittenden and Ainsworth (1989) go on to outline that there are situations in which parenting style effects the patterns of care giving and that this has a potentially detrimental effect on the attachment style of the child. This is most apparent when there are periods of emotional or mental disturbance for the parent, or when there have been childhood experiences of abuse. Crittenden and Ainsworth (1989) build upon the original work undertaken by Crittenden (1985) concerning patterns of attachment with children who are maltreated.

[9] The prevalence of personality disorder for women in prison is between 50 and 60%. 31% meet the criteria for antisocial personality disorder (ASPD), 20% for borderline personality disorder (BPD) and 16% for paranoid personality disorder; about 10% have obsessive-compulsive or avoidant personality disorders. (Department of Health & Ministry of Justice, 2011).

Crittenden (2012) argues that the Dynamic-Maturational Model should be applied to adults with a diagnosis of 'disorder' and that individuals should be encouraged to learn new strategies that can help them thrive rather than merely survive negative situations. Arguing that the language of 'disorder' should be replaced with 'changing strategies' has been strongly advocated for.

I argue that the strength of Crittenden's (2012) approach is within the holistic view of treatment for the individual, through advocating an approach towards intervention that is centred upon the meanings attached to the experiences of women who have experienced abuse. As described (Crittenden, 2012), it was not the 'behaviour' itself that needed to change, but the meaning of what constituted adaptive strategies. It was highlighted by Crittenden (2012) that the need to learn new strategies was a necessity when the conditions had changed to ones built upon safety.

In practice, Stacks (2010) outlines an appreciation of the DMM model in terms of formulating treatment goals. Stacks draws upon the DMM model as something which is dynamic and not viewed as 'hard wired' or fixed early in life, as attachment theory did in the past. The DMM proposes that the mind organises information in increasingly complex ways, especially when concerned with the need for safety, which becomes increasingly complex with experience and maturation. As described by Stacks (2010), the great benefit of the DMM model, is that that attachment behaviour can become modified by experience and it is this element which Stacks draws upon when describing a sense of hope in her clinical work. Interestingly Stacks describes initial frustration with not working towards a model which included 'disorganised' patterns of attachment, although countered this with a view that from a clinical perspective, the focus is on individual's strategies in reaction to experiences of danger. (Borderline Personality Disorder is usually categorised as a 'disorganised' pattern of attachment, thus removing this as a consideration). Another benefit of the DMM as outlined by Stacks is that 'symptoms' are described as protective behavioural strategies, which can be addressed through insightful relational treatments.

Certainly, I argue that the research presented in relation to personality disorder, emphasises the adaptive strategies, as strengths, in relation to contexts of adversity for women. The research here does not present a universal picture of all disorders, or even adaptive strategies based upon adaptation for all women. However, arguably, it presents insights into the particular with regard to women in this

research and the picture is one of adaptation and strength, as opposed to a label of 'disorder'.

Bringing these insights into resilience work with regard to adaptation for women in relation to 'disorder' helps to bring a complex picture into focus. This researcher argues that wellbeing cannot be considered merely the absence of disorder but rather can be thought of as a facet of a complex interplay. This argument also resonates with a previously expressed view that wellbeing is an active process of engagement and is much more than internal and external strengths (Zautra, Hall & Murray, 2010). This is quite clearly expressed, below:

> *'A psychological economy that equates the positive with the absence of the negative is a model for simplicity within the mind, not growth'.*
>
> Zautra, Hall & Murray, 2010, p. 10

In practical terms, Zautra et al. (2010) argue that a focus on interventions for mental wellbeing which discount risk and focus only on positive factors, misses out on the complex interchange involved. I argue that a new definition of mental health, which provides a greater appreciation of complexity, in relation to resilience and essentially, adaptive strategies to manage personal risk, provides far greater utility for the individuals concerned.

Within the next section, I will consider the biological basis of the stress response, in relation to attachment behaviour.

2.6.5 Attachment behaviour and the stress response

Human neural plasticity relates to the functional and structural changes in the brain and is understood to be central to the evolutionary success of the species (Cicchetti and Blender, 2006). Within the field of neurophysiology, there is evidence that our brains adapt, as we interact with our environments (Curtis & Cicchetti, 2003). As Curtis and Cicchetti explain, neural plasticity serves an adaptive function, based upon our experiences. They also emphasise that a great deal of postnatal brain development occurs through our interactions with the environment, which continues throughout the lifespan.

Adaptation in response to stressful situations has been described as something which rests upon homeostasis in response to stress (Feder, Charney & Collins, 2011). This includes neural, endocrine and immune response mechanisms that

allow the body to return to a homeostatic baseline. Evidence suggests that early care and attachment relationships are major contributors to how the body adapts and moderates this process (Katz, Sprang & Cooke, 2011). This is a function of allostasis, which is the adaptive capacity of the body to maintain homeostasis through the neural, endocrine and immune response mechanisms.

When the body's stress response is activated for long periods of time during periods of chronic stress (a high allostatic load), the biological system that adapts and buffers the stress, becomes damaged (Feder et al, 2011). In childhood, the system for maintaining homeostasis is particularly sensitive. It is thought that the greater the allostatic load in children, the higher the likelihood that this permanently damages the system, altering responsiveness to stress regulatory systems (Torres et al, 2011). When the system is excessively activated by chronic stress, a negative impact upon health results. As Curtis and Cicchetti (2003) explain:

> *'Repetitive challenges in a child's environment, such as being reared in an institution or being abused or neglected, can cause disruptions in basic homeostatic and regulatory processes that are central to the maintenance of optimal physical and mental health'*
>
> Curtis & Cicchetti, 2003, p. 792

Regulatory stress response processes have been argued in this section, to be a function of the environmental context. Early care and attachment relationships and high levels of stress can impact upon children, which can change the structure of the brain.

The following section will now consider the concept of self-efficacy and how this is linked to the stress response.

2.6.6 Self-efficacy and the stress response

An Understanding of self-efficacy is usually approached within the literature on 'social cognitive theory' (Bandura, 1986, 1997). This is an approach based upon the premise that humans are not passive reactors to their environments, but can actively shape cognition, motivation, action and emotions. Self-efficacy beliefs developed in childhood influence how children feel, how they learn, how they perceive their

experiences and how they are motivated by challenges. An overview of self-efficacy is provided, below:

> *'People guide their lives by their beliefs of personal efficacy. Perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments…People's beliefs in their efficacy have diverse effects. Such beliefs influence the courses of action people choose to pursue, how much effort they put forth in given endeavours, how long they will persevere in the face of obstacles and failures, their resilience to adversity, whether their thought patterns are self-hindering or self-aiding, how much stress and depression they experience in coping with taxing environmental demand, and the level of accomplishments they realise'.*
>
> Bandura, 1997, p. 3

Individuals with high levels of self-efficacy approach new tasks and challenges as something which can be mastered, rather than as a threat. High self-efficacy beliefs are associated with the ability to seek out challenges, maintain commitment to goals and increase efforts to master situations that are difficult. Stressful situations and uncertainty are perceived as challenges that can be met.

2.6.7 Attachment and stress regulation

Attachment relationships serve a crucial function with regard to perceived self-efficacy. This has been described within the developmental context as the 'mastery motivation system' (Masten & Wright, 2010) which is an inherent drive to explore the environment, contributing to development and promoting self-efficacy. If a child experiences abuse or neglect, the mastery motivating system of adaptation and perceived self-efficacy is compromised (Masten & Wright, 2010).

Adversity and stress experienced in childhood are buffered through attachment relationships with caregivers and the mastery motivation system has been described as intrinsically linked to the safe and nurturing attachment relationship (Masten & Wright, 2010). Thus, attachment relationships contribute to a well-regulated response to stress and also, the promotion of self-efficacy in a child. This in turn promotes positive adaptation to subsequent experiences which may cause adversity or stress, as the ability to gain mastery has been developed (Masten & Wright, 2010).

Essentially, good quality attachment relationships in childhood are important in relation to the impact on mental health. This has been detailed here as the ability to exercise agency and control over the environment. The moderation of stress is linked through systems which are linked, from the ability to moderate the stress response through allostasis, which is in turn is conducive of the child's ability to subsequently develop self-efficacy and mastery. It is therefore crucial that the experiences of attachment relationships are healthy, as it is through these attachment relationships, which the effects of stress can be buffered.

The next section will consider how resilience corresponds to the 'meaning' which is made out of experiences. The following section pro-offers an alternative way of viewing resilience, which is based upon the way in which individuals make sense of experiences. This is particularly pertinent for traumatic contexts, which include experiences of violence and abuse.

2.7 'Making sense' of experiences

The following quote encapsulates the focus of this section:

> *'We are disturbed not by events, but by the views which we take of them'*
>
> Epictetus, stoic philosopher, c. 55-135
>
> [Cited by Benight & Cieslak, 2011, p.45]

The meaning making of experiences has been linked to resilience, which has been described as a complex process and not simply a function of risk and protective factors (Rutter, 2006). The crux of Rutter's argument is that different individuals exposed to the same comparable adverse events can react quite differently depending on the particular meaning of those events for each individual. Subjective experiences of adversity can therefore be viewed as adding a more complex and nuanced understanding of resilience beyond a focus on risk and protective factors alone. For Rutter (2006) it is the variations in the different levels of meaning which hold possibilities for understanding the causal processes involved in resilience.

Indeed, it has been argued by Coutu (2003) that individual resilience is defined by meaning making. The 'propensity to make meaning of terrible times' (Coutu, 2003,

p. 9) is seen as one of the building blocks of resilience. Coutu's work includes the experience and meaning making of an Auschwitz survivor, Victor Frankl, who had experienced great suffering. Frankl developed 'meaning therapy', which he subsequently practised as a psychiatrist. This stemmed from his experiences in a concentration camp. In order to survive, Frankl created future goals in order to find purpose and motivation to continue. Frankl viewed the creation of these goals as a way of surviving the traumatic experiences. Frankl's testimony has been criticised as misrepresenting the cultural significance of the holocaust (Pytell, 2003), although as an individual's account of meaning making, it does however provide detail on how resilience relates to survival. This was in terms of finding meaning within traumatic experiences and focusing upon future goals and hope for the future.

2.7.1 Self-efficacy, contexts of violence and abuse and the stress response

Cognitive vulnerability has been outlined by Haeffel and Grigorenko (2007) as a result of early exposure to neglectful or abusive contexts. This becomes particularly relevant when significant others, such as parents, are seen as the cause of neglect or abuse. Haeffel and Grigorenko (2007) attribute poor mental health primarily to the social environment. Poor mental health, including low self-esteem and depression, was described as consequence of cognitive vulnerability.

As outlined by Bandura (2001) the ability of an individual to adapt and shape the environment in which they live, is influenced by levels of perceived coping efficacy. That is, efficacy beliefs play a strong role in goal challenges and expectations of outcomes. If an individual believes that they are able to undertake challenges to achieve a particular goal, it is related to levels of perceived agency, or coping efficacy. In turn, the degree of vulnerability to depression and stress is related to levels of coping efficacy and the ability to feel motivated to enact changes and meet with expected outcomes (Bandura, 2001).

Coping self-efficacy has been used as a predictor of positive adjustment following a range of traumatic contexts (Benight and Cieslak, 2011). These contexts have included domestic violence, terrorist attacks, military combat and natural disasters. As outlined by Benight and Cieslak (2011) coping self-efficacy has been shown to

have medium to large effects on indices of post-traumatic adaptation, at a meta-analytic level. For this reason, coping self-efficacy is considered an important construct in relation to resilience.

Positive cognitions about the self are linked to increased motivation to respond to increasing demands. Alternatively, when an individual has lower levels of coping self-efficacy, the motivation is reduced and there is an increasing sense of distress. As outlined by Benight and Cieslak (2011), these results continue to be consistent with general stress adaptation, rather than purely isolated traumatic events. This means that the construct of coping self-efficacy is important across a range of situations, involving stress and trauma. That is, the individual can play a core part in influencing their own development and adaptation. As outlined by Bandura (2001), people devise ways of being able to adapt flexibly to changing environments and this is the key component of resilience. The ability to adapt is linked to channelling attention and transforming, or processing, information for the purposes of adaptation and survival. For this reason, cognitive transformation of information is a key component of self-efficacy beliefs.

Interpersonal violence has been considered within Bandura's (2004) integrated findings of perceived self-efficacy beliefs. Within this particular research account, Bandura (2004) commented on the PTSD reactions which were experienced by women who had experienced trauma related to physical and sexual assault. Bandura (2004) commented that women with higher levels of self-efficacy were more likely to direct their modes of coping towards resolution of their circumstances with less focus on emotional distress, as a result of abuse. In addition to having fewer symptoms of PTSD, the women with higher levels of self-efficacy beliefs were also more likely to leave their abusive partners. Further research was advised in this particular area.

Before summarising this chapter, it is essential that the gendered nature of violence is considered. Although self-efficacy beliefs are undoubtedly important factors with regard to recovery from the trauma associated with violence and abuse, this needs to be understood within the wider context of this study, which falls within the remit of contemporary government policy, on ending violence against women and girls (HM Government, 2014). This has broad implications for integrated working across a range of services in order to meet women's support needs and a cultural shift in

relation to how to manage violence against women and girls, perpetrated principally by men (Aghtaie & Gangoli, 2014; Jewkes, Flood & Lang, 2015).

2.8 Chapter summary

This chapter has provided an outline of the literature on resilience and associated constructs. Reference has been made to the corresponding literature on women and mental health and attachment relationships, within contexts of adversity and abuse. A focus has been provided here upon adaptation within contexts of adversity, which defines individual resilience. Also, meaning making has been discussed as a vehicle through which resilience can be explored. The next chapter will detail the methodology for this research. The chapter will start with a rationale for an approach which explores the meaning making of experiences, as discussed here in relation to resilience and as a conduit for this research.

Chapter 3. Methodology

3.1 Chapter overview

This chapter details the use of Interpretative Phenomenological Analysis (IPA) as an approach for addressing the main research question identified in the introduction:

An exploration of the understandings of women offenders, in relation to interventions and approaches which supported their desistance from offending.

Following on from the rationale for using IPA, the research design, sample and recruitment strategy will be described. This will be followed by procedural ethical agreements, data collection methods and additional data. An outline of the data analysis procedure, alongside an example, will be explained at the end of this chapter.

3.2 Interpretative Phenomenological Analysis (IPA)

IPA has a central concern with the meaning making of experiences (Smith, Flowers & Larkin, 2009). The focus of IPA is on 'making sense' and giving voice, within context (Larkin & Thompson, 2012, p. 101). Therefore it is an approach which seeks an understanding of what matters from the perspective of participants. I chose IPA as an approach for addressing the gaps in knowledge, described in chapter 1, concerning the perspectives and experiences of women offenders.

In following section, I will outline the theoretical foundations of IPA. The epistemological assumptions which underpin the theoretical foundations will be detailed, to orientate the reader in the IPA approach. Following on from this, I will discuss the rationale for the choice of IPA as it relates to this research.

3.2.1 Theoretical Foundations of IPA

IPA is an approach which comprises three main influences: phenomenology, hermeneutics (or the study of interpretation) and idiography. In order to understand IPA, it is useful to understand the development and theoretical underpinnings of the method, starting with its philosophical routes. IPA uses rich conceptual literature from philosophy, to apply in the psychological domain. The development of IPA stems from phenomenological philosophy, which arose from the considerations of Husserl (Smith, Flowers & Larkin, 2009, p.12).

Essentially, Husserl argued that in order to adopt a phenomenological attitude, we should focus on people's perceptions, described as 'things in their appearing' (Langdridge, 2007, p.11). The phenomenological method, was considered by Husserl, to be a way of identifying the core aspects of our experience. In order to do this, the world that we take for granted needs to be 'bracketed', or set-aside, in order for a conscious reflection of the experience (Finlay, 2008). In this way, aspects of our experience, without the associations and taken for granted assumptions of what we think of as conscious, are removed. Husserl considered that the essence of experience, could be brought about by a series of 'reductions' in conscious thought, as logical thought processes (Smith et al, 2009, p. 14).

The reductions proposed by Husserl comprised four categories of 'epoches' relating to: the natural sciences, the natural attitude, transcendental reduction and eidetic reduction" (Finlay, 2008, p.5). The bracketing of the aforementioned epoches, were proposed by Husserl, to be a process through which we could abstain from our presuppositions (Langdridge, 2007, p. 17). Through this process, reaching the essence of experience, was proposed. However, Husserl was criticised for remaining conceptual, as concrete examples of the process were not provided and a shift in phenomenological thinking was proposed (Smith et al, 2009, p. 15).

Heidegger developed an approach to phenomenology which contrasted with Husserl's view. Heidegger was concerned with the reality of 'being' and for this reason, the approach was ontological. This contrasted with Husserl's epistemological position, in terms of how what is real can be known. In contrast to Husserl, Heidegger's construction of phenomenology was that we cannot objectively get to the essence of something without attention to context, including history, culture and language (Langdridge, 2007, p. 27).

IPA has a central concern with what has meaning, or what counts for the individual. This stems from Heidegger's accounts, which are discussed in his work 'Being and Time'. One of the core discussions in Heiddegger's work is centred on the term 'Dasein', which translates as "being-in-the-world", but in everyday use translates as "existence". All being-in-the-world (Dasein) revolves around us being actively engaged in other things and with people. As part of this, all existence necessitates some concern or care, through engagement with things that matter in the world. Care and concern and what matters for the individual, is the key foci of the phenomenological concern within Heidegger's philosophy. As will later be described, this is the central element that should translate through IPA research, as it aims to achieve an account (as close as possible) of what matters for the individual. This is achieved through the filter of interpretation, which will be later described. 'Wordliness' is something encountered in the perceptual embodiment of experience for the individual. Therefore 'being' and what can be said to exist, is subject to the meaning and how we make sense of it, in our worlds, in context. This is one of fundamental underpinnings related to IPA.

IPA also has a strong commitment to hermeneutics, which is the theory of interpretation, which was introduced by Heilddegger's attention to how we make meaning. There are different versions of interpretation which can be applied in IPA. These include 'empathetic' hermeneutics and also, 'questioning' hermeneutics (Smith & Osborn, 2008). These involve a combination of trying to understand the experience for the participants, whilst also asking critical questions regarding the accounts.

3.2.2 Rationale for using IPA

Qualitative research is useful for exploring complex phenomena. It also accommodates the inclusion of individuals, or small groups, that do not meet the inclusion criteria for the large, traditional, nomothetic designs. Additionally, large-scale analysis has not investigated change within individuals and has not accounted for the psychological underpinnings that facilitate change, or transition towards desistance. As highlighted by Farrington (2010), what is lacking is a 'description of the internal and external factors that promote the desistance process for individuals over time' (p.141). This research will use qualitative methods of inquiry to account

for the psychological mechanisms that promote desistance, whilst also accounting for effective practice and support.

IPA is focussed on the person-in-context and the meaning, or significance of phenomenon for a particular individual. For this reason, as described earlier, the commitment is idiographic and focussed on particular perspectives, rather than group level comparisons. The IPA approach ties in neatly with the view that desistance from offending is an inherently subjective process, that is not about a type of treatment, but rather, about a process of change for the individual (McNeil, 2006). This view means that essentially, an idiographic and qualitative approach is needed – and the subjective view of desistance view ties in with both the idiographic focus of IPA and the focus on meaning making for the individual.

A new approach to studying desistance through experiential accounts has utility in terms of what is meaningful and impacts on the individual. As will later be outlined, concepts related to "health", for example, have been investigated through IPA and show that the concerns for service users are actually quite different to that which might be expected. As outlined by Ward and Willis (2010) forensic and correctional researchers lose the "opportunity for capitalising on ways of understanding the world that have value and, therefore run the risk of wasting available epistemic resources". It has been argued that impartial and rigorous methods of analysing data are prized, but there are additional approaches which can add to the knowledge base. Consideration of client's views and cognitive strategies with regard to treatment, were advocated as providing a rich resource. For the purposes of this research, IPA will be used to explore approaches and the experience of this as part of the desistance process.

To date, much of the experiential accounts have been undertaken in the "descriptive" form, such as with the descriptive narrative, or with thematic forms (Maruna, 2001). IPA therefore offers potential utility, not only as a new approach for considerations of desistance, but also in terms of the critical or evaluative stance which is useful with the method. One example of this might be with regard to highlighting the approaches advocated as effective to working with the individual and the meaning making, or what counts for the individual.

With particular regard to women offenders, the traumatic and abusive context of their lives has been well documented (e.g. Corston, 2007; Prison Reform Trust,

2015) although this has not been incorporated into the dominant risk paradigm within the CJS, or the literature on desistance. As a result the perspectives and experiences of women offenders have been neglected. I have postulated that resilience might offer a rich theoretical framework which could account for the gaps in knowledge related to gender-specific approaches within the CJS and it is this which should be explored. The resilience literature review has culminated in an account which is centred upon 'meaning' and how people define meaning in difficult times, or through traumatic experiences (Coutu, 2003, Andrews, 2003, Tedeschi & Calhoun, 1995). For these reasons an approach which is centred upon the meaning of experiences, will be adopted.

IPA is concerned with cognition, in relation to understandings and meaning making. However, it provides an approach which challenges the more traditional view of cognition, in terms of the mind as computer, which has an experimental focus (Smith, Flowers & Larkin, 2010). I would argue that the traditional experimental focus of cognition does not seek the understandings of the participants, but, rather the study of the participant as an object, in isolation. IPA does not assume such a passive role for the participant and does not make truth claims. It resists the scientific method, through providing an alternative epistemology, which seeks to understand the essence of experiences, which is situated within a feminist psychological perspective (Coyle, 2007, p.15).

The aim of IPA is to create an account which is 'close to' the meaning making of the participant, within their lifeworld context and the currency of IPA is the first person viewpoint (Smith & Osborn, 2003). Through this, respondents are seen as the experiential experts. In my view, it has particular advantages as a methodology, which 'maps closely the complex reality of psychological process' (Smith, 2004). This is required when considering a resilience framework which comprises a complex dynamic. The rich and bold level of detail accommodates 'significant existential issues of considerable moment' (Smith, 2004, p .48-49). Thus the rich lifeworld context of the individual is the central focal point, in the moment, making meaning of their experiences. IPA is used with an 'epistemological openness' and the lack of *a priori* assumptions means that it can connect with diverse bodies of knowledge (Brocki & Wearden, 2006). In my view, it complements the research literature on resilience, because it is not limited in scope and can account for a process which is complex and dynamic (Masten & Wright, 2010, Rutter, 1987, 2006).

Finally, IPA provides an exploratory focus on areas which can be used to inform policy and practice in new areas. The current paradigm of risk which is used within the CJS and the focus on desistance has neglected the female perspective. The overarching research question, which is initially quite broad, can be accommodated by emerging developments, as the insights from women offenders arise. IPA requires 'open research questions, focussed on the experiences, and/or understandings, of particular people in a particular context' (Larkin & Thompson, 2012, p.103). It is therefore a flexible approach, which is essentially centred upon women who have been constrained by methods which have excluded their perspective.

3.3 Research design

3.3.1 Rationale for an emergent flexible design

The inductive nature of IPA requires an open research question initially, in order to explore a phenomenon, followed by theory driven research questions (Smith et al, 2009, p. 48). Therefore I needed to respond flexibly to the insights gained in the research and my aim was to emulate this in the research design. Additionally, I had to prioritise an ethical approach for accessing a vulnerable group, based upon readiness to engage within the community context (discussed in section 3.4). For this reason, in practical research terms, I adopted a design which allowed flexibility in relation to ambiguities of access to the sample. Emergent design flexibility has been advocated for pragmatic considerations in research design (Patton, 2002, p. 44). It is an approach which Patton advocates, whereby trust in the value of an inductive analysis alongside pragmatic concerns, is warranted.

Emergent designs enable strategies for data collection to develop in line with the analysis and to afford the greatest potential for discovery (Suter, 2012, p. 361). Emergent designs involve a process which is not predetermined, therefore I was able to respond to new insights as I progressed through the research process. A two part study was adopted, as the exploration took shape, which is detailed in the following section.

3.3.2 A Two part study

The research design involved two parts:

- Part 1 of the research engaged 10 participants recruited from probation services and voluntary sector organisations in the community of an ethnically diverse city. The results for part 1 of the study are detailed in chapter 5.

- Part 2 of the study involved a more detailed examination in a different location. 5 Participants were recruited from a women's centre in the second part of the research. The women's centre was based in the same ethnically diverse city. The results for part 2 of the study are detailed in chapter 6.

A retrospective note on the development of the two part study

At the time of engagement in each of the two parts of the study, the researcher did not have any pre-conceived hypothesis regarding how resilience theory would intersect with each part of the results. Thus, the primary research question was: What are the understandings of women offenders, in relation to interventions and approaches which support their desistance from offending? It was anticipated, at a tentative level that resilience theory would intersect with the results, for the reasons outlined in section 1.6. Splitting the sample to create a two part study was not an *a priori* decision. But following the IPA principles of flexibility and responsiveness to emerging data (Smith, 2007; Smith et al, 2009), I constructed a secondary research question in response to the qualitatively different experiences conveyed by participants accessing the Women's Centre: *What builds resilience in women offenders to support recovery?*

Reflecting on the decision to develop separate analyses, I argue that this has provided a platform from which to develop and foreground evidence and argument about the relevance and importance of processes of resilience building and recovery that have, hitherto, been obscured by the desistance discourse. However, separate analysis has, arguably, had the effect of underplaying common themes across both samples. For example, relational themes were evident in both parts of the study and these are articulated in chapters 5 and 6 respectively. While there was potential to examine these themes across both samples, I felt that the central importance of

positive relationships, attributed by participants attending the Women's Centre to the development of resilience and recovery, warranted specific and separate attention. An alternative approach could have foregrounded relationships and relational themes across both samples. But this would have demanded subsequent consideration of the difference in experiences and meanings of those relationships to each participant.

One of the theoretical underpinnings of IPA is symbolic interactionism that stresses the importance of intersubjectivity in the development of self-awareness through social interaction with others (Mead, 1934). This intersubjectivity is markedly different for participants in the two parts of the study and, I argue, warrants separate deep analytic attention. Future development of research in this field might adopt a different rationale to data analysis. This could involve treating all data as a whole or indeed, as Pietkiewicz & Smith (2012) have argued, developing rich and unique insights generated from single cases.

3.4 Recruiting participants

Participants were recruited through the Probation Trust within an ethnically diverse city and also through voluntary sector organisations working independently, or alongside Probation to deliver treatment packages and interventions for women offenders in the community. As the research comprised women offenders with often complex and diverse needs, it was not unusual for a participant to be accessing, or to have accessed a variety of drug treatment, group and street-based crisis interventions concurrently, or in quick succession. In practical research terms, the process for negotiating access was therefore one whereby multiple opportunities for engagement needed to be created.

3.4.1 Negotiating access

Recruitment of participants involved an initial meeting at the Probation Trust HQ within the city of engagement. I met with the Probation lead with the women offender's portfolio and also the head of research. We discussed the purpose of the project and discussed options for recruiting participants. Direction was provided in relation to possibilities for recruitment. After the initial meeting, a process of

purposeful sampling commenced, as probation staff from different probation city areas directed me towards opportunities for recruitment.

The voluntary sector was also included in the recruitment part, as providers of complex needs services working with women offenders. These included services which were not gender specific, in addition to women-specific services. The services included those which were contracted to supply services for probation service users, in addition to complex needs services which operated in an independent capacity. Introductions with services were also made through Probation services. These practitioners included counsellors and service delivery leads with a remit of supporting their organisations with service delivery for: drop-in, housing, advocacy and street based services including support for women with a range of needs including mental health problems, homelessness, involvement in sex work and drug and alcohol misuse.

Figure 1, below, shows a visual representation of the process for negotiating access to the sample. The account below the diagram details the initial meetings and the process of introduction to Probation services and third sector providers, in order to the process for negotiating access to the sample. The details are numbered in the order in which the initial meetings and introductions occurred and correspond with the numbers indicated in the accompanying visual representation, in Figure 1.

The following list, details the process of direct engagement with probation and third sector services, whereby I initiated the meetings. Secondary introductions through initial services are also detailed, whereby I was further directed to additional services which supported the access process. Subsequent engagement with participants is detailed and corresponds with the visual representation, which shows the number of participants engaged through each service, by type of service. The services involved in the process of access included probation services, by area and also third sector organisations, which included women-only services.

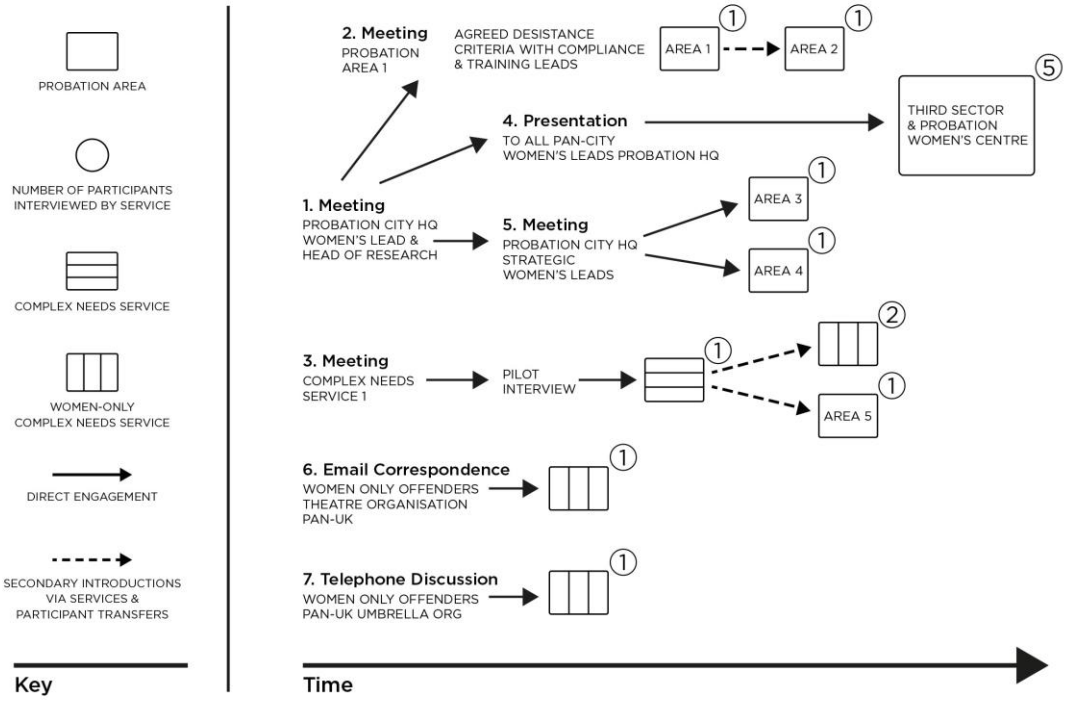

Figure 1 - Process outline for meetings and contacts.

The process detailed, below, commenced with the first meeting to negotiate access held on the 30th May 2012, through to the last participant interview held on the 2nd April 2013.

1. I attended a meeting with the lead officer with responsibility for the women's portfolio for Probation and the Head of Research at the Probation City HQ. We discussed the research aims and potential benefits for policy and practice and support was volunteered concerning direction on access to the sample. The meeting also instigated a subsequent meeting in a separate Probation area, which is further detailed, below.
2. A meeting was held with the Head of Probation in 'Area 1' and support was offered in relation to advising on access to the sample. Subsequently, I met directly with the responsible officers for training and compliance. We discussed the research, potential benefits for policy and practice and the role of gatekeepers (described in section 3.4.2). We discussed and agreed the inclusion and exclusion criteria for the sample (outlined in section 3.4.3) and a lead officer volunteered to be a gatekeeper for the research.

Following on from the meeting, I was advised by the gatekeeper for Area 1 that a service user wanted to volunteer for interview and the process for interview engagement commenced. A secondary introduction was initiated by the gatekeeper to another probation area service, in Area 2, whereby I negotiated access and gatekeeper. Engagement with Area 2 resulted in a separate interview process.

3. A meeting was held with a complex needs service and the aims and potential benefits of the research were discussed. Support was volunteered, alongside gatekeeper involvement and subsequently, a pilot interview was conducted with an ex-service user (discussed in section 3.9.2).

   Following on from the meeting, and after conducting the pilot interview, I was advised by the gatekeeper that a service user wanted to engage with an interview. The process for interview engagement commenced. Concurrently, secondary introductions were made to two further services. I negotiated access and gatekeeper involvement with both services. Further to this, service users volunteered to engage for interview, resulting in separate interview processes for each agency.

4. I delivered a presentation at a meeting held at the probation city HQ which was attended by all probation women's single points of contact for each area. The presentation I delivered detailed the aims of the research, alongside a brief presentation concerning the research on desistance. Questions were engaged with and I subsequently discussed possibilities with probation leads for access to the probation and third sector women's centre.

   Following on from the presentation, a senior probation officer from the women's centre volunteered to act as a gatekeeper for the research. Subsequent to this, service users volunteered to engage for interview, resulting in five interviews at the women's centre.

5. A meeting was held with two women's strategic leads within the probation HQ to discuss further options for recruitment and engagement. We discussed the research and the potential for informing policy and practice.

   Subsequent to the meeting, I was directed towards two further probation areas. I negotiated access and gatekeeper involvement with both services. Further to this, service users volunteered to engage for interview, resulting in separate interview processes for each agency.

6. I engaged with e-mail correspondence with an adviser for a women-only theatre organisation, which specialised in providing support to women

offenders and women with complex needs. The same process was adhered to, whereby the research was discussed, alongside the potential for informing policy and practice. After a process of e-mail correspondence regarding the research, a subsequent process of service user engagement ensued.

7. A telephone conversation was conducted with the Director of an umbrella organisation which specialises in working with women offenders. We discussed the research and subsequently corresponded by e-mail concerning the research. Further to our conversations, the director sent out an e-mail to all members of the organisation. Voluntary engagement subsequently ensued with an agency specialising in working with offenders and women with complex needs. A subsequent process of service user engagement occurred.

3.4.2 **Gatekeepers**

Gatekeepers provided an essential role throughout the recruitment phase. I refer to the gatekeepers as enabling practitioners since they played vital roles in facilitating access to the participant sample and sustaining the research process, which is further detailed in section 4.5.1. These gatekeepers, or enabling practitioners, included Probation Officers, counsellors, and service delivery leads from the voluntary sector. Their main role was to act as a filter for recruitment and to advise concerning the avoidance of harm and the liaison was ongoing throughout the fieldwork process. The responsibility and boundaries of responsibility were discussed and agreed with each gatekeeper and the key areas of responsibility, which were jointly agreed, are listed below:

3.4.2.1 Role of gatekeepers

- To ensure that the prospective participants had stabilised any past chaotic needs (such as past drug misuse), had access to essential services and are in accommodation.
- To assist with the filtering process for voluntary engagement and to avoid harm.
- To assist with ensuring informed consent, through advising on awareness and levels of self-determination to be interviewed, based on being the keyworker for the client.

- To act as the researcher's single point of contact for any concern, after interview.
- To provide advice on appropriate approaches with participants, for example, interview environment and approaches with small groups, to facilitate involvement.
- To advise on recent interaction, that would indicate that the individuals are at low risk of harm to themselves and others.
- The role of the gatekeeper does not include culpability for the research and is an advisory role.

3.4.3 Exclusion / Inclusion criteria

In practical terms, the gatekeeper role was integral for advising on appropriateness for voluntary engagement, self-determination and low risk of harm throughout the fieldwork part. Women considered vulnerable and unable to provide their own informed consent, by virtue of mental health difficulties, drug misuse, or any other issue, were not be included in the study. There was an on-going dialogue concerning this, with the gatekeepers, which was indicated through ongoing interactions with the service users.

Introductions were made through gatekeepers who all agreed to discuss the project with the prospective participants, through using the information sheet as a prompt. All potential participants were provided with the research information sheet, as a prompt for discussion and to reflect upon, prior to voluntarily engage with the interview process. The intention here was to start and facilitate the informed consent process early. The information sheet was revisited and discussed prior to each interview.

3.4.4 Operationalising desistance

Desistance means 'termination' and therefore, logically, desistance from offending means the finite point at which offending ceases. Taking this definition literally, would make it difficult to research desistance with any certainty, until the point of death; i.e. an offender has truly desisted from crime when they die. Farrington (2010, p. 140) details the issues with regard to defining and measuring desistance: These include issues with regard to frequency of offending, reduction in offending and process. Farrington (2010) concludes that 'the disparity in definitions inevitably

raises the question as to whether it would be useful to reach a consensus on how to define the concept' (p. 141).

In relation to Maruna's (2001) research exploring desistance, 'all of the individuals had a criminal history consisting of only one or two serious crimes, or - massive criminal histories involving repetitive, habitual offending lasting for years' – all of the 30 remaining participants said that they would not be committing crimes in the future and reported over a year of crime-free behaviour'. (p.46).

The above approaches and issues with regard to defining resilience were taken on board as I considered the approach which would best ensure that a sample of participants, who had desisted, was selected. Also, the inclusion and exclusion criteria needed to be adhered to with regard to participants achieving stability.

With regard to ensuring that my approach towards establishing desistance was feasible, I met with probation staff to discuss how desistance should be operationalised within the research. The meeting is represented as 'meeting 2' in the 'negotiating access' section (3.4.1). We agreed that participants with at least two prior convictions for offending should be included in the sample if they presented with a low risk of harm to self and others. It was agreed that participants would be selected on the basis of achieving stability, positive improvement and reduction or cessation of offending. 'Improvement' was based on all of these measures, broadly based on improvement over a six-month to one year period and included women on community orders. Participants on post-prison release supervision and those who had successfully completed their probation orders were also included in the sample.

Access to police records was used to corroborate the desistance period. This was based on a 6-month to 1-year period of non-offending, as a minimum desistance period, as agreed with probation staff. The content of the police records is included in the 'Documentary Record' section 3.8.2.1 which lists records used for the purposes of triangulation and context.

3.5 The Sample

Fifteen women offenders were recruited. 10 women offenders were recruited from probation services and the voluntary sector and 5 women offenders were recruited from a women's centre within an ethnically diverse city. Ages ranged from 28 – 55 years old with an average age of 39 years.

3.5.1 Sample size and commitment to ideography

I will briefly draw attention to the commitment to ideography with regard to IPA (Smith et al, 2009, p. 29) and the sample size. 15 research participants were involved in the research, which is a relatively large number for an IPA study, as small sample sizes are usually advocated (Reid, Flowers & Larkin 2005, Smith, 2004). However, Smith and Osborne (2008) explain:

> *'There is no right answer to the question of sample size. It partly depends on several factors; the degree of commitment to the case study level of analysis and reporting, the richness of the individual cases, and the constraints one is operating under'.*
>
> Smith & Osborn, 2008, p. 54

Further to this, Smith and Osborn (2015) cite sample sizes of between one and fifteen participants within IPA studies (p28, Smith & Osborn, 2015). In practical research terms the recruitment part involved a process whereby a filtering process for engagement was adhered to, through the use of gatekeepers. This process, in addition to the necessary requirement for informed consent and discussions with the gatekeepers prior to undertaking the research meant that the exact number for engagement could not be pre-determined. In relation to the constraints of research therefore, a balance had to be maintained between maintaining the appropriate numbers and the potential for interviews not to come to fruition. As the commitment to the idiographic element was adhered to, in relation to the detail and the depth of the analysis, I ensured that the relatively large number was not a constraining factor on the research.

3.5.2 Ethnicity

The sample comprised 47% Black and Minority Ethnic participants (n=7) and 53% White British – English/Scottish/Welsh/Northern Irish (n=8) participants. These classifications were based upon OASys ethnic category documentary records. The full breakdown is provided, below:

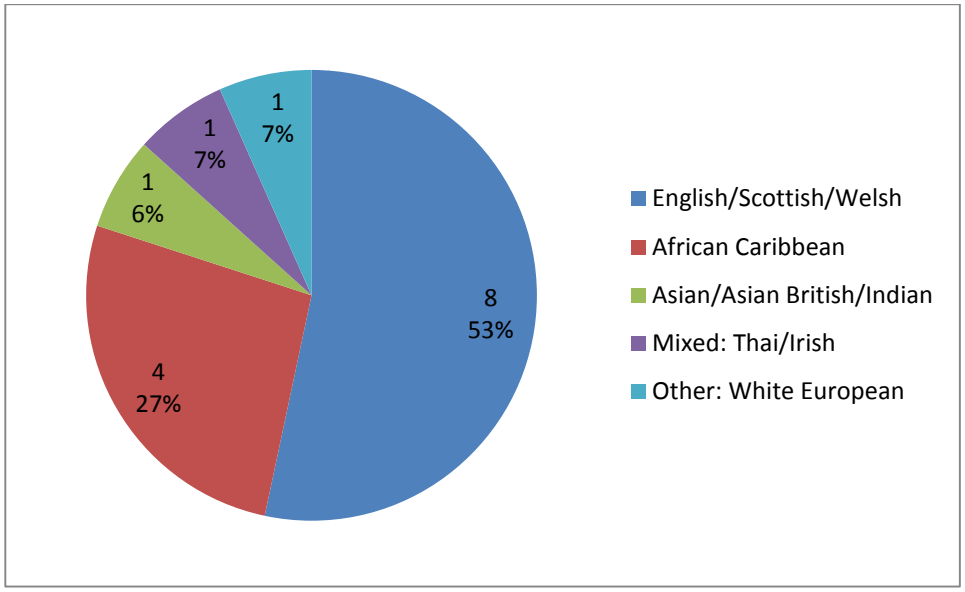

Figure 2 - Ethnicity of the sample

3.5.3 Offence profiles

There were a total of 134 convictions across the group for 329 recordable offences, based upon matched records (i.e. matching names and d.o.b.) from official PNC records. These offences were based upon a total of 13 participants agreeing to share offence history, as 2 participants declined. The majority of the offences constituted acquisitive crime, an offence category which has been shown to be linked to drug use, based upon Home Office and National Treatment Agency (NTA) definitions.[10] The offence breakdown is provided in Figure 3.

[10] 'Acquisitive crime' is the offence category associated with drug offences, including personal and household crime where items are stolen (NTA, 'Breaking the link', 2009; Home Office, 'User Guide to Home Office Statistics', 2011).

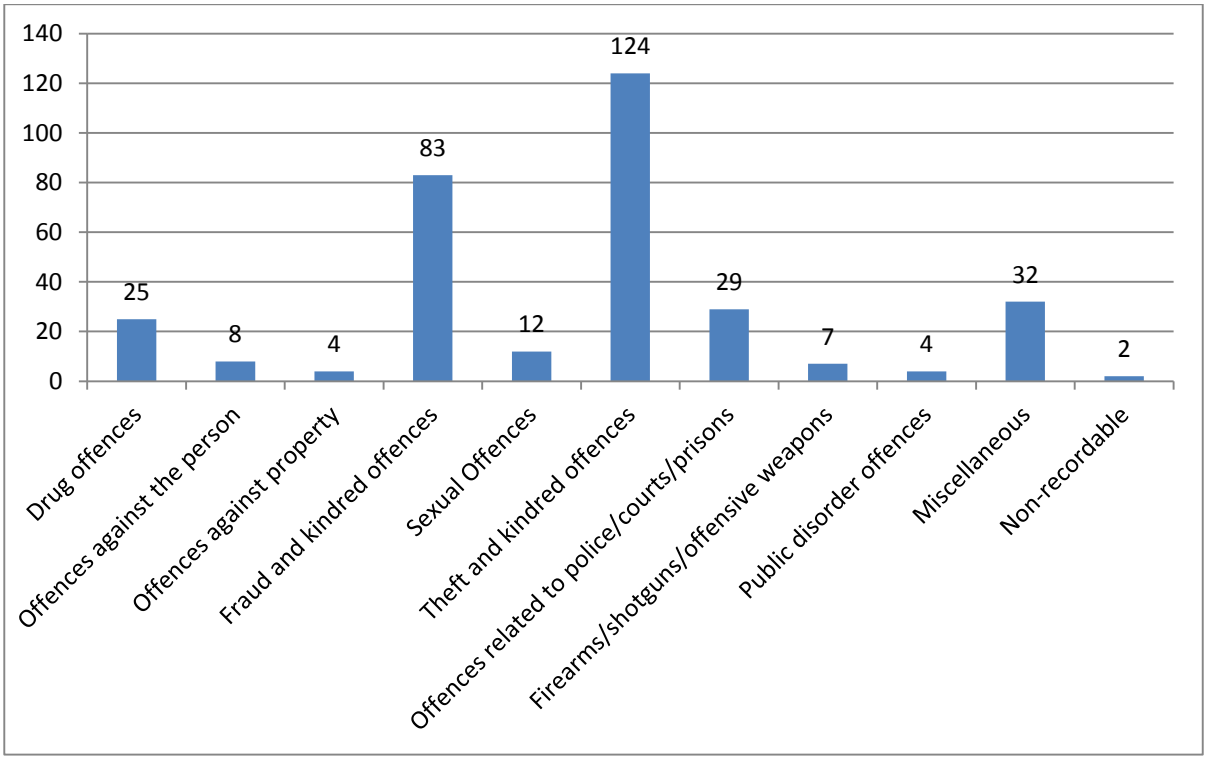

Figure 3 - Offence breakdown

3.6 Ethics

Because ethical considerations were such an essential element of this research, I have discussed this in greater detail, alongside reflections in the following chapter. This section brings together the procedural ethical arrangements and agreements.

Ethical approval was granted by the Psychology Department of Durham University in December 2012. The letter of agreement from Durham University is attached in Appendix 1. Ethical approval was granted in November 2012 by the Probation Trust within the city of sample recruitment. The letter of agreement is attached in Appendix 2. A number of procedures were put in place to minimise risk of harm to the participants, which included the use of gatekeepers and stringent inclusion and exclusion criteria. In terms of bringing the procedures together in this methodology, I will describe some of these, at an initial level of detail. Reflections upon *how* they worked, as a process in action, will be further discussed in chapter 4, which is dedicated to the ethical process of conducting research with vulnerable participants.

3.6.1 Information sheet

The Information sheet which is included in Appendix 4 was used to detail the essential elements of: Aims, Consent, Procedure, Debrief procedure, Data,

confidentiality and handling of Information, Right to withdraw, Boundaries of confidentiality, Feedback and Complaints procedure.

3.6.2 Informed consent

The process of informed consent started with the gatekeepers' introduction and discussions concerning the research. The information sheet was made available prior to interview and in each case there were detailed conversations with the prospective participants, concerning what participation entailed. To ensure that strong adherence was made to this process, informed consent was revisited during the course of the interview. This formed part of an on-going process form of consent, facilitating the choice to opt out. In practice, I found that on the whole, there was a great deal of enthusiasm to take part in the research and the informed consent process was also conducive of this.

3.6.3 Consent form

The written consent form, which is attached in Appendix 5 was discussed, alongside the information sheet. This was to ensure that individuals could ask questions concerning the research and be fully informed, prior to providing written consent. A consent form was adopted through which the participants opted into specific areas. It had a separate section for access to records and also acted as a prompt which required signing based upon receiving information sheets and were aware of a complaints procedure.

3.7 Incentives

The participants were given £10 as reimbursement to cover travel costs for taking part in the research. No further incentives were offered.

3.8 Data Collection Methods

3.8.1 Reflexive journal

A reflexive journal was completed after each interview and the template is listed below in Figure 4. The reflexive journal was used as a tool to prompt reflections upon interactions with the participants and reflexive awareness concerning my role in the interaction and how I may have affected the process. The aim of the journal was to provide a form of 'ethics in practice' (Guillemin & Gillam, 2004, p. 273) which is detailed further in section 4.5.2 in chapter 4, whereby I reflect upon the process and utility of the approach. Additionally, the journal provided a tool for ensuring

transparency throughout the process and as a way of documenting rigour within the study. The importance of demonstrating rigour is argued within Yardley's (2000) paper concerning the evaluation of qualitative research.

Figure 4 - Reflexive journal template

Reflective practice – post interview

1. Where did the interview occur? Under what conditions?
2. Any issues (aware of) prior to interview? (E.g. just come from police station etc.)
3. Did I find out what I wanted to find out at interview?
4. If not, what was the problem?
5. How did the interviewee react to questions?
6. How well did I do asking questions?
7. How was the rapport?
8. How did I feel/react to interview?
9. At point of any distress, what was my approach / was this effective?
10. Were there any procedural concerns?
11. How was the interview left?
12. How did I feel after interview?
13. How would I change / use lessons learned?

Self-reflexivity

14. What shaped my perspective / reactions during the interview?
15. How did I perceive the interviewee?

Interviewee reflexivity

16. How might the interviewee have made sense of the interview process?
17. How might she have perceived me? Why? How do I know?

18. How might these perceptions have affected the interview?

3.8.2 Documentary records

The following documentary records were useful for two purposes. These related to data quality and validation issues and also, to provide additional contextual data to supplement interview accounts. Larkin and Thompson (2012, p. 112) advise that appropriate use of triangulation should be used to demonstrate trustworthiness of the data in IPA. Additionally, contextualising the interviews through additional data, such as case notes or files have been advocated in IPA (Smith, Flowers & Larkin, 2010, p.73). Police and Probation documentary records are detailed, below:

3.8.2.1 POLICE: PNC (Police National Computer) data

The PNC is a national database of information available to police forces and law enforcement agencies. This information was useful for corroboration that the participants had offended in the past and had desisted from offending. The records hold details on: Offence type, date of offence, date of conviction, cautions, reprimands and final warnings. This information was requested with specific informed and written consent from the participants, as detailed in the consent form in Appendix 5.

3.8.2.2 Offender Assessment System records

The Offender Assessment System (OASys) was developed by the Probation Service and the Prison Service in England and Wales as a standardised measure to provide a consistent and in-depth assessment. For the purposes of this research 'free text' case note areas were utilised to provide accounts of the interactions with Practitioners and levels of information which informed the IPA analysis, to provide richer accounts and greater context.

3.9 The interview

In order to generate rich experiential accounts from the women, I adopted a one-to-one semi-structured interview format. I devised a schedule, which was used as a guide during the interview process, rather than as a dictated procedural format. As outlined by Smith and Eatough (2007) the semi-structured interview is in line with the basic concerns of IPA. This is because the participant is the experiential expert and should be allowed the 'maximum opportunity' to convey the detail. Therefore, a

semi-structured interview, which follows a schedule of open-ended questions, enabling the interview process to remain open and flexible (DiCicco-Bloom & Crabtree, 2006) was developed. The semi-structured interview process, enables the interviewee feedback to be probed in more detail, depending upon the particular areas which emerge during the interview (Hill, Thompson & Williams, 1997).

During the interview, I used the schedule in a flexible manner, as a guide. The IPA focus is upon rich accounts of the meaning making of the lifeworld process and therefore attempting to adhere to a rigid, structured interview format was not appropriate for this method. The following extract illustrates this point:

> *'wanders along with the local inhabitants, asks questions that lead the subjects to tell their own stories of their lived world, and converses with them in the original Latin meaning of conversation as 'wandering together with'.*
>
> Kvale, 1996, p.4

Interviews were digitally recorded and transcribed verbatim and the resulting transcripts were used in the analytical process. A transcriber was used to type up the interviews further on in the data collection period, as after the initial interviews were underway, the amount of data became overwhelming. The information and Debrief sheets were updated to reflect this going forward (as reflected in red in the current sheets). This was discussed as part of the ethics-as-process approach during supervision.

Interviews lasted between 30 minutes and 1 hour 20 in duration. This was led by each participant and was a good indication of how conversational and fluid the process became. Two of the participants were interviewed twice, for own practical concerns. I wanted to clarify details and generate a fuller understanding, based on my reflections after interview. The revisiting of these interviews on the second occasion occurred within 2 weeks of the initial interview and the rapport from the first interview was evident.

3.9.1 Development of the interview schedule

I was conscious that the interview questions should start with a broad open-ended format, in order to start the reflective process and also for each woman to define the general overarching support structures that had impacted upon her. From these points, the interview progressed as the women had self-defined their own reference points of support and the intermediary questions progressed from each point. The

ending questions were positive in focus, as I was conscious that the reflective process at the end should be prompted as positive and so the focus was upon strengths. In line with good research practice, the women were encouraged to ask any further questions, or discuss the research at the end.

3.9.2 Pilot interview

The interview was piloted by one of the gatekeepers for the research, who self-reported to being a prolific offender in the past. This was particularly beneficial for building in prompts for the interview process and for gaining feedback on my approach to the interview process. I obtained feedback that the interview process felt very 'strange' from the perspective of the participant. This was described in a positive way, although I became quite conscious that sharing the narrative during interview is potentially quite an intimate process. Because of this, I was more conscious of providing breaks during the interview, so that these could allow for a bit more control over the process for the participant. Discussed further in the chapter 4 on ethics.

3.9.3 Interview schedule

Initial open-ended questions:

What has supported, or helped you stop offending in the past?

Intermediate questions:

Are there any particular individuals or approaches that influenced you? Why?

Who, if anyone influenced this? Tell me about how he/she/they influenced you?

How did you respond to this?

Are there any differences you have noticed about yourself / your approach?

What changes would you make, if any, in terms of what would be effective?

What would you advise someone was a good way of getting support?

Ending questions:

What strengths have you gained as a result of the support provided?

Is there anything you would like to ask me?

3.9.4 Debrief

A debrief sheet was provided to each participant after the interview and is included in Appendix 6. In each case after interview, I re-emphasised what would happen with the data and that if the interview caused any concern, the gatekeeper or myself could be contacted. I provided a separate and available number for calls and concerns regarding this and re-iterated that the consent and contribution could be subsequently withdrawn.

3.9.5 Interview Procedure

Each interview was preceded by an exchange with the gatekeepers for the research. The role of the gatekeepers is outlined in section 3.4.2.1. The gatekeepers provided an essential role in relation to filtering engagement with participants, to avoid harm. Prior to each interview, the following confirmation was sought from the gatekeepers: Participants had received an information sheet (attached in Appendix 4) and had discussed the project with the gatekeeper. Also, confirmation was sought that the participants were in a position to choose to voluntarily engage, based upon the agreed inclusion and exclusion criteria outlined in section 3.4.2.

To commence, each interview began with an introduction made through each gatekeeper, at the location of the interview. The location of the interview was determined by ease of access and convenience for each participant. The locations were mainly based at the Probation office, voluntary agency, or within the women's centre of engagement. Gatekeeper introductions were made in person in these locations, with the exception of alternative, more convenient locations for the participant. Alternative locations included a cafe, in-between shift work (upon the request of one participant), also, three telephone interviews were conducted, due to health concerns and also due to childcare responsibilities. In these instances, introductions through gatekeepers could not be made directly, although a form of 'virtual' introduction was made by telephone, prior to interview.

After introductions had been made, I talked through the project area informally, using the information sheet as a guide. Following on from this, the participants and I discussed each of the details on the information sheet in detail, this included attendance to: the research aims, followed by the consent procedure. The consent sheet was discussed at this point, alongside the form (attached in Appendix 5).

Participants were subsequently made aware that the interview would be transcribed. The process for the debrief was discussed (attached in Appendix 6). Access to documentary records were discussed, in terms of type of records and purpose for requesting, alongside the retention period for information. The right to withdraw and feedback process was also discussed. Boundaries to confidentiality were discussed, alongside the process for complaints. The discussion ended with the signing of the consent forms. The process was the same for the three telephone interviews, with the exception that the consent form could not be immediately signed. Consent forms were discussed in the same manner, although verbal informed consent was provided and recorded, prior to the commencement of the interviews. The consent forms were posted in these instances.

The participants were then asked if they were comfortable to start the interview and if they were content for the interview to be recorded. Two of the participants declined to have their interviews recorded and I made notes of the interview process. The telephone interviews were also recorded through use of a speakerphone and the participants were made aware that I was going to conduct the interviews in isolation.

The interview schedule was designed to ensure that the comfort of the participants was not compromised and is discussed in section 3.9.1. The interview started with a relatively broad question and closed with a discussion of the participant's strengths, with potential to discuss the research (section 3.9.3). The interview framework and ethics process is reflected on in section 4.6.

3.10 Validity

In this section, I will discuss steps taken to ensure that the quality of this research could be judged, in relation to qualitative research criteria.

Yardley (2000) has asserted that there are a number of issues which are associated with evaluation of qualitative methods, which I will explain. The first issue is that the relatively recent use of qualitative methods in research is an area which is still evolving and as a consequence of this, the evaluation criteria are also still evolving. Secondly, different epistemological positions exist within qualitative research and for this reason, it is difficult to apply a designated specific evaluation criteria to contrasting epistemological positions. Thirdly, notions of universally correct practice

is frequently rejected within qualitative research and therefore, qualitative research cannot be judged within the established standards of quantitative research.

Notwithstanding the aforementioned criticism, Yardley (2000) does argue that there is an imperative that qualitative research is subject to evaluation criteria. Yardley (2000) argues that interpretation makes a claim at authority and for this reason, it does not make sense to engage in analysis and then 'deny it has any validity' (p. 219).

Yardley (2000) advised that qualitative studies should show sensitivity to context, commitment and rigour, transparency and coherence and have impact. I will discuss each of these, in relation to the steps taken to address each of these areas.

3.10.1 Sensitivity to context

My aim within this research is to demonstrate sensitivity to context, in a layered way, as there are different contexts which could be engaged with: The criminal justice context and the context in relation to the participant's experiences, in order to address the research question concerning how women offenders make sense of interventions and approaches to support the process of desistance. The choice of using IPA itself was guided by the need to take the perspective of women who had offended into account, as this was something which had not been included with policy and practice. As IPA has a concern for the meaning making of experiences (Smith, Flowers & Larkin, 2009), with attention to an idiographic level of engagement, it is befitting of the perspective of participants. Participants with lived experience of having offended, is the context from which the research started, as the research was initially embedded within this context.

This research is also sensitive to context through sensitivity to existing theory, alongside development of the research. I have demonstrated a gap in the research literature and have chosen to develop an approach which is based upon the emergent insights from the participants. At a practical level, also, sensitivity to context was adhered to with regard to the vulnerability of the sample and the community access required in order to conduct the research. The use of gatekeepers was an essential component of this research. The use of gatekeepers is described in section 3.4.2.

I have attended to sensitivity to context with regard to the use of data, through further contextualising the interviews, to create very rich and detailed accounts.

Additional post reflective notes were also taken post-interview. A brief note on this is detailed in Smith, Flowers & Larkin (2010, p. 73). In analytical terms, this meant that there was an additional level of interpretation, which I was able to reflect upon during the process of analysis. This incorporated reflections upon meetings with counsellors and probation officers during the course of the field work. It also incorporated reflections upon interactions during interview. The Probation case notes which were incorporated within the OASys assessment were also drawn upon (as detailed in section 3.8.2). The OASys case notes from the Women's Centre also provided particularly rich and detailed insights for this research. In analytical terms it meant that the procedure incorporated more than interpretation based upon the interview transcripts. These rich, additional, contextual accounts provided layered and detailed analysis, which developed along the course of the study and have been incorporated as reflections in the results section.

Sensitivity to context is also attended to with regard to the reflective insights which developed over the course of analysis and engagement with the interview transcripts. However, the most compelling evidence of sensitivity to context rested within the sensitivity to the data with regard to experiences of violence and the process of making sense within contexts of violence and adversity. This is shown through a visual representation in chapter 5. The 'immersive and disciplined attention to the unfolding account of the participant (Smith et al, 2009, p.180) is thus engaged with. For this reason, sensitivity to context is something which was a consequence of focussed attention upon the participants' accounts during the analysis.

3.10.2 Commitment and rigour

Commitment can be demonstrated in a number of ways. The degree of attentiveness to the participant during data collection was evidenced here through attending to the responses of the participants. Ensuring that the participants were comfortable during the interview was a primary concern and also, particularly afterwards. I used a reflexive journal during the interview process and documenting these insights, detailed in section 3.8.1.

Rigour has been demonstrated as part of the thoroughness of the study. Particular rigour was paid to the way in which the analysis was conducted. The analysis is idiographic and attention was paid to demonstrating the analysis through the use of extracts from the interviews. Also, the focus of the results was to move beyond a

descriptive account, towards the depth of the data, aiming for a rich interpretation. Rigour was demonstrated here through taking the layers of interpretation deeper, such as with temporality underpinning the themes. Temporality is described in detail in section 6.2.3 as an introduction to the analysis in chapter 6. Rigour is also demonstrated with regard to the specific IPA analysis and by way of example in section 4.3.

3.10.3 Transparency and coherence

Transparency refers to how clearly the stages of the research process are described. I chose to enhance transparency by detailing each of the stages – and particularly the ethical process followed, in relation to access and gatekeepers. A separate chapter discussed the ethics-as-process approach which was adopted in this research (Chapter 4). Also the reflections on the process enhance the transparency, throughout. An outline of the particular steps used during the analysis is detailed in section 3.9 alongside an example from an interview transcript.

Yardley (2000) suggests that coherence also refers to the degree of fit between the research and the underlying theoretical assumptions of the approach. The particular epistemological position of IPA, is outlined in the methodology in section 3.2. The links between the meaning making of resilience and the meaning making of experiences is also highlighted in the methodology, to show coherence in the approach used.

The use of a reflexive journal is detailed in section 3.8.1, through which I provide an account of how I documented my interactions with participants during the research. Excerpts from the reflexive journal are included section 3.8.1, concerning how I changed my approach based on lessons learned over the course of the research.

The Consolidated criteria for reporting qualitative research (COREQ Guidelines) is another approach for considering adherence to a credible qualitative approach. It was developed to provide explicit reporting guidelines involving in-depth interviews and focus groups (Tong, A., Sainsbury, P. & Craig, J., 2007). The COREQ comprises a 32-item checklist grouped into three domains: (i) research team and reflexivity, (ii) study design and (iii) data analysis and reporting. This was a result of a comprehensive search of published checklists used to assess or review qualitative studies. Within the reflexivity component, it is outlined that as researchers closely engage with the research process, personal bias is unavoidable. Clarification of

identity, credentials, occupation, gender, experience and training are all recommended as enhance rigour and transparency. The reflexive section at the end of this work in section 8.7 details my perspective and how the experience of undertaking the research and my previous occupational experience, were influential factors within the research process.

3.10.4 Impact

Yardley (2000) comments:

> *'The decisive criterion by which any piece of research must be judged is, arguably, its impact and utility. It is not sufficient to develop a sensitive, thorough and plausible analysis, if the ideas propounded by the researcher have no influence on the beliefs or actions of anyone else.' (p. 223)*

The potential impact of this research spans criminal justice and also mental health and recovery support systems. These areas are discussed in chapter 8, alongside recommendations for a different approach to policy and practice with regard to women offenders. I argue that the impact and utility of these areas, lies within the essential need for trauma informed approaches, to support women who have experienced violence and abuse.

3.11 Analytical process

3.11.1 A note on homogeneity

IPA is an idiographic approach which has a concern for understanding a *particular* phenomenon within a *particular* context. Therefore steps towards ensuring homogeneity are considered necessary in order to get to the heart of the phenomenon, whilst being aware of the particular of the context. To put it simply, IPA is concerned with people's orientation and their involvement in their world and how they make sense of this within their lifeworld context. It does not make claims to make sense in *all* contexts, hence the need for consideration of homogeneity.

> *'The extent of this 'homogeneity' varies from study to study. Making this decision is partly a practical problem (Which people are in this situation? How easily can they be contacted?), and partly an interpretative problem (In what other ways do these people vary from one another? How much of that variation can be contained within an analysis of this phenomenon?)'.*
>
> Smith, Flowers & Larkin, 2009, p49

There were both practical and ethical concerns regarding the extent to which I could achieve homogeneity. The priority within this research was for doing no harm, within

an ethically sound framework, which involved attendance to strict exclusion criteria and a filter of engagement through gatekeepers. Therefore homogeneity was a function of attendance to sound ethical standards and access to the sample.

3.11.2 Contextualising the interviews

In attempting to create rich and detailed accounts, I incorporated additional data to contextualise the interviews. A brief note on this is detailed in Smith, Flowers & Larkin (2009). In analytical terms, this meant that there was an additional level of interpretation (or hermeneutic layer). This incorporated reflections upon meetings with counsellors and probation officers during the course of the field work. It also incorporated reflections upon interactions during interviews. The Probation case notes which were incorporated within the OASys assessment were also drawn upon. The OASys case notes from the Women's Centre also provided particularly rich and detailed insights for this research. In analytical terms it meant that the procedure incorporated more than interpretation based upon the interview transcripts. These rich, additional, contextual accounts enabled a more nuanced analysis which developed along the course of the study, and have been incorporated as reflections chapter 6.

3.11.3 Interpretative Analysis (IPA) process outline 1

The following account provides detail on the analytical process which I followed for each of the transcripts derived from participant interviews:

- The analytical process started from the point of the interview as I strived to gain a holistic understanding of each separate interview. The reflective practice post interview notes were read through, to get a sense of the interview dynamic. I listened to the recorded interviews and read each transcript several times.
- I made early notes on my impressions, ideas and thoughts on a blank sheet of paper, based upon what I considered to be matters of concern for each of the participants. I approached this freely for each transcript and without attempting to be guided by the interview questions, but by what emerged during the interview process. This was for the purposes of gaining a holistic understanding and also to immerse myself in the accounts, to start the analysis.

- At this stage I made a separate table for the analysis of each interview (phenomenological coding). The table was made of four columns. I copied the interview transcript into the central column. In the left hand column I developed line-by-line coding, with the aim of 'staying close to the data'. In the right hand column, I generated 'objects of concern' which was a way of clarifying what I considered to be the core content for the participant. This was based upon a suggestion for coding data by Larkin & Thompson (2012). The focus of IPA is upon starting at the individual case and is idiographic in nature. However, based upon my experience of analysing the data, it was not possible to discount ideas and thoughts from earlier analysis. For this reason, I inserted another column for 'additional notes', because as I was analysing each transcript, I was actively making links and connections to build a wider picture of themes across the group. The 'additional notes' column served to effectively isolate these ideas so that I could focus upon the individual case analysis. I returned to the notes column later, when I worked towards subsequent analysis across the group. An example of this level of analysis is detailed in the following section:

3.11.4 IPA process outline 2

- At each stage of the phenomenological coding, I started to organise the data and get to grips with the 'structure' of the matters of concern for the participants. The analysis generated many issues and concerns which were important for the participants, such as external support, lifeworld context, process of change and temporal themes, for example. I drew these initial themes out from the analysis. These were underlined and additional accompanying notes made. Emergent themes were refined and I noted areas for critical and conceptual commentary.
- After identification of initial themes for each of the interview transcripts, I considered how they were similar, or different, across the group. It was at this stage that I started to cluster the themes across the group. This emulated a particular stage of IPA, (Smith, Jarman & Osborn, 1999) of 'searching for patterns, connections, and tensions' (p. 232) across the analysis. Importantly, in keeping with the iterative nature of IPA, there was scope for re-conceptualisation of themes at this stage, as I noted repeating patterns and discerned emerging issues. Importantly, as I was discerning these patterns and connections, I was not focusing purely on the prevalence

of an idea. It was the richness of particular accounts and passages which illuminated the accounts for a depth of understanding.

- The ultimate aim was to provide an interpretative account of themes for the participants, based upon an account which was close to the cares and concerns of the participants. A table of ‘Superordinate themes’ and ‘Subthemes’ was produced with illustrative excerpts from the narrative to organise the data (Storey, 2007, p.59).
- Subsequent development of a narrative account was developed and will be detailed in the two results parts, in chapter 5 and chapter 6. Using the table of IPA superordinate themes and subthemes, as the basis of the narrative, I drew from the analytical account and reflections from the analysis. As I used a reflexive journal to capture my perceptions and thoughts on the process, suggested by Smith & Eatough (2007), this was also incorporated into the narrative account. This was used to chart the development of the analysis and decision making on creating the themes, which is also discussed in chapters 5 and 6.

Table 1 - Example of IPA coding process

Ref	Line-by-line coding (to generate possible interpretations)	Transcript excerpt	Core content / objects of concern	My additional notes
DD49	There have been difficulties and adverse circumstances in the past A knowledge of difficulties (now) which can be overcome Previously, this was not possible. DD is someone that can overcome obstacles Strategies are in place for managing impulses and actions which were not there before.	I've had hurdles, don't get me wrong. I know the hurdles, jumped over them hurdles, do you know what I mean? Where before I wouldn't have bothered jumping over no hurdles, I would have gone through it, do you know what I mean? Now it's like, I manage things more now, I don't get aggressive, I think before I talk, I think before I act as well -	Self-management strategies for 'hurdles', which can be overcome. Would not have done this in the past. A changed self-view An active role in managing impulsivity and has control of impulsive behaviour. Anticipates / thinks before acting and talking Aggression is not 'management', it was the 'problem' / concern	Temporal themes (across the group) – the person before / circumstances before - Control (efficacy) of the issue of concern – aggression and managing stress (previous detail). Achieved this after a lot of support / practitioner in probation (needed to change practitioner, as aggressive, based on discussion with practitioner), counselling received in prison (child removed into care) and programme for managing aggression. (High levels of d.v. at home – and witnessed between parents (stepfather and violence). Mention of feeling suicidal in the past. No mention on file of links between relationship at home (violent) and violent offence at the time of main offence (MAPPA client). Awareness of this by DD? Seemed not to consider this as reasons for past violence. But conscious of her need to remove herself from situations / control over situations / BUT violent lifeworld context.

(30 minutes into interview, DD, Results Part 1)

3.11.5 Criteria for evaluating IPA

Guidance for evaluating IPA studies have been outlined by Smith (2011). The suggested guidance to keep an overall track of tabulated themes for each of the participants, was followed. Therefore, consideration was directed towards the prevalence of themes and whether this was represented across part 1 and part 2 of the results. This enabled a level of confidence in relation to how the superordinate themes and subthemes resonated across each of the results sections. I found this useful as a form of internal validation for the analysis. The following table illustrates a table of prevalence of themes which was used:

Table 2 - Table of prevalence of IPA themes (from Results Part 1)

Theme / Initials of participants	MG	DD	BL	NO	TR	DH	EL	MM	K	ED
SUPERORDINATE THEME - THE PAST: VIOLENCE AND COPING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Subtheme: The Past was a scary place / The Past is still scary place		✓	✓	✓	✓	✓	✓	✓		✓
Subtheme: Lack of safety and coping through drug and alcohol use	✓	✓	✓	✓	✓	✓				√
SUPERORDINATE THEME - GAINING STRENGTH	✓	✓	✓		✓		✓		✓	✓
Subtheme: Relationships and emotional safety	✓	✓	✓		✓		✓		✓	✓
Subtheme: From being 'stuck' to dealing with it	✓	✓	✓			✓	✓		✓	
SUPERORDINATE THEME - A FUTURE	✓	✓	✓		✓	✓	✓	✓	✓	
Subtheme: A changed sense of self – pulling the person out of the past/view of past self		✓	✓				✓	✓		

Subtheme: Turning points and looking forward	✓	✓			✓	✓		✓		

3.12 Chapter Summary

In this chapter I described the rationale for using IPA as an approach for understanding the meaning making of experiences. I them described the research design which consists of two parts. Negotiating access to the sample was discussed with regards to gatekeepers, alongside the inclusion and exclusion criteria for ensuring no harm was done to the participants. The sample was described, followed by consent procedures and organisational ethical agreements. The reflexive journal was subsequently described, followed by documentary records. The interview process and development of the interview schedule was described, including the pilot interview. The validity of my approach was discussed, drawing from some of the literature which provides guidelines for ensuring a robust and credible approach is undertaken in qualitative research. The analytical process for IPA was subsequently discussed, after a discussion on homogeneity and contextualising interviews in research which uses IPA. Criteria for evaluating IPA was subsequently detailed. I will now move forward to discuss ethical considerations and reflect upon the strategies adopted to ensure no harm was undertaken to a vulnerable population.

Chapter 4. Ethical considerations

4.1 Chapter overview

In this chapter I discuss the need for on-going ethical consideration in qualitative research involving a vulnerable population and reflect upon the process followed. This includes reflections on a feminist ethics-as-process framework, which guided and influenced my approach for conducting research with a marginalised population. I discuss ethical and practical challenges, in relation to undertaking qualitative interviews which included retrospective accounts of interpersonal violence and abuse. I reflect upon the effectiveness of gatekeepers as a strategy for ensuring no harm is done to a potentially vulnerable research population. The pilot interview is discussed, alongside an account of how my approach at conducting interviews was subsequently adapted in light of reflections on the process. I examine the use of reflexive journaling, as a procedure which I used to translate into an ongoing ethical process. Transparency is considered here, in light of lessons learned concerning the potential for coercion in research and future considerations are discussed concerning auditing and co-production of research.

This chapter is structured to account for the heuristic ethical framework considered in the process of undertaking this research, followed by the procedural framework adopted and concludes with lessons learned to protect vulnerable participants in research, who have experienced violence and abuse. I consider challenges in doing no harm, in research, involving participants who have experienced interpersonal violence and abuse. I subsequently reflect upon the use of gatekeepers in this research, as conduits for supporting an ethical framework for doing no harm. Subsequently, the use of a reflexive journal is discussed as a procedure for ensuring an ongoing ethical process is undertaken. Reflections upon the interview process and the pilot interview are discussed, followed by transparency and future considerations.

4.2 A heuristic framework

Ethical practice is a combination of many factors, involving more than consideration of codes of conduct and application to ethics committees and this can create tension between what should be researched and what is considered possible to research (Smith, 2007, p.249). Given the importance of undertaking research with marginalised groups, it is useful to reflect on the reasons for wanting to undertake

the research and the context of the research. Indeed, it has been advocated that in order to adopt an ethical approach, it is necessary to reflect upon motivation and power relations which can exist and influence practice (Towl, 2010). The importance of reflecting upon power relations is certainly nowhere more important than with research on women offenders; it has been documented that most women offenders have multiple and complex needs, which is linked to the cycles of abuse, victimisation and offending (Cabinet Office, 2009, p.3). Certainly, as I have conducted this research, I have become increasingly more aware of the need to adhere to an approach which is sensitive to power dynamics. Therefore the argument that work with offender populations needs to be situated within the wider social context from which offenders have come from is a particularly resonant (Towl, 2010, p.67). The socially disadvantaged backgrounds of offender populations contrasts markedly from psychologists who tend to come from socially advantaged backgrounds. Towl therefore argues that critical reflection concerning this disparity and the use of power is an essential component of ethical conduct.

This research was conducted with attendance to the British Psychological Society's code of Ethics and conduct (BPS, 2009). The four ethical principles which are described within the code for guiding behaviour are described within a framework which considers: respect, competence, responsibility and integrity. However, whilst it has been argued that that codes of ethical conduct form a useful tool for guiding behaviour and expectations, it has also been stressed that 'answers' are not found within them (Towl, 2010, p.64).

This chapter will focus predominantly on the principles of respect and responsibility, as outlined by the BPS code of conduct (2009): The ethical principle of respect resonates particularly with this research, as this is an area concerned with perceived authority and how this influences participants. It is the principle of respect which is advocated within the BPS code of conduct which is particularly important with regard to informed consent and the concept of vulnerability is highlighted within the code. Additionally, the BPS code of conduct provides guidelines on responsibility and this is another principle which is a particularly important consideration, concerned with the avoidance of harm. This emphasises a decision making process whereby the best interests of participants (or service users, if a practitioner) are judged.

Critical reasoning skills and the ability to honestly explore one's own motivations and values are advocated as a crucial element of ethical decision making (Towl, 2010, p.

68). This is indeed a challenging area and is something which is particularly important for considering the use of power in ethical decision making. A range of skills was needed to ensure that ethics formed a central element throughout the research process. In the following section I will discuss how my values and perspective has shaped my approach during the research.

4.3 Feminist ethics

My perspective has been influenced by my interest in psychology, with a particular emphasis on the context of people's lives. Therefore the focus of this research has focussed upon the person-in-context and is phenomenological. Coyle (2007, p. 15) charts the resistance to the 'scientific method' and the adoption of qualitative research methods which are phenomenological in emphasis, by feminist psychologists. Certainly, my aim in this research has centred upon inclusivity and incorporating the voices and experiences of women offenders, as a marginalised group. The approach I have adopted has also been influenced by values within community psychology, with a concern for the health and wellbeing of marginalised groups. The British Psychological society (2014) outlines the ethos of community psychology, as an approach which is concerned with social justice and includes the consideration of equal and equitable distribution of resources, the right to equality and fair treatment, and the right to self-determination. In practice, this means focusing on working with individuals who have been marginalised by the social system and aiming to work with principles of empowerment.

This research is influenced by a feminist research ethic. The context of this research is driven by a concern for the lack of knowledge concerning interventions and approaches which encourage desistance in women offenders, within a criminal justice system which focuses predominantly on men (Gelsthorpe, 2009). The feminist ethics and values which underpin this research, seeks to take the experiences of women into account. The following extract, summarises feminist ethics, as a means through which oppression of any group of people may be improved:

> *'Feminist ethicists should aim, first and foremost, to improve the overall condition for* women *in particular—and also for other vulnerable people like children, the elderly, the infirm, the disabled, and disadvantaged minorities'.*
>
> Jaggar, 1992, p. 363

It has been argued that a feminist research ethic requires that we situate ourselves within our research and that a major aspect of this is cultivating self-reflection, regarding the power of the epistemology at work, within the research process (Ackerly & True, 2008). The feminist-informed research ethic makes visible the power of the research epistemology in order to structure what we know. In this piece of research, I have explored the experiences of women on their own terms, through adopting an approach which focuses upon the value of meaning making for women offenders. A woman-centred and holistic approach has been strongly advocated for work with women offenders (Corston, 2007) and it is towards this ethos which I have worked towards. This is the primary reason for my epistemological position regarding IPA which is oriented towards a holistically informed model of the person (Smith & Eatough, 2007, p. 37).

Research that utilises feminist approaches prioritises and accounts for social context and it has been argued that not taking social context into account, risks maintaining an oppressive status quo and perpetuating social injustice (Fine & Gordon, 1991). Within Fine and Gordon's paper, they argue that feminist approaches challenge approaches which locate deficits within individuals and within marginalised groups. Therefore, perceived deficits become the focus when speaking about the marginalisation of certain populations. The alternative feminist approach has been advocated for transforming psychology and empowering as it exposes marginalisation.

The justifications described, for prioritising context and adopting a feminist ethic within research, are all compelling. Applying a feminist ethic certainly lends itself to this research on women offenders and provides a challenge to research practice which is not sensitive to marginalisation and sensitive to topics including violence and abuse. At the same time, such a feminist ethic does raise challenges concerning the conduct of the study and doing no harm. To paraphrase from Paradis (2000):

> *'Feminists and community psychologists must ground our ethical development in the messiness of everyday situations instead of in abstract principles if we hope to do honourable research in a deeply flawed world'*
>
> Paradis, 2000, p. 842

Based upon my experience of conducting this research, I found the process of engaging with participants highly stimulating and also, quite intense during the

interview process. I found that as the research was embedded within a context of interpersonal violence and social disadvantage, the process was challenging. This was both at the level of being emotionally engaged with women who had experienced violence and abuse and other forms of adversity and also, a challenging area in practical research terms. For these reasons, although motivations for undertaking research are essential, I contend that the importance of ensuring an ethical process is followed, cannot be overstated.

4.4 Doing no harm

There are many uncertainties within qualitative research, requiring flexibility on the part of the researcher. In practical research terms, this means engaging with unpredictability and chaos. The 'messiness' described above, in Paradis' (2000) article, is certainly an aspect which was challenging. There were instances whereby appointments were made for participants to attend for interview, but the participants did not attend. The approach I adopted was flexible and I aimed to fit around the availability and priorities of each participant, yet the practical reality of the research process proved challenging.

Prior to discussing in greater depth the challenges involved in 'doing no harm', I will briefly describe the system of anonymisation used within this research. I adopted a framework of 'pseudoanonymisation', of participants' names, advocated by the Information Commissioners Office (2012). This is a technique involving the random allocation of alternative initials which allowed me to keep track of the contributions of individual participants while ensuring their anonymity to any other reader (ISO, 2012).

Challenges were posed concerning the vulnerability of participants and it was important to adhere to a research framework which ensured that no harm was undertaken. Because the concept of vulnerability is such an important consideration with regard to the ethical framework in this research, I will detail how it is broadly defined and how it has been conceptualised within research which shares characteristics with this piece of work. Generally, it is noteworthy to consider that the concept of vulnerability denotes an individual that is in need of 'special care', as outlined in the Dictionary definition:

> *Designating a person in need of special care, support, or protection (esp. provided as a social service) because of age, disability, risk of abuse or neglect, etc.*

Oxford English Dictionary Online, 2014

The research sample included women who had experienced high levels of social disadvantage with related vulnerabilities including experiences of interpersonal violence, homelessness, drug misuse, and mental health challenges. It has been argued that the heart of vulnerability in offending populations involves 'intersectionality' (Arditti, 2015, p. 1569) whereby there is a cumulative cross-section of vulnerabilities. The following quote serves to emphasise the importance of intersectionality with regard to women who have offended:

'Female prisoners are especially vulnerable given their intersectionality. In addition to being classified as felons and subject to structural disenfranchisement (e.g., loss of voting rights, loss of access to certain types of public resources) and stigma, incarcerated mothers are marginalized because of their motherhood, their drug use, their mental health difficulties, their color, and their poverty'

(Arditti, 2015, p. 1570)

Thus, offenders and particularly women offenders, based upon the levels of violence, abuse and other adversities (e.g. Prison Reform Trust, 2015) are more likely to be *particularly* vulnerable. Intersectionality with regard to women who have offended, will be further discussed in section 7.6 on 'Risk'.

Writing about research with homeless women, Paradis (2000) articulates the importance of preventing, within the research process, further marginalisation and victimisation of vulnerable women. One way of considering vulnerability within research has been articulated by Fontes (2004), who has argued that it is the way in which vulnerability is conceptualised, which defines the respectful stance which ought to be undertaken:

> *'What one sees as the most respectful stance to take in VAW [Violence Against Women] research depends on whether one sees the victims as resilient and able to manage anxiety-provoking inquiries or as vulnerable, fragile, and in need of special protections as a vulnerable population (such as children or people with mental impairment)'.*
>
> Fontes, 2004, p. 144

My interpretation of the above quote is that participants in Violence against Women (VAW) research can be approached in one of two ways: as resilient or as fragile. However, I argue that based upon my experiences of undertaking research with

women who have offended, the researcher is likely to encounter aspects of strength, resilience, and vulnerability and that these aspects coexist, rather than existing in a dichotomous manner. Although I understand and fully support any consideration stating that research ethics *should* incorporate marginalised groups, to empower and for the purposes of social justice and change already discussed, I argue that the practical side of the research process does require scrutiny. For this reason, ethics needs to be considered as a form of a process, which reflects the need for critical examination throughout.

I argue that vulnerability is not a dynamic 'trait' and is open to greater change and fluctuation. I found that the fieldwork component of the research was subject to significant variation, and this was due in part to the particular nature of the population studied, who were susceptible to potential drug misuse. One of the inclusion criteria for participation was stabilisation with regard to drug misuse. I was acutely aware of the delicate nature of relapse prevention, and the maintenance of abstinence, and was mindful of this as a potential risk to the principle of doing no harm. With this in mind, I completed the inclusion and exclusion exercise as an anticipatory component of the research.

A further concern was that not all possible risks and ethical concerns could be anticipated, so having a strategy with which to respond to unanticipated events or situations was vital. In conducting research with women offenders who revealed complex experiences of physical, sexual, and emotional abuse, as well as substance misuse and mental health issues, I made explicit use of critical reasoning skills and rigorous reflection (Towl, 2010; Palmer, Fam, Smith, & Kilham, 2014) in preparing for, the process of, and the time following interviews with the women whose experiences lie at the heart of this research. The field notes and reflections that formed part of this research became essential for learning and adopting an ethically responsible approach to this work.

One of the main concerns regarding the interviews was the potential for 're-traumatising' participants. I go on to describe the practical research strategies adopted in section 4.5 which discusses reflections on ethics in practice Prior to this, I argue that the concept of vulnerability is something which requires a nuanced understanding and will illustrate this through consideration of vulnerability within health.

Hurst (2008) has argued that the concept of vulnerability in research emphasises an increased risk of doing harm. Individuals who are defined as vulnerable are at higher risk of incurring harm to which *all* participants might be exposed. This particular view stems from bioethics and the ethics of care with regard to health, which involves a balance between the potential risks and benefits of the research. The crossover with my research on women offenders is similar, because the health needs of women offenders are substantial (e.g. Prison Reform Trust, 2015), requiring an ethics of care approach, in relation to gaining access to any benefits.

In addition to the argument that research is needed for vulnerable populations, Hurst (2008) argues for a definition of the sort of protection required for participants. Not only does Hurst consider the concept of vulnerability, but also argues that there is a need to consider the presentation during research and the ways in which particular groups could be protected from harm. I agree with this line of thinking and, in retrospect, understand that it was during the process of undertaking the research that I became even more aware of participant's vulnerabilities and the impact of their life experiences. Their past experiences, and lack of freedom, made these women more vulnerable in my eyes. Most participants described experiences over which they had little or no control; experiences included violence in both childhood and adulthood. In my view, this was quite distinct from criticism of orienting participants as objects of research and denying their agency (Pittaway, Bartolomei, & Hugman, 2010).

It has been argued that regulations concerning ethical conduct have focussed on limitation of capacity for informed consent, or have emphasised unequal power relationships, without attendance to protocols of research on vulnerability (Levine et al, 2004). I agree that this is a significant concern and also that the concept of vulnerability requires a nuanced understanding. Vulnerability is not a trait and is subject to change, however, it is something which can vary significantly. The concept of vulnerability is dependent on the approach used within the research, including the approach of the researcher, the participant, and other relevant contextual factors. Vulnerability is layered and complex; when addressed in this research, it required thought with regard to the research design in order that risk to participants was mitigated. My research design included stringent inclusion and exclusion criteria and the use of gatekeepers. Reflections on the interactions and process of using gatekeepers will be outlined in the following section which considers 'ethics in practice', followed by my account of reflexive journaling.

4.5 My role as researcher and ethics in practice

In this section I consider my background and role as researcher in relation to accessing the sample and collecting the data. My role as researcher is discussed throughout this chapter in relation to decisions made and procedures undertaken to ensure that a robust ethical framework was put in place. Here I focus on my background and role as researcher and the impact on the process of accessing the sample and collecting the data. This is followed by specific consideration of the roles of gatekeepers in facilitating access to the sample (4.5.1) and my use of a reflexive journal throughout the research process (4.5.2).

My role as researcher was directly shaped by my interests and values, influenced by my previous working role advising commissioning decisions related to drug misusers and offenders. My interest in the marginalisation of women offenders from research in the UK (section 1.2) provides the starting point for the research. And the notion of 'researcher-as-instrument' (Pezalla, Pettigrew & Miller-Day, 2012) relates to the value of researchers using their skills in interviews to create unique conversational spaces (p165), guiding the research process and influencing 'what' is produced.

In addition to my motivation to develop this research, I already had access to networks of professionals working with women offenders and this helped enormously in gaining access to participants. I was familiar with some of the service leads who, in turn, were familiar with the 'research problem' addressed in this thesis. This was particularly important in developing the trust of participating agencies. In addition, I was able to draw on my experience of qualitative evaluation and co-research with users of drug services to develop the confidence of gatekeepers and participants in my ability to undertake the research in an ethical manner. However, liaison with agencies was still hard work involving repeated e-mails and telephone discussions concerning the nature of the work.

Two agencies which provided support for women with complex needs and engaging in street-based sex work, made it clear that they would not usually engage with researchers. I was therefore privileged in gaining access to organisations with a high level of expertise in working with women offenders. In my role as researcher I was conscious of not blurring the boundaries with my former role. However, as the

organisations were interested in my previous work with services supporting drug misusers and offenders, initial discussions included the 'landscape' of working with drug users and also people who had offended.

In my role as researcher I focussed on maintaining high ethical standards of research, paying particular attention to honesty, transparency in the research process and informed consent (BPS, 2009) to ensure I maintained the trust of participating agencies and individuals. Because I already had some knowledge concerning the broad experiences of women offenders, I was aware of the challenges I may face in conducting interviews sensitive to the experiences and needs of participants. But I also liaised with representatives of participating organisations who shared further essential learning experiences in terms of how they supported service users and this enabled me to build confidence in my ability as a research interviewer.

My role as researcher with regard to the interviews with women offenders is discussed further in section 4.6. Here I reflect on my role as researcher in gaining access to personal level data that can effectively be 'tracked' back to an individual, through the use of attributable information including names and dates of birth. This is classed as sensitive information[11] and there were additional considerations with regard to the processing of offence related data. I had to be particularly mindful of the potential for misconduct and mishandling of sensitive information (Information Commissioners Office, 2013).

In previous service commissioning roles I became aware of the responsibility entailed in having access to highly sensitive data and the need to justify all requests for data. I had also gained experience of multi-agency working that was invaluable in this study that involved communication with statutory probation services, health services and a range of third sector agencies. This experience lent confidence, on the part of agency staff, in my ability to access and manage sensitive information in line with existing protocols, and they were supportive of the research that was framed in terms of developing knowledge of how to improve the effectiveness of interventions designed to reduce offending and encourage desistance from offending.

[11] Information commissioners office (2013). Provides further detail on the classification of 'sensitive information' and also the use of such information within police intelligence.

A key element with qualitative research with vulnerable groups is that ethical concerns are on-going. The advice provided by Towl (2010) that codes of ethics do not provide categorical answers, is particularly relevant in the context of this research with an under-represented and marginalised group. By definition a process view of ethics incorporates more than static procedural rules which govern research and incorporates an ongoing and flexible set of judgements. These need to place the participant as the key priority in terms of avoidance of harm, whilst also accounting for some of the complex challenges of researching those who are vulnerable. As previously detailed, the concept of vulnerability in this research was a product of many factors, including potential for drug misuse. The potential for risks in this research was relatively high and the intersectionality which has been described in the previous section, made the ethical process one which needed a great deal of scrutiny.

Within this research, I chose to adopt a form of ethics as a process, which required ongoing monitoring procedures which were in place for the duration of the research project. The research involved stringent inclusion criteria, which are detailed in section 3.4.3. However, I was unable to ascertain all potential risks prior to starting the recruitment phase. For this reason, I was unable to make judgments concerning the ethics process from the start, as the full range of potential risks could only be made apparent during engagement with participants. The ongoing considerations regarding risks and benefits required on-going monitoring, critical reflection and supervision throughout; the ethics-as-process model was followed at all times. Ramcharan and Cutcliffe (2001) have outlined systems of monitoring within this model, citing examples of considerations made within health and social care research. For the purposes of this section, similar considerations were made with regard to their framework for ethics-as-process, particularly consideration of auditable trails, establishing trust, and any challenges that might be faced.

The following two subsections; ‘reflections on gatekeepers’ and ‘reflexive journal’ provide reflective accounts of strategies which were put in place to adopt an ethical approach to research with a vulnerable population. Gatekeepers provided an essential role in the research process and the following account details the benefits of using gatekeepers in this research with a vulnerable population. Extracts from my field notes have been used to illustrate the importance of the gatekeeper role. The reflexive journal is also described and reflected upon in the following account, as it provided a tool for enhancing the level of critical reflection needed for an ethical

approach in research. The reflexive journal did so through providing a coherent, documented account to the chain of arguments. This was effective in terms of documenting awareness of my actions, which was particularly pertinent after the point of each interview. Extracts from the reflexive journal have been used here, to illustrate the utility in the approach.

4.5.1 Reflections on gatekeepers

Gatekeepers provided an essential role throughout the recruitment phase. They included Probation Officers from the statutory sector, also counsellors and service delivery leads from the voluntary sector. The original intention of the role of the gatekeepers was that they should act as a filter for recruitment and also advise concerning the avoidance of harm. The responsibilities and boundaries of responsibility are outlined in the methodology section, in section 3.4.2. The role included a filtering process for participant engagement, to act as a single point of contact in the event of any concern and to assist with informed consent. Conducting the research within an ethical framework accounting for the vulnerability of the participants was my main concern. This is similar to other aspects of service user research, utilising gatekeepers within forensic mental health:

> *'An element of gatekeeping is expected in all research where a body of people or an individual is invested with the power to grant or refuse access to the chosen research population. This gatekeeping role intensifies where the study population is vulnerable or lacking in autonomy, where health care is provided or restrictions on freedom imposed. In some situations, gatekeeping may even be perceived as desirable'.*
>
> Bartlett and Canvin, 2003, p. 59

In practical research terms, the gatekeepers formed the backbone for this research and were an invaluable resource. Through utilising the gatekeepers, I was able to 'hit the ground running 'as the level of support provided greatly aided the research

process. Dale and Watson (2010), in their study concerning looked-after young people, outlined the main focus of their research, which centred on securing a group of gatekeepers who were enthusiastic about the research. Indeed, within this research, the level of commitment to participants drove the recruitment process.

There was a lot of dialogue with gatekeepers; this was time well invested, as it increased my level of understanding of the nature of work with women who had been involved in the criminal justice system. This was the most time-consuming element of the work in terms of establishing trust, discussing knowledge, and arranging (and in some cases re-arranging) interviews. For example, it took three meetings with the agency manager and counsellor at one of the agencies before an agreement was secured to start to become involved with this area of research.

Despite successfully negotiating access to service users with gatekeepers, I had not anticipated the gatekeepers' level of ongoing involvement. One of the unanticipated roles of the gatekeepers was advocacy. There appeared to be what I would consider an ethical balance made by gatekeepers to both advocate for and protect the service users. The gatekeepers were protective of the service users, but they were also able to maximise the service users' capacity for self-determination. They discussed the research with the service users in order to support them in deciding whether or not to participate, and they supported the initial interview process. For example, one counsellor sat in on the interview, at the request of the participant, during the initial stages of the interview; this enabled the service user to feel at ease.

It was evident that the relationship participants had with gatekeepers helped to drive the interview process, and the role of the gatekeepers became more than it was originally intended to be. This was indicative of the supportive work undertaken with this client group. Although I did not envisage that the gatekeepers would necessarily grant permission to access and interview the sample, and although I understood that the work of probation officers and counsellors working in the third sector was based on an ethos of 'duty of care', I had not anticipated the level of expertise and care that these individuals lent to the research, starting with the success of the recruitment strategy.

Power dynamics and the perceived authority with which research participants may have viewed me, as the researcher, was one of the primary concerns of this research. A striking feature of this research was participants' previous experience of

hierarchical relationships with intimate partners, mental health practitioners, and criminal justice practitioners. These were specifically discussed within the interviews; however, they were also openly acknowledged and highlighted by the gatekeepers. I documented the following in my field notes from a discussion with one of the counsellors from a third sector agency:

> *….most of the women fear appointments and fear authority. Most of the controlling figures in their lives have been men – who also tend to be the doctors, psychiatrists and people leading on what in their view is or isn't needed. Because of this, they often choose not to engage with appointments – and this is often the only form of control they have, in terms of not engaging.*
>
> *[the counsellor discussed an example of a particular case to illustrate the point] …. outlined that 'B' had attended a doctor's appointment and was suffering from severe anxiety and depression. She was advised by the doctor quite bluntly that she was fine and didn't need a sick note. [Counsellor] outlined that the woman concerned had a breakdown and that, with all the things she had to contend with, she had never seen her so distraught – (the note was needed for financial provision).*
>
> *[My reflections followed - regarding the context of the third sector service, which includes support provision for street-based sex workers and the repercussions of the decision made by the doctor]*
>
> *Did the doctor even consider the context?*
>
> Date: 25th March 2013

Figure 5 - Field note reflections: Women-specific service

This discussion with the counsellor resonated with me, particularly its mention of the negative experiences with authority that many of these women had encountered. During the interview process, similar experiences and descriptions were made across the sample. Particularly relevant were criminal justice and mental health practitioners at all levels, including judges and psychiatrists. The discussion created opportunities for additional knowledge and understanding that could be used to inform the analysis and interpretation. More important, however, were the discussions with the gatekeepers, which provided valuable insights into the exercise of filtering and research engagement with a vulnerable group.

The level of vulnerability depicted in notes from the interviews involves the seeking of assistance and the refusal to provide this assistance. The context of 'fear' of appointments and men in positions of authority form the introduction to the notes and the descriptions of disempowerment. The significance of the decision not to provide a note in support of an application for financial assistance (in this particular example) for a woman who was already in a vulnerable position, through suffering from anxiety and depression, was emphasised. With due consideration to the lack of recourse to funding, the woman described here was likely to re-engage with sex work.

Many women offenders raised the issue of being disempowered and subject to controlling behaviour by men in powerful positions. In trying to find a level of control over these situations, the aforementioned counsellor explained how the women sometimes choose not to engage with appointments. Non-engagement with appointments as one (and sometimes the only) means of control was a coping method I viewed as understandable; if the expectation was that support would not be received, it made sense that the disillusioned individual would choose not to engage with appointments during which they might become further disappointed. The counsellor was very clear about the role of advocacy in supporting the women sufficiently to ensure that they prioritised attendance at appointments, and there was an evident level of support and protection provided by the gatekeeping counsellors and probation officers throughout the research. This was crucial to the facilitation of the women's/service users' participation and exceeded my expectations prior to the start of the fieldwork.

Some gatekeepers were protective in negotiations to access participants, which I had not anticipated. However, as the experiences and concerns of the women accessing the services were described to me, I became increasingly understanding of the need for this level of scrutiny and protection. One area highlighted was the consideration that I could be perceived as a threat or could pose a risk to interviewees. I began to reflect on this further and to consider the levels of power and control, and the previous experiences described, becoming more appreciative of the need for the level of scrutiny applied to the process of accessing the sample.

I became more reflexively aware of how I might be perceived in my role as external researcher—an outsider—making 'appointments' and how this could cause concern and discomfort for the women interviewed. Ultimately, I had to be flexible regarding

access to the sample, and I was often dependent on the discretion and expertise of the gatekeepers' advice concerning each of the contacts. In order for this to work in practical research terms, I attempted to become part of the setting and to attend discussions and meetings. This allowed me, through transparent discussions, the opportunity to build rapport with gatekeepers; I was ever-mindful of my own duty of care to do no harm to participants.

The use of gatekeepers within the research role was of paramount importance within this research and I found that the level of care and concern for participants was highly evident. From my perspective, I endeavoured to build relationships and communicate regularly with gatekeepers during the research process. This was particularly important prior to the recruitment of participants for the interview, as described in section 3.4.2 of the methodology, the gatekeepers facilitated an essential role in terms of filtering engagement for interview. Beyond this, my initial expectations for liaison and engagement were far exceeded. The level of engagement with the research and the interest expressed was far greater than I had anticipated.

The level of gatekeeper motivation was an essential factor in the research. There were no potential monetary gains to be attained by the gatekeepers, or professional accolades, which I could ascertain. The incentive was purely one of concern for the participants. The level of knowledge concerning the participants was high and particularly beneficial in relation to providing additional contextually rich detail concerning work with the women offender population. The gatekeepers were kept informed concerning the project, through ongoing liaison and communication prior to interview. Also, through subsequent e-mails post interview, to ensure transparency in communicating that the interview process had been successfully completed with no harm done to the participants.

Protection of vulnerable participants was the priority within this research and this has been identified as one of the defining factors of a gatekeeper role within research (Mander, 1992). The professional background of the gatekeepers and the knowledge of the research were additional factors which Mander identified, in relation to gatekeeper's decisions made concerning the undertaking of a research project. Certainly, the gatekeeper role was an essential element of the research undertaken, in relation to doing no harm to the participants. Based upon the experience of undertaking this research, I found that the ongoing dialogue with the

gatekeepers and the transparency with the research process, enhanced the working relationship and was beneficial for the purposes of the research.

As indicated in the Methodology chapter (3.4.2) and evidenced in this section, my role as researcher depended on collaboration with gatekeepers who I have referred to as 'enabling practitioners'. This draws attention not only to their role as 'gate openers' (Annesley, 2010, p.54) but to their positive support for, and curiosity about, the research. We discussed psychological support for service users, the need for proper investment in services, and the nature of the relational aspects of working with women. These discussions increased the relevance of the research by ensuring that it was both informed by and able to inform policy and practice in interventions with women offenders.

The enabling practitioners also assisted in facilitating access to the sample and sustaining the research process. I have detailed in this section the ongoing liaison and communication which was undertaken prior to accessing the sample. In this, the gatekeepers were paramount in utilising the skills they had in working with participants to smooth the process of access to the sample. The gatekeepers helped to sustain the research process by supporting the management of sensitive issues and frequent liaison with participants.

Dale and Watson (2010) describe the consequences of service demands on the motivation of gatekeepers. Additionally, they describe further barriers to gatekeeper involvement, as related to the perceived lack of tangible benefits. Barriers to gatekeeper involvement were described as less prevalent, when they were recruiting from voluntary and private settings, in comparison to the statutory sector. Based upon the experiences of undertaking this research, I found that the gatekeeper involvement was equally facilitative across the voluntary and statutory services. Certainly, the investment in liaison and communication at the beginning of the research, was paramount, in relation to transparent and clear discussions concerning involvement in the research.

As reflected upon here, the gatekeeper role provided an essential resource for this research. This was at a level of protecting participants and filtering engagement The communication with the gatekeepers was a key element of making the relationships work and time well invested, to secure access to the sample and to develop on ongoing dialogue throughout the research. Ongoing dialogue with

gatekeepers also helped to inform my view on how I might be perceived as a researcher, in relation to power and authority. The use of a reflexive journal will now be discussed, in relation to ensuring that an ongoing process of ensuring that an ethical approach was adopted.

4.5.2 Reflexive journal

The template questions for the reflexive journal are listed in the methodology, in section 3.8.1. The journal was completed after every interview and provided the means through which I reflected upon the interactions with the participants. Notes were documented concerning the conditions of the interview, which included the location of the interview and the level of comfort experienced by the participants. Potential issues were also noted, prior to the interview, which included my perceptions of anxiety in the participants, prior to and during the interview. Reactions to specific questions during the interview process, rapport and procedural concerns were also listed. After the interview these notes were reflected upon as I considered my role in the interview process and documented these, based upon our interactions. I also noted how the participant might have perceived me and my role and our interactions during the interview process. Prior to reflecting upon my use of a reflexive journal, I will discuss some of the research on reflection and reflexivity, which informed my approach.

Taylor and White (2000) provide an outline of reflexivity and distinguish it from reflection; reflection is defined as thinking about practice, such as to diffuse conflict, or to manage distress (p. 198). Based on this, considerations of appropriate action from lessons learned, can ensure that the process will subsequently be undertaken in a different way. Within this description, reflection is confined to a form of theory in practice. In contrast, Taylor and White (2000) highlights that reflexivity takes the reflective process further, so that rather than accepting knowledge as something to apply in practice, it is worthy of scrutiny. Reflexivity is described as a form of ‘bending back’ (Taylor & White, 2000, p. 198), in relation to claims of knowledge by the practitioner. This can serves as a sound definition, because it allows the

researcher to make his, or her, own decisions concerning how to apply effective reflexive research practice. Given the different ideological and theoretical underpinnings of different research practice, which will require different approaches and perspectives, this means it is flexible enough to be subject to different types of scrutiny. A certain level of flexibility is required to undertake qualitative research especially that which addresses social accountability, or groups traditionally under-represented in more traditional research approaches.

There has been some apparently emotive criticism concerning reflexivity, it has been criticised as vague, because there is uncertainty as to whether the term is a philosophy, a research method, or a technique (Cunliffe, 2003). It has also been viewed as a form of 'benign introspection' (Taylor & White, 2000, p. 34) and as an apparently self-indulgent process. Although perhaps these accounts should not be viewed as criticism of 'reflexivity' itself, but rather the expressed style of the research, or, perhaps lack of insight which is *specific* to the research phenomenon and context being studied. Privileging a theoretical standpoint has been viewed as a 'devastatingly unreflexive act' (Orr & Bennett, 2009, p. 87), although it would be difficult not to include theory in research. It can be argued that even with grounded theory approaches, or bottom-up lines of enquiry, there is always an element of bias that can be introduced. However, reflexivity can introduce transparency and context to the process.

The benefits of using qualitative methodology to highlight context is useful within applied psychological domains, such as clinical psychology, health psychology and counselling psychology (Coyle, 2007). Congruent with this applied utility, 'epistemic reflexivity' has been advocated as a way of subjecting knowledge claims to critical analysis (Taylor and White, 2000). This concerns assumptions made by practitioners concerning mental health, learning disability and child development, as examples, within the policy and environmental constraints within which they work. Taylor and White (2000) highlight that the identities and needs of the service-users they work with, are *interpreted* identities and needs, based on knowledge claims that underpin practice. They highlight that this is often rendered immune from analysis and critique and is not scrutinised. In terms of approaches to 'dependable scientific knowledge' (Taylor & White, 2000), discrete components of professional activity can be subject to this level of certainty and truth. However, they highlight that in reality, other approaches, such as using reflexivity, that places understanding, rather than explanation in the foreground, might be more fruitfully explored. Within both

research and practitioner areas, reflexivity can be applied to provide an account of understanding, or knowledge, within a context.

One of the aims within this research was to establish a rigorous approach to the data and reflexivity can potentially be used to account for the role the researcher, in terms of influencing the research process. There is apparent criticism with regard to qualitative research not always highlighting the means through which bias might be accounted for and the level of credibility of the research. As indicated by some of the research mentioned, this can be enhanced by a documented account of the reflexive process. As such, this can enhance an understanding of the process and through a sense of transparency can highlight the complexity and different knowledge bases that contribute to the research. One of the benefits of a reflexive journal, or documented account, is the record of adaptive means to account for changes during the research process.

The approach I have utilised, which incorporates a reflexive journal, creates an adaptive account of the research process, in relation to how the research developed. Also, the reflexive journal can provide an account of interactions within research teams and certainly with gatekeepers for the research. It could also provide a useful account of how a certain level of bias might be addressed. An adaptive account specific to analysis and interview style is also useful. As outlined in the COREQ guidelines, rigour, comprehensiveness and credibility can be enhanced and this can be usefully needs to be accounted for. Different approaches to involving service users and ex-service users within research teams, emphasises reflexivity and social accountability of knowledge production. New approaches are particularly pertinent where knowledge is lacking, or under-represented, such as with individuals with mental health support needs. Research teams, or teams that co-produce knowledge, add a new dimension that can go beyond adding ‘voice’, to something which has real utility, in terms of consolidation of information and involvement of service users in the research, which can have significant impact.

An account of reflexive bracketing provided by Ahern (1999) outlines guidance for considering researcher pre-conceptions and is advisable from the point of considering the research question. This was suggested as a useful approach, in the largely absent accounts of the means whereby qualitative researchers demonstrate the ‘validity’ of the data collection and analysis. Although, the reference to validity in this instance is accompanied by an account of how subjective awareness is

beneficial. The use of reflexive bracketing in Ahern's (1999) account is a way of identifying potential bias and subsequently using a feedback process to adapt the approach and address researcher influence. The ability to be reflexive is outlined as the ability to put aside preconceptions and feelings. Power hierarchies, value systems, conflicting roles and considerations for co-coders to counteract analytical blindness are included within the account. The benefit of this approach is the ability of the individual researcher, or researchers with a team, to consider their own personal stance.

The use of a reflexive journal in this research enabled me to undertake an ongoing process form of ethics, whereby I could reflect upon the conduct of the research and consider the appropriateness of my responses. As argued by Guillemin and Gillam (2004) research ethics cannot help, when the fieldwork is being undertaken, therefore a 'process and a way of thinking that will actually lead to ethical research practice' (p. 273) is necessary. My approach, which utilised a reflexive journal was effective as a form of a robust and coherent account of earning and enabled me to document the research as it progressed. The following quote provides a useful summary of how reflexivity can chart particular areas:

> *'- reflexivity encourages researchers to develop the skills to respond appropriately. In the actual conduct of research, the reflexive researcher will be better placed to be aware of ethically important moments as they arise and will have a basis for responding in a way that is likely to be ethically appropriate, even with unforeseen situations'*
>
> Guillemin and Gillam, 2004, p. 277

I utilised the reflexive journal to document and reflect upon my decision making and actions during the interviews and found this particularly useful at the point of ending the interviews. Thompkins, Sheard and Neale (2008) discussed some of the potential difficulties with closing qualitative interviews with women drug users, which is pertinent to this research. They argued for the use of techniques to ensure that participants are not distressed at the end of the interview and reviewed their own methods. One of the reflections from the research conducted by Thompkins et al (2008) was that the final questions of the interview needed to be carefully

considered, in order that the participants would not ‘leave scope for participants to fall into negativity or despair’ (p. 28). The interview schedule I had developed ended with questions which ended with positive discussions. The following extract from my reflexive journal illustrates how I managed this.

An interesting account of responsibility to clients has highlighted the use of ‘reflexive awareness’ within the role of a health psychologist (Nicolson, 2003). Within interviews used for her research into depression, Nicolson provides an account of how, in the interview context, reflexivity requires an approach that accounts for the different meanings which contribute to the research, by both the researched and the researcher. Nicolson highlights that interviews are not neutral acts and that initial concerns regarding ‘bias’, could not account for the interview process. There was a level of responsibility felt in terms of the respondents’ pain and happiness, after disclosing intimate details on depression. ‘A mutual construction of topic’ (Nicolson, 2003) was part of the discussion. Nicolson’s account of using reflexivity as a research-practitioner demonstrates a level of compassion and responsibility through her approach to reflexivity and how this is discussed, as part of the interview process and also as a consequence of the subject matter, i.e. depression. An ‘intuitive’ element is mentioned, which equates to something not consciously defined. Indeed, this was apparent during the interview process and difficult to document. However, for the purposes of ensuring an ethical approach, a reflexive journal was extremely beneficial, as illustrated in figure 6, below.

How was the interview left?

Although there was some distress caused, N. seemed extremely calm towards the end of the interview and very different to the beginning, when N appeared nervous.

The interview ended with a discussion concerning how N wanted to become re-involved with education (N has a postgraduate qualification in law) and was considering a short course, which would be manageable and not stressful at this stage. We went into the communal area after the interview, made some tea and talked about how she was looking forward to visiting her mother, straight after leaving the building. We went through some leaflets on volunteering and work liaison and I suggested that N might want to look at short courses for adults in this area, as she wanted to find an alternative focus and was interested in this area (I directed N towards internet and library resources).
How did I feel after interview?

Exhausted.

Pleased that N was very calm towards the e/o the interview.

I feel that I am able to manage the interview process better - and recognise when there is some potential for escalation or distress.

N made references to having personality disorder, but particularly the term 'unstable' personality disorder, as diagnosed by N's mental health team - and this appeared (unsurprisingly) to cause a great deal of discomfort, as described to me during interview. I became mindful of the impact of receiving a diagnosis of personality disorder (i.e. from N's perspective, the description of managing stress was described and this was in the context of being a victim of violence and abuse / NOT because of the diagnosis, based on N's description).

I was quite upset after the interview regarding the unexpected level of abuse detailed – in relation to past intimate relationships (it was the nature of the relationship which N discussed and was concerned with – that it was because the violence was perpetrated by her partner, NOT just a concern for the severity of the violence). I thought the interview ended well and was satisfied that N was not distressed as she left the building, N felt calm and was going to see her mother (and was currently safe – and no longer in contact with partner).

Date: 1st March 2013

Figure 6 - Reflexive Journal extract from interview with 'N'

4.6 Reflections on the interview process

Some areas I consider most pertinent for an ethics-as-process model were unanticipated. There were several particularly useful procedures and strategies that I put in place in order to ensure avoidance of harm to participants; I have discussed these here. These are areas I consider important in terms of documenting and reflecting upon as part of an ongoing form of ethics. This is outlined below, which includes some reflective discussion on how I adapted my strategy and interaction during interview.

4.6.1 The pilot interview

I conducted a pilot interview with a former service user and offender now working as a drug and alcohol support worker. I familiarised the participant with the research area as a potential gatekeeper for the research, and she volunteered to actively support the research. Together with two former service users, she provided feedback on the interview schedule and the questions prior to acting as a pilot interviewee. I chose to keep this process informal, conducting the interview at the agency where she worked. We discussed the research area and my reasons for wanting to undertake the research. I was advised that I should take notes, rather than record the interview.

Approximately 20 minutes into the interview process, the participant's feedback began to shift, from asking for clarity around the questions, through to a greater level of depth in the interview process. The discussion started to encourage the participant to reflect on her own experiences. When the participant claimed 'this is strange', it became clear that the interview questions were opening new areas of thought for her. Not wanting to place the participant under unnecessary stress, I reminded her that she was free to skip any questions, without explanation. Although she chose to continue, this experience was a useful reminder that I needed to be prepared for the impact that taking part in interviews could have on participants.

As the pace and tone of the interview should be set by the interviewee, a number of changes were suggested regarding the order of questions; this seemed to be a response to what I perceived as the process of actively making sense of past experiences as the interview progressed. I was also conscious of needing to create opportunities, throughout the interview process, for participants to reflect on and express their thoughts as they made sense of their experiences. As the pilot

interview ended, we discussed how participants could best be signposted, to appropriate support from the agencies named on the information sheet, in the event of distress.

The participant and I agreed to speak on the phone, and I texted her three days after the interview to arrange a convenient time to telephone and discuss the interview process and gather more feedback. I was very pleased that she had enjoyed the interview process; however, she mentioned that although she had enjoyed the interview, it had felt 'very strange' at certain points during and after. She explained that this was because she had been invited to talk about aspects of her experience that she had not previously considered. The discussion surrounding the unexpected realisations and reflections resonated with my previous thoughts and the manner in which I had thus far documented the process. I was particularly concerned that I might have caused her discomfort, although she assured me this had not been the case. She felt that my approach during the interview was a 'good' one and, when I asked for suggestions and direction, she advised that there were none to offer as the process had been satisfactory for her. However, she continued to emphasise the 'strangeness' of the process, and I was conscious that there was potential for the interviews to begin a process of reflection that could be overwhelming to participants.

As a result of the pilot, I became aware that the interview process could potentially become 'therapeutic' in nature. I became increasingly conscious that the interviews were *not* counselling interviews. Although I was comfortable with the interview process, there was a potential for the 'blurring' of boundaries between a qualitative research interview and a therapeutic one. For this reason, I became more acutely aware of the potential for discomfort for participants.

I found this heightening of my awareness through the pilot interview particularly beneficial in obtaining a very detailed interview account. This could be deemed a success in terms of both access to valuable insights from the participants and the in-depth accounts required for an IPA approach. However, the description of the 'strange' aspect of the process made me aware of the need for increased awareness of any potential for a power imbalance. It was evident that the participant in the pilot interview was actively making sense of her experiences at the time of the interview. I was therefore more aware that participants' responses would not necessarily be filtered, considered responses but rather in-the-moment reactions.

Following this, I became more aware of the need to create a balance between accessing detailed interview accounts and ensuring that participants had appropriate control over the process. As a result of this pilot interview, I was prepared to create breaks during future interviews in order to allow participants to re-focus and filter their levels of engagement with the interview process. I was acutely aware that, although there were elements of the interview that might have been therapeutic in nature, my role was to conduct the research within the remit agreed with participants and was not the role of a therapist. I was conscious of my level of specific competence along with the BPS code of conduct (2009) and the need to undertake the research in a sensitive manner.

4.6.2 Vulnerability and potential for coercion

As the interviews progressed, I became aware that I was interviewing women who were particularly vulnerable in a number of ways, including high levels of isolation. For some, the only support they received was through the third sector or from probation service provision and not from specialist mental health services and this was commented on by the participants. Many participants were isolated from family or other potential support systems, and some individuals detailed previous experiences of having to run away from abusive partners. Others described not being able to leave their homes, through lack of feelings of safety, or because medical attention would be necessary for past injury. These were all difficult and frightening experiences, and I felt empathic toward the individuals during the interview process. As I listened to accounts, I was conscious of creating a non-hierarchical atmosphere and of being engaged, 'present', and attentive. I did not want to distance myself from participants' experiences and was particularly conscious of bearing witness to a high level of intimate detail.

I felt both challenged and privileged to hear and discuss these accounts, but I was also mindful (from lessons learned and discussed during the pilot interview) that the participants might have divulged more information than they had originally intended. I was aware that there was also the potential for a power differential between us, particularly in relation to my knowledge of theory and research relating to women in the criminal justice system. I did not want to coerce the women into divulging information they would not have otherwise discussed, on the basis of this power differential. Additionally, I did not want to lead participants into providing additional

information they had not meant to share on the basis that they felt relaxed and were content to engage during the interview.

I reflected on the need to maintain an ethical perspective through recognising that participants were vulnerable in several ways and were likely to be isolated from support systems. However, I was also committed to respecting participants' self-determination and the value of their experiences and voices during the process. I constantly reflected on the process of conducting the research, as well as on my motivations (Towl, 2010); this was a process I found emotionally demanding. I was particularly sensitive to the use of breaks and ensuring that informed consent was established on an on-going basis. This was especially relevant when discussing experiences that had the potential to cause distress. The following is an excerpt from my reflective notes after an interview with 'B':

> How did the interviewee react to questions?
>
> *'B' mentioned her anxiety and difficulties with managing anxiety, which she mentioned was a result of domestic abuse. It was apparent during the interview that B was also anxious because her ex-partner wants access to the children and to become part of her life again.*
>
> *– B was becoming anxious during the interview, not just from remembering abusive experiences in the past, but also for future fears – the context for B and the making sense of support was in the overwhelming context of abuse (past and potentially in the future – and also escalating concerns).*
>
> How did I react in the interview?
>
> *How did I manage this? I was aware of slowing down the interview process and was more verbal. I did not want to 'take over' the interview, but as this was a point of distress, I needed to step in to create more comfort and decrease anxiety for B. I did this in order to create some space for B, to prevent any escalation, fears or anxiety. I empathised with her experiences, which were intensely fearful and I could also feel her rising levels of anxiety. The mention of her ex-partner's name [and described as 'a very bad man, a nasty offender'] seemed to 'turn' the interview from focusing on past support, to focusing on future fears.*
>
> *I spoke about the strengths of the women who I had discussions with in the past – and how I could not imagine how they had come through those experiences. I also offered my opinion that B had managed incredibly, in a way that must have been very difficult, especially with her concerns for her children. Through re-iterating the nature of the 'good support' and 'good, good people' that had surrounded her and how she had sought this out, my expressed view was that B had done so amazingly well to access the services – B also thought that she had done well – [I didn't think B viewed her anxiety as an understandable process to trauma – but an element of incredible*

concern / a weakness in her life].

B wanted to continue with the interview [consent revisited] – we went on to discuss the strengths B had gained as a result of support provided –

Date: 25th March 2013

Figure 7 - Reflexive journal extract from interview with 'B'

The above notes emphasise my concerns and my view of anxiety and trauma, which in the case of many participants, in my view, was the reaction to violence. At the time of the interview, I was conscious that I needed to step into the process and try to break down the interview to ensure that 'B' was comfortable to continue. We revisited consent, and I established that 'B' was happy to continue with the interview. In retrospect, this was made possible in part through emphasising B's understandable concerns and reactions. Additionally, through emphasising the positive support 'B' had received and which 'B' herself had sought and accessed – all positions of strength- I brought the interview back to a level of comfort and safety that was acceptable to her.

Creating space during the interview, and focusing on positions of strength, was one of my strategies for considering participants' standpoints. I wanted to eliminate potential risks to the psychological wellbeing of participants, as shown in the above example. Sensitivity to the use of particular questions, which could have been considered 'probing' in nature, was vital. All interviews began with a discussion about the interview schedule, which had been agreed in advance with each participant. However, the nature of open-ended interviews is such that they often take unanticipated turns.

During interviews, participants' comfort was prioritised; this took priority even over obtaining detailed data. In order to ensure this, I adopted a conscious approach to active listening and to anticipating any causes for concern. Probation records often showed diagnoses of 'disorder' and depression. Although I did not attend to these as the sole indicators of distress, I was nonetheless aware that some interviews might require a heightened level of sensitivity. The following extract from Brown (2003) highlights the need for different ethical considerations for different research methods. The use of the life-history interview is understood as similar to the psychotherapeutic interview. The dynamic of this research method, in relation to personality disorder, is highlighted as a particular concern:

> ‘Patients suffering from personality disorder experience difficulties with interpersonal relationships, such as intense attachments or fear of abandonment. The interview process itself engaged the researcher and participant in a relationship where such dynamics might be acted out. Indeed, there was more than a passing resemblance to the structure of the life-history interview and a psychotherapy assessment interview. There was a risk that such patients may be particularly vulnerable to exploitation as their dependency needs and attachments may make it difficult for them to say no, abuse histories may make them hypersensitive to power imbalances and the likely occurrence of dissociative states may affect capacity to give valid consent’
>
> (Brown, 2003, p.51)

The sample of interviewed included women who had histories of abuse and diagnoses of personality disorder, as recorded in their probation case notes. My perspective with regard to this research was centred on meaning-making in context rather than the presence or absence of diagnosis. However, Brown’s experience serves to illustrate the importance of taking abusive histories into account in order to remain sensitive to power imbalance within research. For this reason, every possible attempt to address power differences was made throughout the research process.

4.7 Lessons learned and Further direction

The last section of the ethics chapter provides a brief outline of how lessons learned from this work can be used to develop this area further. I have reflected upon decisions made during the course of the research and reflected upon how participants could become further involved in the research. I have also reflected on the work in terms of transparency of approach and the potential for an audit.

4.7.1 Missed opportunities and co-production

Throughout the interview process, quite a few of the participants offered to provide support going forward, in relation to the work. There was a great deal of enthusiasm expressed from those who offered to provide support. This included offers to deliver presentations with me, through to advising magistrates, mental health services and politicians concerning the support needs and experiences of violence and abuse in women offenders. Becoming involved in the research seemed to ‘start’ a process of wanting to make changes and support others in similar situations. I was surprised by

this level of enthusiasm and felt that I had wasted an opportunity for participants to apply their strengths and knowledge. Going forwards, I would envisage that the involvement of participants would prove extremely valuable in this area of research.

Reflexivity within a research team has been used with regard to the 'co-production' of knowledge involving the users of mental health services (Gillard, Simons, Turner, Lucock and Edwards, 2012). This is an area which would certainly be beneficial in future development of this research. As a research team, Gillard et al (2012) used a working definition of research coproduction that was non-hierarchical and emphasised reflexivity and social accountability of knowledge production. The social accountability aspect in this instance was because the research involved the close interaction with service users; i.e. rather than being an object of study, they were involved of the process. Gillard et al (2012) highlighted that although service users have been consulted with regard to mental health research in the past, this could be viewed as enabling a voice, rather than deriving new knowledge. Their project involved a high level of involvement from people with experience of mental health issues. Their research aimed to investigate how mental health organisations supported people to care for their own mental health.

The approach used by Gillard et al (2012) involving co-production of knowledge, was viewed as greatly effecting the research process, when a high level of direct input from service users, was accounted for. The reflexive account provided detail on how the approach involving service users affected the research findings and recommendations. They achieved this through documenting the process. Some of the academic conventions with regard to their study of mental health had been found to be challenged. Service users from mental health services, were recruited as researchers, as part of the research team. They were involved in developing interview schedules, presented and applied analytical frameworks to build a database of coded text and were integral to decision making processes. A reflexive account documented the adaptation of the research process, which included an account of the revisiting of data and impact of the service user accounts in the process; one example being the revisiting of data, as a result of feedback conferences. The reflexive account included other examples, which highlighted how the analysis was revisited and enhanced through service user feedback, based on periods of discharge from services and the importance of enhanced self-care at that particular stage.

Gilard et al (2012) detailed that in some instances, the co-production of knowledge, has traditionally been viewed as a 'blurring of the boundaries' between practitioners and those on the receiving end of the service. They highlight that qualitative research is often not accompanied by a detailed process to accompany the tasks involved and the documentary record provided this. I argue that such an approach, which attends to reflexivity within the co-production of knowledge, could serve to develop and challenge systems, which should provide a service, if they are on the same research team.

Orr and Bennett (2009) adopted a reflexive approach to investigate the extent to which they jointly produced knowledge, from different perspectives. They found one of the utilities of the approach was the critical assessment which allowed a guide of future action. They also expressed that they wanted to highlight the contradictions and tensions and reflect critically on the interview exchanges. Orr et al (2009) defended their use of the process of reflexivity as a tool for making transparent the process, which was co-constructed between the two researchers. Certainly, transparency is something which adds rigour to qualitative research, as detailed Yardley's (2000) guidelines, discussed in the methodology and will be further discussed in the following section.

4.7.2 Transparency and the potential for audit

I was committed to the principle that participants should be able to lead the direction of the interview rather than follow a route that I had defined. I also exercised caution within the interviews and did not ask questions concerning previous offending, or experiences of violence and abuse. The limits of confidentiality with regard to safeguarding children were made very clear, as were the limits to confidentiality with regard to details about offending. Most importantly, I prioritised participants' comfort over the acquisition of the depth of the data consistent with IPA.

One strategy that I found particularly useful in terms of ensuring that the interview process was ethically robust was documenting and recording all information for the purposes of transparency. Because all records were documented and could potentially be open to external scrutiny, I felt confident that I had taken steps to ensure that participants' protection was maintained. Reflecting on this, I was influenced by my previous role in employment, which involved responsibility for the

security of personal level data for drug misusing offenders. Research concerning sensitive topics are however open to greater uncertainty, which is illustrated in the following quote:

> *'Our research subjects divulge information in confidence about their own criminal activity…and sexual activity to a person who has asked them to divulge the information, with the full knowledge they are offering us 'data' that will at some point be compiled, analysed and published. The researcher usually initiates the interaction and, in our experience, the respondent divulges the information only on the condition that they are not named. Since the interaction would not have happened if we had not initiated it, a tremendous ethical burden is placed on us to ensure no adverse effects befall the participant because of our entry into their lives.'*
>
> Israel, 2004, p. 716
>
> [cited by Lowman and Palys 1999}

The uncertainties involved with undertaking research of a sensitive nature have been discussed in this chapter in relation to the potential to cause harm. There are considerations regarding the potential for disclosure concerning harm to third parties, including children, which is documented in the information sheet in Appendix 3. I was clear concerning the disclosure of information which would be potentially harmful to others. However, the potential to cause harm to the participant post-interview, in relation to their reflections is also a risk. Before undertaking this research, my thoughts were that the information derived from the interviews, should be made available for audit purposes, if needed. Subsequently, my thoughts at the end of this work are still reflective of this stance. Ultimately, there are ongoing procedures which should be followed to make the research ethical, however, the researcher needs to be accountable for this.

My commitment to the recording of information was largely based on my respect for the protection of records and the dignity and worth of the individuals involved. For this reason, although the research information was not open to a publicly accessible archive, I felt strongly that, should participants have future concerns regarding the interview process, they should be in a position to progress these through accessing a record of our discussions. Similarly, all reflective notes were dated and noted for these purposes.

4.8 Concluding thoughts

I have found that the process of conducting this research involved an on-going development of an 'ethics-as-process' approach in order to accommodate research with a vulnerable population. The 'messiness' of the research process, whereby not all ethical certainties could be addressed prior to beginning the fieldwork, made it essential that I put a range of strategies in place. The commitment to ensuring that no harm was done to the participants required the use of gatekeepers as well as an increased awareness of power dynamics and the vulnerability of participants.

I have reflected on my influence from the point of recruitment through to the interview process and have stressed the importance of sensitivity to the vulnerability of participants. The fast pace of the interview dynamic as it pertained to the nature of vulnerability in this case has been discussed and contrasted with a view of vulnerability as a static factor within research. The ethics-as-process account of my thoughts and reactions during the research process has described my accounts and interpretation of vulnerability.

Creating 'space' during interviews, being aware of an unequal power relationship between the researcher and participants, and addressing the potential for coercion were all essential considerations during this process. The emotionally demanding nature of respecting the self-determination of participants whilst remaining aware of the potential for coercion, albeit inadvertent, has been acknowledged. I argue that ensuring participants' comfort was a priority, surpassing the need for the depth of data required for qualitative research. As part of this, I argue that some form of an audit trail should be put in place to ensure that record- keeping and reflections are logged for the purposes of transparency.

4.9 Chapter summary

This chapter has set out to reflect on the ethical approach which was undertaken in this research. The research comprised a potentially vulnerable population and my concerns with regard to doing-no-harm were paramount. I have detailed some of the notes on reflections on the process as I engaged with the participants to show the dynamic which is involved in research with a vulnerable population and the ethics process. The next chapter details the results from part 1 of the research, as the initial exploration of the understandings of participants, in relation to interventions and approaches which support desistance from offending.

Chapter 5. From desistance to 'coping'

5.1 Chapter overview

This chapter details the first part of this research, as an initial exploration of the meaning making of interventions and approaches which support desistance from offending. This part of the research is framed broadly, in order to explore in detail and flexibly, the area of concern, which is consistent with an IPA approach (Smith & Osborn, 2008, p. 55). I chart the direction the findings take, as the emerging insights from the participants relate to coping with violent and adverse experiences. Three Superordinate themes arose during part 1 of the research: The past: violence and coping, Gaining strength and A future self. This chapter concludes with a reflexive summary that desistance was not the concern for the participants. Coping with violence and adversity through drug and alcohol use was the primary concern. Approaches which promote safety, through gaining strength and fostering relationships with others enabled the participants to move forward with their lives, after surviving through violent and adverse experiences.

I have structured this chapter to emulate the layers of interpretation, which I applied in order to be responsive to the data and provide a bold and rich interpretation of the interview accounts. For this reason, the chapter is broken down to provide a walk-through of the layers of the interpretative process, taken from individual accounts shared during interviews, through to the themes at group level. This chapter starts with pen portraits to show a mini biographical overview as detailed during the interview process. Following on from this, the lived experiences of the participants' lives are described and illustrated as an introduction to the IPA themes. The themes are described and I reflect upon the analysis and provide examples from the narrative accounts during interview. Insights are drawn together at the end of this chapter to inform further exploration in chapter 6 involving participants from a women's centre. The findings from both parts of the study in chapters 5 and 6 will be discussed in chapter 7.

5.2 Setting the scene

Prior to detailing the findings from Part 1, I will briefly introduce my approach to presenting the results, generated through the use of IPA. This relates to the way in which I have used language and to efforts to represent the findings from interviews in a manner that reflects participants' 'rich, detailed, first-person account of their

experiences' (Smith, Flowers & Larkin, 2009: p. 56). Firstly, I will explain the use of terminology with regard to IPA and the best way in which I can illustrate this is through utilising the following quote from Smith and Osborn (2008, p. 53)

> *'The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events, states hold for participants. The approach is phenomenological – in that it involves detailed examination of the participant's life-world'.*

'Life-world' will be referred to in the results section, in relation to how the participants have made sense of their 'personal and social worlds', as referred to in the above extract. All reference to 'life-world' embeds the analysis within the fundamental aspect of IPA which is concerned with lived experience (Ashworth, 2015). This relates to one of the philosophical underpinnings of phenomenology, particularly to Heiddegger's account of 'Dasein' (Langdridge, 2007, p.30), which translates as 'being-in-the-world', which revolves around us being actively engaged in other things and with people. One of the central elements of IPA research, is to achieve an account (as close as possible) to the matters of care and concern for the individual. All interpretation revolves around a making sense context and it is the life world contexts of the women and their meaning making within these contexts, which forms the basis of the deep and rich understandings detailed here.

The approach I have used within this research is to be bold with the levels of interpretation and transparent with the process. There has been criticism that there is a frequent 'vacuum' that surrounds qualitative data (O'Connor, 2011, p. 422), whereby the essential underpinnings of the research are not made transparent. For this reason, I have chosen to open up a fuller account of the process of reflection during the analysis. I became acutely aware that the participants had been immersed within complex life-worlds and wanted to show these as part of their rich accounts. This section details the initial idiographic level of detail for each individual, as pen portraits. Following on from the pen portraits, I have provided a section on my reflections upon the life-world contexts as detailed during the interview process.

Table 2 in section 5.3 outlines the themes from the analysis. The process of analysis and use of language in relation to the themes, is detailed in the methodology and as a brief reminder, I will revisit this here. The themes from the analysis fall into two categories: 'Superordinate themes' and 'Subthemes'. Superordinate themes

comprise the overarching cluster of themes which emerged during the analysis. Subthemes, relate to the clusters of themes within each of the superordinate themes. These will be made clear, as I reflect upon each of the themes and the analytical process, alongside extracts of the narrative from the interviews.

5.2.1 Pen portraits

The following pen portraits provide the reader with a context for the interviews in two ways. Firstly, they provide the criminal justice and offence related history for each participant. Secondly, they provide the life-world contexts of each participant, as described during the interviews. As IPA studies have a commitment to an idiographic element, this provides detail which is unique and personal to each individual and acts as a reference point for the narrative extracts which will be further detailed.

MG

MG, a 31 year old woman of English heritage, had 4 convictions for 4 prior offences related to drugs and alcohol. MG described how she had felt suicidal in the past and reached the point of not seeing the point in life anymore and had used cannabis in the past to cope. MG described how the approach used by the drugs and alcohol worker and also her Probation officer has been very positive, especially in terms of helping MG to manage her anxiety and waves of panic. The approach used was something which enabled MG to feel that she was understood. MG described that she can now handle situations a lot better as a result of support received and stays away from situations with peers or reminders of the past.

EL

EL, a 46 year old woman of African Caribbean heritage, had 6 previous convictions for 8 offences. The most recent offence was for possession of firearms or ammunition without a certificate. EL described how she had become more discerning of her relationships and was made to feel safe at the theatre company organisation she accessed. She described how she has enjoyed the sessions because everyone was very respectful of each other. EL described how she was trying to make sense of why she was a ‘nasty’ person in the past. When the interview ended DL was excited to go to her next theatre company session and

explained that she was keen to get up in the mornings. EL had a diagnosis of schizophrenia with auditory hallucinations.

BL

BL, a 40 year old woman of Scottish heritage, had 14 previous convictions of which the last was for offences against the person. During the interview BL described that she was a heroin addict in the past and had 'self-medicated' to cope with domestic violence. She detailed how she had to 'hide a lot and lie a lot' and was made to feel that she wasn't coping when she was running away from her violent ex-partner who was described by B as a 'very nasty man and a nasty offender'. BL had three children and described how she didn't know when the 'fear' would ever go away. BL had been accessing an agency to support women involved in the street based culture/night time economy, which included supporting work for women involved in sex work and class A drugs misuse. BL described how she didn't have friends before, but received good support at the time of the interview.

DH

DH, a 47 year old woman of African Caribbean heritage, had 13 convictions for 44 offences. The most recent conviction was for offences related to firearms, shotguns and offensive weapons. DH described how she was a crack cocaine user in the past and used to spend time in crack houses. DH had many visible burns and scars and had been homeless in the past for many years. DH described how her ex-partner beat her until she thought that she would die, when she washed the cup which had his crack cocaine in it. This was described as her first introduction to crack cocaine use. DH described how she was suicidal when one of her children was taken into care.

DD

DD, a 38 year old woman of English heritage had four convictions for 11 offences. The most recent offence was for grievous bodily harm. DD described how she used to be violent and aggressive and received a great deal of support in prison and missed being inside the prison environment. DD described how her male Probation Officer had been extremely supportive and DD described how proud she was of herself and her Probation officer for getting her through. DD also found counselling in prison supportive alongside an intervention which enabled her to control her

aggression. DD had four children and one child was taken into care. It was around this time when she was drinking a lot and 'acting up' and explained that this was the reason for her offending behaviour, which was a violent offence against her daughter's partner. DD described how she made two past attempts at suicide.

ED

ED, a 51 year old woman of Swedish heritage, declined to share her offence history, although volunteered to discuss the 11-month prison sentence. ED described how she enjoyed the time spent in prison and felt that she had really connected with the women inside the prison and enjoyed it. She inherited everyone's slippers when they left prison and got on well with the prison staff. ED was also popular in the supported housing accommodation she lived in. ED described how she was a sex worker in the past and was attacked by 5 men, subsequent to the prison sentence. The resulting skull fractures were so severe that ED was in intensive care for reconstructive surgery and remained in hospital for one year. The longer term effects of this had affected her capacity to function well and ED described how she used post-it notes as reminders for basic things. ED described how one of her ex-clients was her main support when she was in hospital. He would come into the hospital to help her wash her hair.

KJ

KJ, a 44 year old woman of African Caribbean heritage, declined to share police records. KJ described how she had been homeless in the past and had been 'broken'. KJ described how the approach used by the *particular* psychiatrist in the past was not something which helped or supported her. KJ had three children and felt that she became like a child when she was ill and the 'mishaps' occurred. KJ became a mentor in prison and would help and support other inmates and found that this really helped others. KJ described how she made the decision to engage with a theatre company for women involved in the Criminal justice system and did not feel scared of anything anymore.

MM

MM, a 43 year old woman of English heritage, had 9 convictions for 13 offences, with the most recent offence being for the importation of a Class A drug. MM described how she benefited a great deal from Prison based education

programmes. She had achieved a great deal and was employed by someone who really understood the difficulties she has experienced. MM spent time in crack houses which was described as an awful experience and she described how she had felt suicidal in the past.

NO

NO, a 46 year old woman of English heritage, had 25 convictions for 42 offences, the most recent offence was for the supply of Heroin and Cocaine. NO explained that she experienced violence from a man which was so severe that although she no longer uses heroin and crack cocaine, she had to continue with using alcohol to block out the violence. NO has felt suicidal in the past. NO described how she could not go back to prison because she needed to be with her mother and explained that her mother was her main support.

TR

TR was a 28 year old woman of Thai and Irish heritage, who had 14 convictions for 33 offences, the most recent of which was related to firearms, shotguns and offensive weapons. TR described how she worked as a drug support worker in a complex needs service in the city. TR described how she was passionate about helping others and did a lot of work for the Amy Winehouse Foundation. TR described how she used to sell crack in the street and break into offices. TR described how it was very dangerous and how upon looking back, she was amazed that she managed to get through it. TR explained that her offending was escalating in line with her heroin and crack use and that it was a violent lifestyle. TR had experienced loss through one of her peers who she had helped in drug treatment. TR was also trying to re-establish contact with her daughter, who was in the custody of her ex-partner.

Life-worlds

This section brings together the group level context through which the participants made sense of support and interventions. This was based upon the initially broad question of how participants made sense of interventions and approaches which supported desistance from offending. As explained in section 5.2, I have referenced the life-world context, because my aim here is to attend to the context rich nature of this research.

Throughout the interviews, the meaning making of support and interventions were described against a background of adversity and interpersonal violence, which were non-isolated events. Throughout the interviews, some participants made direct 'causal' links between these life-world themes, such as experiences of violence and the impact upon mental health. One such example illustrates this clearly, below:

NO34: 'Where this person, erm, literally battered me and he got 12 months, and that set me onto like the drink and carried on with the drugs, just to block it'.

Interpersonal violence prevailed throughout the interviews and based upon my interpretation, the participants were victims of violence. The participants who had perpetrated violent offences were also victims of violence. Losses also prevailed throughout the interview accounts, whereby the participants described the loss of children taken into permanent and also temporary care and there were also losses of peers. Direct links were made during the interviews (and will be further detailed alongside extracts from the narrative) between violent and adverse experiences and the impact upon the participants mental health. For this reason, the impact upon the mental health of the participants did not occur in a 'vacuum', rather the impact was a direct consequence of extremely adverse and violent experiences. Figure 9, below illustrates the interconnectedness of the adverse life-worlds of the participants and the central concern of the participants, which was drugs and alcohol as a coping mechanism, within an adverse and violent life-world.

Drug and alcohol misuse was described as the central concern and the method of coping, which the participants used to address the adverse and violent experiences within their lives. All of the women described experiences of drug use, which mainly included Class A Crack cocaine and heroin use, in addition to alcohol. Drug and alcohol use was also described in relation to feeling suicidal and attempts at suicide in reaction to emotional pain in relation to experiences of extreme violence and losses.

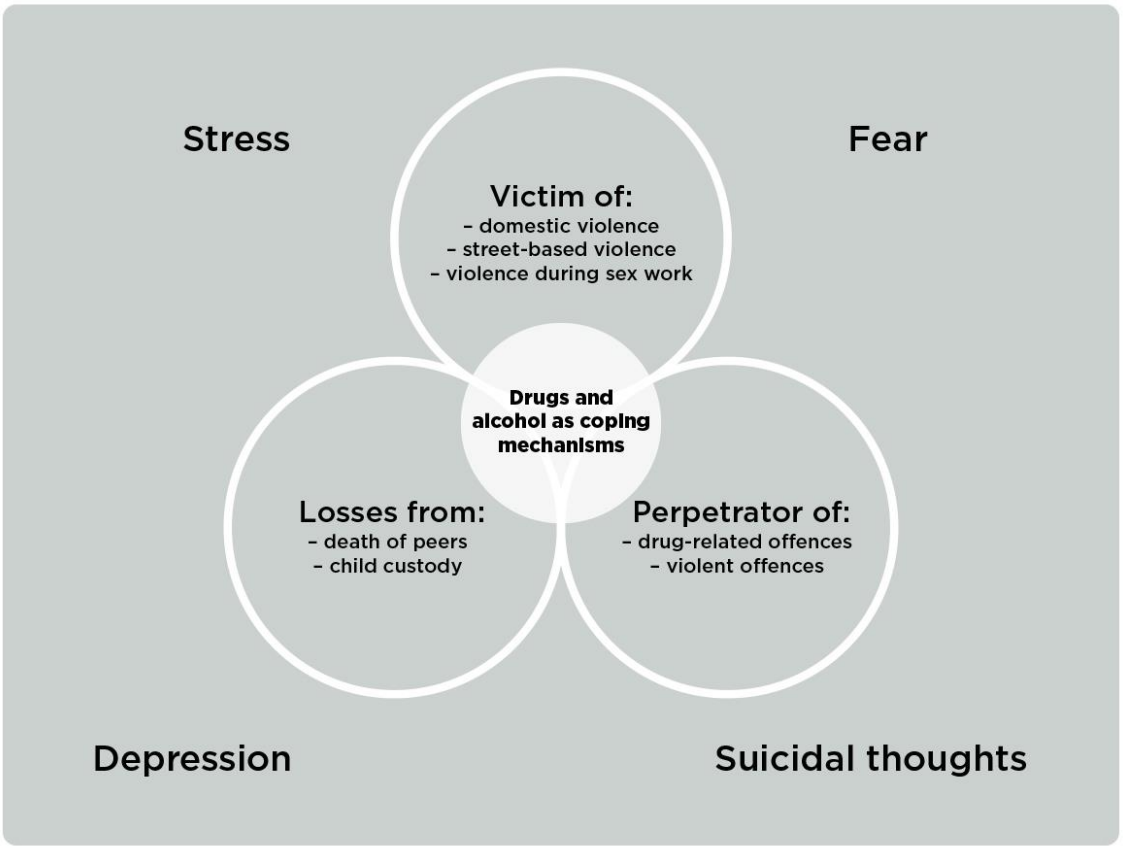

Figure 8 - Drugs and alcohol as coping mechanism

Throughout, the participants described experiences of being a victim of violence and some of the participants were also perpetrators of violence. The nature of violence which dominated in part 1 was domestic violence, although street based violence was also described. The women who had described being perpetrators of violence, were also victims of violence in all cases.

5.2.2 Making sense of interpersonal violence and adversity

IPA is as an interpretative process which involves a 'double hermeneutic', whereby 'the researcher is trying to make sense of the participants trying to make sense of their world' (Smith & Osborn, 2003: p.51). What I have attempted to illustrate in the previous section, is that based upon reflections from the interview, interpersonal violence and adversity was the life-world context through which the participants were immersed. During the process of the interview and throughout the analysis, as the researcher, I was trying to make sense of the personal and social worlds of the participants; these life-worlds were replete with interpersonal violence and adversity.

The previous section (5.2.2) which sets the scene for the research, alongside figure 9 which shows a visual representation, both illustrate that desistance from offending was not a concern for the participants. The main concern was that of coping with violence, losses and adversity. The impact of violence was particularly prevalent, as a key factor in the way in which the participants made sense of their worlds and the interventions and approaches which supported them. This section which has focussed upon setting the scene offers an introduction to the context and I will now discuss the IPA themes.

5.3 IPA themes

Three superordinate themes and six subthemes spanned the group, which are listed in the table below. The first superordinate theme, 'The past: violence and coping', was comprised of two constituent subthemes: 'the past was a scary place / the past is still a scary place' and 'lack of safety and coping through drug and alcohol use'. The second superordinate theme 'Gaining strength', was comprised of two constituent subthemes: 'relationships and emotional safety' and 'from being stuck to dealing with it'. The final superordinate theme 'A future self' was also comprised of two constituent subthemes: 'a changed sense of self – pulling the person out of the past' and 'Turning points and looking forward'.

IPA Themes for: From desistance to 'coping'

Table 3 - Drugs and alcohol as coping mechanism

Superordinate Theme	Subtheme
1. Violence and coping	• The past was a scary place / The past is still a scary place • Lack of safety and coping through drug and alcohol use
2. Gaining strength	• Relationships and emotional safety • From being 'stuck' to dealing with it
3. A future self	• A changed sense of self: pulling the person out of the past • Turning points and looking forward

Each of these themes will be now considered in turn, with a description of reflections upon each superordinate theme as a 'walk through', alongside illustrative examples from the interview.

5.4 Superordinate theme 1: the past – violence and coping

Violence and coping was an overarching meaning making unit related to a violent past and how the women coped with this. No questions were asked concerning violence and abuse from the women, but something which became abundantly clear was that in terms of making sense of experiences, the matters of concern were with regard to adverse experiences of violence. Although the levels of violence were referred to in the past tense generally, there was a temporal element, because the women made sense of their current situation, in relation to their violent pasts. They also seemed to actively place all current meaning making within the context of previous adverse life experiences.

There were two sub-units under the umbrella of Violence and Coping which related to the temporal aspects of violence: 'The past was a scary place / The past is still a scary place', and 'Lack of safety and coping through drug use', which are the themes which will now be described.

5.4.1 Subtheme 1: The past was a scary place/the past is still a scary place

The interpersonal violence describes in this part of the research was temporal in nature. It was temporal in the sense that it was described as something which occurred in the past, yet it impacted upon them 'currently'. When the violence was described, in all cases, it was preceded by an account of how difficult it was to live within adversity. Effectively, the natural 'flow' of the interview seemed to go back to the 'start' of the source of stress, as a way of making sense of what was at the 'start' of the current making sense process.

CH described her offending as being linked specifically to her crack cocaine use. As part of her experience, CH outlined how her partner attacked her and that the violence she was subjected to made her feel that she would die. This was her first introduction to crack cocaine use:

> DH19: 'I found a cup with powder in it – it was crack and I didn't know what it was and I washed it. He beat me so badly I thought I was going to die'.

Within this particular interview, the context of the introduction to crack use was described in the context of violence experienced at the hands of her partner, a crack user at the time. This was DH's pathway into offending and also her pathway into

crack use, both linked to the violent relationship she had with her partner at that time.

The description of violence by DH was detailed during the interview as something which DH placed within the context of the 'start', in terms of her introduction to crack cocaine use. Accounting for the past, as DH does, provides an insightful account of how meaning was attributed to starting crack use. Crack was the underlying factor which was present when she was violently attacked by her ex-partner, it was the start of the current adverse life world which she entered. It was also the life world context in which she began offending.

Past violence and abuse was also described as something which made 'BL' scared and anxious. This was outlined as something which was part of a dynamic through which her abusive ex-partner controlled her. The past abuse is described here as part of an internal dialogue through which the violence and abuse and fear are enmeshed:

> BL 55: 'Yeah, but that's when - he with the domestic violence - he always made me scared, like, not to say anything on my life – like, 'I'm not coping' and 'you're having a break down' - and all that, so the domestic violence as well, where you are scared to open up and say anything'.

The past experiences of violence are described by BL as something which she was scared of and there was a particular barrier preventing her from turning to others for support. The way in which she had acted and been prevented from 'opening up' was discussed within the wider context of seeking support. BL was detailing how she was making sense of the process of seeking help and support (during interview). However, the past violence and experience of control, formed part of the sense making process in terms of barriers for seeking support for BL.

Experiences of violence comprised the main areas of concern for the participants. The past was a scary place and one in which they had been immersed. It was intrinsically linked to their involvement in offending. TR provided an account of the wider context of this, as something which involved chronic stress and violence:

> TR 30: 'Because it's all about guilt and being scared and I'd be arrested and I'd wonder 'which was this one for'? I used to do locks and offices and just get men and they'd strangle me –'

TR outlined above how the life world of offending was what it was 'all about'. There was internalised blame and fear and confusion surrounding arrests. The levels of

violence were described as something which would happen when TR would ‘get men’ and was part of the enmeshed world of guilt and fear.

What was made clear during this stage of the results was that the violence experienced was interwoven with offending. For the participants in this group, ‘offending’ was not conceptualised in a way which appeared to have meaning as an isolated factor. That is, in terms of what *mattered* for the women, there was no reference to offending as a meaning making ‘unit’, but rather, the entirety of what ‘it’s all about’, which relates to the ‘scary’ place from where they came.

Throughout, the women were making sense of the past in terms of differences they had noticed about themselves. They were effectively drawing from ‘past’ reference points in order to make sense of their life world. This was a particularly adverse and violent life world through which the women made sense. Domestic violence was prevalent, but was not exclusively so. Participants discussed experiences of violence which were not perpetrated by an intimate partner. They outlined experiences where they were immersed in fear, because they were ‘made’ to feel scared. The experiences included being strangled and beaten to the point of feeling ‘I was going to die’. The experiences of violence were outlined in the context of something which had happened in the past, but which repercussions on the ability to seek support, for example:; ‘when you are too scared to open up and say anything’ (from participant B.L).When the women in the group made sense of experiences, a great deal of it was intrinsically linked to violence. It literally was what it was all about’ in terms of making sense of the past life-world contexts which were described through the duration of the interviews in terms of violence that was still present in their lives and resonated with them, as described during interview.

5.4.2 Subtheme 2: Lack of safety and coping through drug and alcohol use

Lack of safety was linked to drug misuse and violence for the majority of the group. All had experienced violence and adversity. In all cases drug misuse was described within adverse contexts, or within the context of feeling scared, or as something which was linked to violence or not feeling safe. At times, the links between experiencing violence and coping through drug and alcohol use were explicit, at other times the association was implicitly made.

As previously described, DH described her introduction to crack cocaine through her previous partner's drug misuse. In the following exert, DH outlines the experience of going through residential rehabilitation to address her crack cocaine use. In the process of making sense of this particular approach, DH outlined that the time of post-release from rehab was the time when she was not able to 'cope':

> DH17: 'When in rehab it's a mind fuck. It makes you think you're safe, that you can cope and you get out and that's it'.

From the above description, feelings of safety were tied in with the ability to cope and were a direct result of the residential rehabilitation approach. The residential environment made DH feel safe, however, the impact of returning to the outside world made her feel unsafe. There is a contextual element of safety which is lost upon release from residential rehabilitation – and essentially, the safety element and ability to cope is lost, as described.

DH was made to feel safe in the residential rehab environment and the reality of leaving the environment is described in a deleterious way, when she compares how she felt safe inside. It is a 'mind fuck' because upon release from this environment, DH does not feel safe. The reality for DH is that the ability to cope without the safe environment is compromised. This is because feelings of safety are followed by feelings of lack of safety. There is also an inference that the method of coping through crack cocaine use, probably continued at that time.

Using drugs and alcohol to 'block' past violence is described below by NO. Being 'battered', is described by NO, below and the link between drug and alcohol misuse and experiencing violence is described as a very direct one:

> NO 32: 'See, I've drunk, I've drunk for quite a while now, I will show you the reason why. Although this happened Christmas night in '99, I was in intensive care for 28 days – '(NO shows RG picture of NO with face after attack (picture on phone) – shocking picture - completely bruised, eyes black and slits for eyes)
>
> NO34: 'Where this person, erm, literally battered me and he got 12 months, and that set me onto like the drink and carried on with the drugs, just to block it'.

The experience was still very present in the life of NO, who drew attention to this, comparing the sentence which the perpetrator received, in relation to her own continued drug use as a method of blocking the impact of the attack. This includes the enduring nature of the violence that is still present in her life, although the

physical violence happened 14 years ago. She showed me a picture of her battered face on her telephone, emphasising that although this might have happened a long time ago, it is still present in her life - and it has to be blocked. Drug misuse was described as essential for the trauma still experienced in NO's life-world.

BL coped with the challenges faced during the time of her offending through heroin use. Explaining that her last involvement with the Criminal Justice System was five years ago (and documented), she spoke of this time in her life as when self-medication was needed:

> BL 49: **'**How I was 5 years ago, I was always heroin addict, erm, self-medicated myself for years do you know and just facing up to the day to day challenges'.

The challenges BL mentioned above were understandably stressful when immersed within a violent and abusive context, as described during our interview conversation. The levels of violence were intrinsically linked to the mechanism of coping, as drug use, as outlined. The impact of violence in the context of these women's worlds had a strong impact upon their levels of emotional and physical safety – and had a temporal element, as described above. The violence was linked to 'day to day' lives, in terms of coping, drug misuse and the need to feel safe.

Coping through drug and alcohol use in such adverse and abusive circumstances were all linked. The drug use and alcohol use was linked to violence and abuse and these were not isolated components, but part of a complex dynamic. The adverse nature of the women's life worlds during times of offending meant that the violence and drug misuse were interwoven within this. This is all part of the life-world context of adversity which the women have been coping through, with drug misuse as the necessary coping mechanism.

5.5 Superordinate theme 2: gaining strength

There was a sense during the interviews of reaching a point of gaining strengths. This was something which was particularly relevant in terms of the relational aspects of support received, described under the sub-theme of 'Relationships and Emotional Safety'. Further strength was also found in the ability of the women to feel that they could deal with situations. There were descriptions of no longer being 'stuck'. This element is described under the sub theme 'From being stuck to dealing with it'. These two subthemes will be described, below.

5.5.1 Subtheme 1: relationships and emotional safety

Environments and approaches which enabled cohesion and care from others were outlined in response to approaches and that had worked in the past. EL outlined how the approach taken by a theatre company worked for her, as it enabled the women attending to be 'guardians' of each other and demonstrate care:

> EL41: 'The fact that it's for women in the criminal justice system - that the thing there, we have this kind of constitution where we are not really supposed to - it's a clean, no drugs, no alcohol, no swearing and stuff - but we are very guarded in our conversations, so we are kind of guardians and mentoring and guarding each other and knowing that 'oh my gosh' - watching ourselves basically and being careful –'

Protecting others and being careful and 'guarding' each other conveys a very cautious and respectful manner with which EL has engaged with the service. It also creates a sense of how cohesiveness and establishing an emotionally safe framework is experienced by someone who had experienced feelings of fear, or of being unsafe. There is an element of 'knowing' and connection through shared experiences and of 'guarding' these experiences and highlights feelings of vulnerability with a group who may have shared similar experiences.

Similar experiences and relationships are also outlined by BL who had experienced the 'Family Drug and Alcohol Court' procedure and was subsequently in a position to help others going through the same process. In doing so, BL outlined how it was a time of extreme anxiety and a 'frightening' experience, which she could not have gone through, had she not been surrounded by "good, good people" at both the voluntary sector agency and also at the court:

> BL 15: 'It's like scary, it's a very frightening thing, do you know? Like not knowing what's going to happen, do you know – [excerpt from description of experiencing Family Drug and Alcohol Court] - I've kept it together do you know - and sometimes I think 'I don't know why I've not had a breakdown', do you know? But it's been really hard and I think what got me through was honest and good people, good support about me, do you know?'
>
> BL 69:' Just always realize that there's light at the end, do you know what I mean, erm, if you just keep pushing for what you want you will get it, do you know and don't be scared to open up and say that you need help do you know? - and they are not there always to split the families up and that - the support's there for you and your family, do you know - and just always be honest and open and I know it's very hard, you know -it took me many years to be honest and open do you know? and very hard do you know and just don't be scared do you know to reach out and ask for the help do you know -

> because there is a lot of help out there, you've just got to know where to go and who to ask for, do you know?'

One of the striking elements here is how BL explains that it took her many years to be 'honest and open' and this is one of the elements which potentially would make it difficult for BL to engage with the service. In the context of experiencing abuse and violence, BL would have found it difficult to have established trusting relationships. BL advised that individuals should not 'be scared' to ask for help and outlined how this is something which has acted as a barrier for her in the past. During the interview, BL also outlined that when her previous partner was abusive towards her, she was prevented from asking for help. BL described how she used to 'hide a lot and lie a lot'. One of the most difficult things for BL had been when she has been in a position of feeling scared and anxious and had to open up and trust others in order to ask for help.

There was an emotional safety element and also a sense of cohesion which ran throughout the descriptions, which seemed to provide a platform from the participants described that they could start to engage with services. This level of engagement was described at the level of specific interventions and also general approaches with practitioners, including counsellors and probation officers. Given the violent and manipulative nature of the participants' former relationships, the concern for safety was a particular concern which strongly resonated. The relational elements in these accounts outline how the individuals had managed to adapt and demonstrate care for others and through this, had demonstrated care for themselves. It also highlighted how difficult this process was, in relation to previous levels of isolation and concerns regarding trust.

5.5.2 Subtheme 2: from being 'stuck' to 'dealing with it'

The participants were asked specifically about any strengths gained as a result of support they had received. Some of the women reported a certain resolve in terms of adopting positive ways of coping and 'dealing with' situations, rather than allowing the situation to deal with them. This process was described in a dynamic manner, which included examples of no longer reacting passively to situations.

The participants broke down the strategies they have used to manage 'circumstances', 'hurdles', 'conflicts and traumas' which they had previously found hard to manage. Their previous reactions ranged from panic, aggression and being 'stuck' in places and not being able to move. What emerged from the interview was

that the ways of working and managing these alternative reactions constituted hard work.

In the extract below, MG described how she managed to cope with stressful circumstances. She spoke of waves of panic and preparedness as she broke the thought process down. The passive response of waiting to 'see what happens' and being taken over by circumstances was replaced. An internal dialogue of speaking with the 'old' person from the past, and the way in which she might have dealt with circumstances in the past, is replaced by an internal dialogue of resolve:

> MG 35: 'Where before I would just feel like, see what happens - now it's like coping, and learning to deal with circumstances that come, rather than letting the circumstances deal with you sort of thing - saying 'right, this one's coming and you are going to have a panic attack and it's going to hit you bad' – 'no I'm not, Boom! See you later'! - and I have to deal with it, you know?'

In a similar manner, DD provided an account of how difficult the process of coping was to manage, like 'jumping over hurdles'. DD described how, previously, she would not have taken action to manage difficulties, but described how she changed her thinking style and was able to think things through before taking action. She described the cognitive meaning making behind exercising control, which had previously been a difficult process for her:

> DD 49: 'I've had hurdles, don't get me wrong. I know the hurdles, jumped over them hurdles, do you know what I mean? Where before I wouldn't have bothered jumping over no hurdles, I would have gone through it, do you know what I mean? Now it's like, I manage things more now, I don't get aggressive, I think before I talk, I think before I act as well'.

Another picture of resolve is provided by EL who explained how she had been 'stuck' in places and was unable to move on, being overwhelmed by traumas and conflicts. The ability to manage these areas which were previously difficult, involved a change between being unable to move and being able to carry on and resolve things. This contrasts strongly with her previous inability to deal with situations:

> EL57: 'It's a big, big kind of erm, expanse of things that I can go over and deal with, traumas and conflicts *an*d things that erm, you know that have stuck me in places and I can't move - even things that I'm not even aware of, or that I know but I can't remember to list, just keeps - just everyday erm, you know something that comes up and I resolve it and I carry on, you know?'

5.6 Superordinate theme 3: a future self

The participants described a changed sense of self which enabled them to demarcate the person they are 'now', from the person they 'were'; 'A changed sense of self – pulling the person out of the past'. This was fundamental to a further stage of considering the direction of the future, and. I refer here to 'Turning points and looking forward'.

5.6.1 Subtheme 1: A changed sense of self – pulling the person out of the past

All of the women discussed differences they had noticed about themselves, as a result of effective interventions and approaches. During the interviews the majority of the women referred to experiences of violence and adversity, but they did not consider that their self-view was related to the context of adversity *at that time* – and neither did they account for their behaviour as being *related* to the adverse contexts of their lives at that time. In other words they did not clearly demarcate the person from the context of the past.

The women saw themselves as being 'normal' now, while they viewed themselves negatively in the past. This change of self-perception over time involved 'pulling the person out of the past', a process of separating the person they used to be, from the person they became... In the following extract, after detailing some of the support she received, including prison-based interventions, family and probation support, DD outlines how she noticed changes in herself:

> DD 43: 'I have changed and people have noticed the change as well, do you know what I mean, well actually before - I was disgusting me, really disgusting –'

Despite having described experiences of interpersonal violence DD does not refer to the adverse context of her past when describing how she had changed over time, but she does refer to how she was 'before'. This focus on the process of change in self, without emphasis on adversity, was common among participants. For example, EL explained how, in the context of a women-only programme, she was able to 'constructively' question her past behaviour and the person she was. She felt that the programme had enabled her to explore her former self:

> EL49: 'there was nothing there to kind of constructively make me feel erm kind of - 'why did I do this? Why did I open that door?' you know? - Just to make myself feel bad - because there's no good answer, you know? - and

> I'm trying to get around the fact that I was a nasty person so, you know, why did I do that?'

EL described how she was a 'nasty person' in the past and questioned her actions. Indeed, all participants made sense of past contexts in terms of having been a 'bad' person. The person and the context were considered as one. This seemed to create a demarcation from the past, a way of 'pulling' the person out of past adverse contexts.

5.6.2 Subtheme 2: turning points and looking forward

Throughout, the majority of the women described particular points of 'realisation' which caused them to consider their life worlds from a new perspective. These were mainly described as retrospective points in time and circumstance, whereby they hit their 'worst' point, or had to 'push through' particularly adverse experiences. These seemed to be points of culmination in terms of personal loss and the emotional and mental health 'fallout' from loss, which included suicide. These points of change described by the participants were recounted as the worst possible situations. There were examples whereby the participants outlined the continuous need to keep facing the realities of their lives, going forward. Some of the women highlighted points in time which seemed to determine their future direction. This included hitting rock bottom and still managing to be alive. This is outlined by DH in the starkest terms:

> DH13: 'I lost my last girl to social services, she would be 6 in June, that's what made me turn my life around, I was suicidal. I didn't use at all when I was pregnant or breast feeding. I waited 18 months before smoking again. I have 4 kids'.

> DH29: 'I had a crack binge for days after my daughter was taken away, I was going to die. My system shut down and I couldn't breathe, when I realised I was alive I started crying'.

The ability to 'turn my life around' relates to the absolute lowest point reached and described here by DH. The previous crack binge as a way of coping, was described in such a way that it seemed to be a projection of death. As DH survived the lowest point and the resulting crack binge, the turning point came as a realisation of a near miss. DH described herself as suicidal and it was after a near overdose that DH described how she had managed to turn her life around.

An awareness of an alternative path is also conveyed through associations with others in similar circumstances. One of the women described the influence of the

death of an individual she knew. At a deeper level of meaning making, this individual was someone she may have felt connected to, as there was a sense of responsibility and support for others going through similar circumstances. This level of understanding and meaning making, through relationships, understandings and connections with others is one of the ways in which an alternative future is projected and described. The following extract is taken from accounts from TR:

> TR 16 'What has influenced me isn't falling in love, it was the people I knew in rehab that died. They messed up, really messed up, kids, inside and everything - and she was a twig and she did 3 weeks and then she died'.
>
> TR2/2 – 'My roommate – I went through it with someone, she took me under her wing. Then someone else came in and I did the same to her – she's dead now. Me and that main lady are still in contact'.

The stark reality of an alternative is described here in reference to how SR makes sense of the death of someone who she had felt connected to; someone she had taken 'under her wing' in the same way that someone had looked after her. What was influential in this instance was not the positive aspect of moving on, but rather, the stark reality of an alternative. TR had described how the woman had 'really messed up'. The meaning which underpinned this account relates to an alternative path, through comparisons with others' who she had shared experiences with, and a path which TR did not take.

MG outlines below how she hit rock bottom when she attended the Drug and Alcohol Service and it was the support which was received there which turned things around for her. In the following account, MG outlines a 'point' in which a future is considered:

> MG 35: 'And you have to sort of get to that point and see what the consequences will be, and what they can be if you was to go, carry on, do you know what I mean? - And then you just look at the situation and you'd think, 'no there's no point in life anymore'.

MG highlighted during the interview that she had reached a stage when she had considered her future. This involved a projection of the future and what it could be and through this she had reached a point of despair, not seeing the 'point in life' anymore. It presented a stark picture of the future and one which MG subsequently reconsidered, as a point of transition.

5.7 Reflexive summary: bringing the insights together

The final section of this chapter is designed to bring the insights from the analysis together, as a brief reflexive summary. This has been advocated as an approach which acknowledges the role the researcher plays in the creation of the analytical account (Lyons and Coyle, 2007). For the purposes of this research, this also enhances the transparency of the analytical process.

5.7.1 It wasn't 'about' the offending…

From the point of interview, through to the process of the analysis, it was not possible to isolate the meaning making themes from the adverse contexts in which interpersonal violence played a large part. The meaning making unit 'the past is a scary place/the past is still a scary place' was evident throughout the group, because the manner in which the women made sense of their life-worlds was in relation to violent and adverse pasts. The 'temporal' nature of the adversity (i.e. the past 'was' scary and 'is' scary) became apparent throughout the analysis, because the past contexts of violence and adversity were still apparent, even though the violent experiences were past ones.

My initial assumptions, that the meaning making would include at least some concern for offending, quickly dissipated as it became apparent that offending in itself was a very distant concern. Bearing in mind that the research questions did not include any reference to traumatic, or adverse experiences, the levels of trauma and violence experienced were extreme and surprising to me.

My preconceptions prior to undertaking this initial part of the research, were that the reality of the women's lives would be full of adversity. However, I had not anticipated the levels of extreme adversity and violence experienced. The deleterious impact upon mental health, as a result of traumatic experiences, was extensive in this study. There were accounts of suicide attempts, isolation, hitting 'rock bottom' and not seeing the point in life anymore; of being 'stuck' in 'scary' places, being violent, as well as being a victim of violence, and the need to run away to protect themselves, or their children. Most of the women described extremely stressful experiences which included hitting the lowest point with regard to drugs and alcohol, homelessness, abusive relationships, loss of children, street based violence and managing relationships in which abusive partners wanted to access to children.

In addition to violent and adverse contexts, in some instances there was intense engagement in services within the Criminal Justice System, including the Family Drug and Alcohol court. This included high levels of surveillance and scrutiny, such as hair strand analysis and visual recordings of access to children that exacerbated stress levels and related support needs. Manipulation and coercion was evident in relation to child access. There were losses related to children, being taken into care and deaths of peers and close friends. The life-worlds of the women were traumatic and their layers of need were complex.

My decision to show the complex and interconnected nature of the participants' lives was taken because it was not possible to draw upon one adverse experience, or perspective. It was just not possible to distinguish between different forms of violence or adverse experience. From the point of initial engagement during the interview, through to the interpretation of the transcripts, the pervasive abuse and adversity was shockingly high. The life-world contexts for the participants were often so violent that it was difficult to see past the violence described to start to create the themes. The experience in effect spoke for itself and was so vivid that the direct representation from the interviews itself was quite overwhelming.

5.7.2 Coping with violence and adverse experiences through drug and alcohol use

Just as I did not ask questions concerning violence and adversity during the interviews, neither did I ask for detail concerning drug and alcohol use. For this reason, the explicit nature of the drug use described by the majority of the participants as a way of 'self-medicating', or 'coping', was unexpected. However, I was conscious of being receptive to change and ambiguity in interviews and to develop concrete and situated understandings from the participants, as experts in their own experiences. The drug and alcohol use was frequently detailed following accounts of traumatic and adverse experiences encountered. The need to cope with a 'scary' past, was the reality for the women in this study. To highlight the point more succinctly, this enabled a form of self- medication from experiences of violence and abuse. There were also descriptions of violence, which still impacted upon them 'currently'. Drug use was the means by which the participants had been able to 'block' the violence and the means through which they had coped with adversity.

Past fear and making sense of the ability to cope in the absence of safety and the repercussions of violence was very apparent during the interviews and throughout

the analysis. The respite provided through safe relationships and places which fostered safety were also strongly indicated. The strengths provided by people that fostered safety were described in terms of relational support. This involved developing trust and, within the context of traumatic experiences, appeared to be the basis from which some of the participants were enabled to gather strength and motional resources. Being surrounded by good people you could trust was the key element of emotional safety and was also the dominant factor in relation to support and interventions that effectively supported the participants. It marked the transition between drug and alcohol use as a form of coping, through to positive relational supportive mechanisms. At a tentative level, at this stage, recovery, as a consequence of experiencing violence and other forms of adversity, intersects with the results presented here and will be further discussed in the discussion in chapter 7.

From interview through to analysis, part 1 of the research speaks to a theoretical framework of resilience, based upon adaptation within violent and adverse contexts. In this chapter, the initial question 'what are the understandings of the participants, in relation to interventions and approaches which support desistance from offending?' developed into an account of coping with interpersonal violence and other forms of adversity. In keeping with IPA, I approached this study flexibly, with the preliminary research question and then progressed to consider secondary, theory driven, research questions (Larkin and Thompson, 2012, p. 103). My own realisation that for the participants 'it wasn't about the offending', but about the complex interweave of interpersonal violence and other forms of adversity, was a turning point for this research.

Coping with violence and adversity through drug and alcohol use a concern of great apparent significance to the participants, as shown in the life-worlds of the participants. Gaining strength was also a core theme in this research, as a form of making sense of relationships and safety. The relational support needs of participants were clearly evident and relationships seemed to be strongly related to the sense of transition and positive future considered by participants. Relationships and emotional safety were clearly apparent as themes which involved a sense of future self and transition for the participants. Approaches which promoted safety, through fostering relationships with others, enabled the participants to move forward with their lives after experiencing violence and other adverse experiences.

5.8 Chapter summary

In this chapter, I have detailed the results from the first part of this research. Coping with interpersonal violence and other adversity, through drug and alcohol use, was the main concern for the participants. The understandings of the participants in relation to interventions and approaches which supported desistance from offending were related to gaining strengths through relationships and feeling safe. The next chapter will consider a more detailed exploration of interventions and approaches which support desistance and I will reflect upon 'what builds resilience', based upon interviews with five women from a women's centre.

Chapter 6. Building Resilience

6.1 Chapter overview

The focus of this chapter is upon the building of resilience. A detailed exploration of how women offenders make sense of interventions and approaches which build resilience to support recovery is outlined. Five participants who had experiences of interpersonal violence in adulthood and abuse in childhood and other adverse experiences are included in this part. The participants were engaged through accessing a Women's centre and the resulting insights include situated understandings of interventions and approaches within the women's centre and also extend beyond it. Insights concerning approaches and interventions within prison were also described. Three Superordinate themes arose during this part of the research: Relational resources, Barriers to a future and internal resources for a future.

In a similar way in which the exploration emerged within the first part of this study, to become coping within violent and adverse contexts, this second part emerged into an exploration of what builds resilience and the barriers to building resilience. This chapter is structured to provide a walk-through of this process, as the layers of analysis are developed. In a similar manner to the first part of this research, the lifeworld contexts described during the interviews were based upon particularly adverse and violent contexts. The scene is set with pen portraits which provide the first introduction to the lifeworld context of the participants. Following on from this, the themes are listed and meaning making units are introduced and a diagrammatic representation is provided to show the divergence across the sample, which is described. A model of building resilience is derived from this part, which provides a diagrammatic representation of building resilience, which underpins the recovery process. Narrative extracts from the interview follow, alongside a commentary on the interpretation of the themes. I reflect upon the deeper and richer understanding of the process of building resilience and also the barriers to the process. The levels of engagement with theory is signposted for further discussion in the subsequent chapter.

6.2 Setting the scene

My aim within this research was to be bold with the levels of interpretation and also to be transparent with the process. As part of the walk through in relation to the

interpretation of the themes for this sample, this section provides an initial layer of lifeworld context for each of the participants. The following pen portraits chart part of the 'whole' of the context through which the data makes sense.

6.2.1 Pen portraits

The following pen portraits were drawn from two different data sources, to provide rich contextual detail. The detailed exploration in the women's centre context was particularly rich in relation to the interview accounts and these have been detailed here. Additional data has also been provided here in relation to the case notes from the Probation files, in order to provide greater the context for each participant. This is in line with the recommended utility of drawing upon case notes or files as a means of contextualizing the interview, as detailed by Smith, Flowers and Larkin (2010, p. 73). The details from the case notes have not been replicated verbatim, but have been summarised.

DD

DD was a 41 year old woman of English heritage who had 17 convictions for 49 offences. The most recent conviction was for common assault and battery against her Mother. The interview was conducted over the phone upon DD's request as explained that she needed to stay at home. DD explained that she has been house bound in the past and struggled with leaving the house some days. During the interview it was also explained that she had visited the doctor because she had developed clots on her lungs as a result of the extreme violence she had experienced. DD described that she had her ribs broken 'a few times' and that the fragments of bone from previous injuries had broken off and started collecting in her body and DD needed to stay close to home in order to access medical attention, if needed. The extent of the physical abuse was described during the interview as extreme. DD described that she was locked in by her abuse partner and violently assaulted and that she tried to run away. DD also described 'And it gets like this – you think if you're gonna kill me, just *do it* (emphasis), I ain't running any more – you get too tired of it'. In addition to experiencing violence, DD had also been stalked by her ex-partner. He had hidden outside the police station after she had been arrested and there were instances when her ex-partner would find her in her new location and threaten her. DD described how he had hidden outside before with a gun.

DD described how she was made to offend from an early age by her family. From this point she also became involved with her violent partner with whom she used to offend. The nature of the offending was described as something which escalated from 'stealing in shops, to using guns in garages'. It was at this stage that she said 'please don't be shocked' and described that her motivation for change was because she 'hated the person' she was and wanted to change. This turning point came for DD when she met with other woman whom DD really liked. There was also a particularly good support worker in the prison who she described as 'really considerate' and 'really kind' who had helped her a great deal and supported her to make a film about domestic violence. The case notes had noted that DD's mother used to scald her with hot water when she was a child and that she had bars put on her window.

DD described how she used to feel 'lost' and 'not in a good place in my head' when she started to access the women's centre. It was described as providing a space for DD to tell the 'full story' of her life. However, DD described that she had great difficulty with her ability to discern who to trust. We discussed DD's recent educational achievements, although DD described difficulties when she had taken the exams. When DD described taking the exams, she described it as though 'it was like someone was standing behind me' and DD found it difficult to make sense of this. DD had a diagnosis of PTSD on file (and confirmed on file with the Mental Health Trust).

We ended the interview after a discussion in which DD described how she was no longer afraid of her violent ex-partner. She felt that she was stronger than him and he couldn't hurt her anymore.

TB

TB was a 48 year old woman of English heritage who had 17 convictions for 83 offences. Her most recent offence was for fraud. TB described how offending was linked to 'everything' in her life. TB described how through building her confidence up, she was able to believe in herself again. TB worked on a college course, is in employment and works with a charity to support young people. She has spoken to groups of magistrates concerning the abusive realities of women who become involved in offending and their mental health support needs. TB described how the relationship between offending with women, stems from 'things that happen in your

childhood'. TB outlined how her mother would get her and her siblings up in the middle of the night and physically abuse them. TB described how she had always wanted to help people and that other people always comment on this about her.

TB described how through her experience 'when women are vulnerable you are open to all kinds of negativeness in your life'. From a position of having been there herself, TB described how this level of vulnerability created a 'black hole', which leads to cycles of being with similar violent partners. TB described how she 'bonded' with other women with shared experiences, at the women's centre. TB described how magistrates and criminal justice system decision makers did not understand the realities of women offender's lives. TB described how the manner used by magistrates in court can make women who have experienced abuse and violence feel judged. We discussed TB's achievement, one of which related to how she had spoken in front of a large audience of magistrates, in order to educate them concerning the reality of women offender's lives.

We ended the interview with a discussion concerning how TB would still pop into the women's centre on occasion. TB was actively seeking opportunities to work in mental health in a policy advisory role. TB described how she was interested in the work I was undertaking.

NA

NA was a 37 year old woman of Asian heritage, who had 5 convictions for 9 offences. The most recent offence was for common assault. MB described that she became involved in offending because she had 'bad relationships with men'. NA was involved in street crime and had spent time on the street, which was a time NA described thus; 'I didn't think about nothing' or 'care about no-one'. NA explained that she was 'totally out of it' and 'wasn't in the right frame of mind' at that time. NA described being robbed at knife point, being hit with a glass bottle and experiencing severe violence and abuse from her ex-partner. Her ex-partner also used her as a cover in order to sell drugs.

NA explained that she was very concerned about having a diagnosis of personality disorder and explained that this was a result of her crack cocaine habit. NA explained that she becomes 'over-emotional', which she said she has done since she was young. At the end of the interview NA said that she felt 'different' when she was young and would carry herself away from groups of people. Her mother used to

tell family members to ‘leave her alone’. She described how there isn’t anything ‘wrong’ with her and she is ‘just like a normal person’, but in terms of anxiety and depression, she doesn’t like to be outside because of the loud noises and the crowds.

NA described how she had some pride, which she thought was part of her Asian culture and also had some dignity. She explained that having a good education and a good background put her in a better position than many other offenders, as she was able to make her own decisions. After prison, NA described that there might have been an expectation from her family that she would return home because she was Asian. But, NA explained that if she had done this, she would not have ended up on the right path for her and she is now independent and living in her own accommodation.

The approach used at the women’s centre was described as one in which she was ‘working with’ her probation officers. NA also described that they were ‘behind her’ and that didn’t have to prove herself with them. NA described that she could not manage group work and has been asked to leave groups in the past because she caused a dynamic within the group. NA described how the current approach used at the women’s centre is important because it she has felt that she has always had to prove herself to someone and that it is the ‘only time’ when she thought that someone cared. The case notes had detailed that NA’s father was verbally abusive towards her when she visited her home in the past.

We ended the interview with NA providing advice on how the legal profession should be educated to know how to work with women offenders. NA offered to become involved in any work to support women offenders and was pleased that she was able to help with the research.

K

K was a 55 year old woman of English heritage, with one conviction for 2 offences. The most recent offence was for having an offensive weapon in a public place. K requested that we conduct the interview over the telephone as she was not feeling well on the day of the interview. We subsequently discussed later in the interview that K found it very hard to leave her home and no-one knew where she lived. K described how she had been raped as a child between the ages of 7 and 10. K said

that she thought her sister had also suffered the same level of abuse, but they had never discussed this.

K described the circumstances leading up to the offence. She was raped by a man who was subsequently threatening towards her in the street. K went to threaten him with a knife to threaten him back. K had felt suicidal and described during the interview that it felt that she was 'the only one punished' because she received a criminal record. K had suffered from depression and had 'pulled out' of the court process relating to the rape experienced as an adult. K thought that the approach used by her probation officer was essential in helping her and that she 'would be dead' if it wasn't for the level of support received. It made her feel like she was a person, which contrasted strongly with the approach used by her psychiatrist who had a very authoritarian manner. She could tell her things that she wouldn't tell anyone else. On the probation records it was noted that K attempted suicide three times prior to attending the women's centre. The case notes show that K was on antidepressants (confirmed with the Mental Health Trust).

We ended the interview with a discussion concerning K's ability to manage the stress she had previously felt. Also, K was pleased that she was about to become involved in a college education programme and was pleased that it was easily accessible to her, given the concerns she had for leaving her home.

FP

FP was a 31 year old woman of African Caribbean heritage who had four convictions. The most recent offence was for drugs importation of Class A substances. FP described how the particular approach used by one of the workers who came into the prison, really boosted her confidence. FP described how she was now more discerning of relationships and would evaluate them differently now.

FP described how she realised that she had just made the 'wrong decision' and could move on with her life. FP described how she has always wanted to succeed and do well and that this was instilled in her from a young age. Her mother had always supported her and when she had a child when she was 16 years old she was determined not to become 'another government statistic'. She wanted to 'prove' to her daughter that 'you have to overcome things' and that she would not let the offence ruin the rest of their lives. The case notes detailed that FP felt that she had been coerced into drugs importation, by her partner.

We ended the interview, with FP advising that negativity can always be turned around into something positive.

6.2.2 IPA Themes from the women's centre

Three main superordinate themes arose from the analysis within the sample, which are brought together in Figure 10 below. The first superordinate theme, 'Relational resources', spanned the group as a whole and was comprised of two sub-themes. These were 'In relation to similar others' and 'Practitioner as enabling resource of choice'. From this point onwards there was divergence across the group, as the two remaining superordinate themes were split across the group; into the second, or, third superordinate themes.

The second superordinate theme, 'Barriers to a future', which marked a point of divergence within the sample is reflected upon in this chapter and detailed in the corresponding narrative. The second superordinate theme of 'Barriers to a future' comprised two subthemes; 'Here we go again' and 'Trust as paradox'. The third superordinate theme; 'Internal resources for a future' was apparent for the remainder of the sample and was comprised of two subthemes. The subthemes contained within 'Internal resources for a future' theme, were 'control over a new life' and 'I have always been.. .'. The narrative write up for each theme, which starts in 6.3 provides an account of the analysis and reflections during the process, as a form of 'walk through' for the reader.

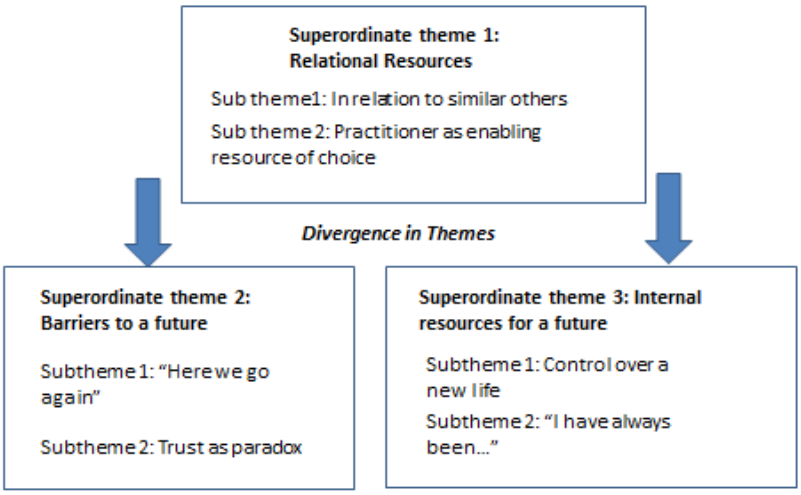

Figure 9 - IPA Themes from 'Building Resilience'

The above themes will now be discussed. A detailed commentary which includes data extracts as part of the analytical narrative outline will be provided. Throughout, I have detailed each theme and reflected upon the process of analysis and how I have interpreted and conceptualised each theme. The following section provides detail concerning the approach used for the write up.

6.2.3 The Analysis

The approach used in the following account of the IPA analysis shares the format of Part 1 of the results in chapter 5, in which I detail the superordinate themes and the subthemes. In each case, I reflect upon the procedure for the analysis and draw narrative examples from interviews. In this part of the research, my aim is to draw a greater understanding of what builds resilience and therefore, I have endeavoured in this section, to embrace a richer phenomenological account. Also, I have been bolder with the interpretation, to provide richer, greater detail. As a brief reminder, IPA has hermeneutics (or, interpretation), phenomenology and idiography (the particular) as the key conceptual touchstones (Smith, Flowers & Larkin, 2009, p. 11-32). What I aim to do in this section, is draw upon a richer commitment to each of these levels.

My aim within the following section is to draw the reader into the life-world, in a way which provides a greater understanding for the reader and is faithful to the phenomenological underpinnings of IPA. The following quote from Finlay (2008) highlights the

> *'The quality of any phenomenological study can be judged in its relative power to draw the reader into the researcher's discoveries allowing the reader to see the worlds of others in new and deeper ways'.*
>
> Finlay, 2008, p.7

During the analysis, there was a point at which the meaning making themes were not representative across the sample, whereby a point of divergence was created, as discussed in section 6.2.2, above. Consistent with the method of IPA analysis which involves a flexible approach to consider connections between themes, I considered the possible similarities between themes as I was developing the analysis. This can be likened to developing a 'gestalt' (Smith, Flowers & Larkin, 2010), or working towards the meaning making in a holistic way that comes together for each individual. The use of temporality was a strong element in the accounts and was one of the underlying factors in the divergence in themes across the group. IPA

provides a flexible method and as it is not prescriptive, I considered how to be innovative in terms of organising the data and temporality was one of the core elements of this.

Temporality is used in the following section and reflected upon. One of the epistemological assumptions of an IPA approach is that interpretation is paramount and that the researcher accesses the meaning of experiences through a process of 'intersubjective meaning-making' (Larkin and Thompson, 2012, p.103). The interpretation in the following section is a reflection of how I found that I became immersed within the transcripts and many layers of interpretation which existed within the interview account itself: The lifeworld context through which the participants 'made sense', had some very strong temporal elements, in relation to making sense of self, across time and also, transitions. These all added to the interpretative layers and created a richness to the analysis, which will be further detailed.

The process of analysis seemed quite 'intuitive' to me and did not follow a discrete linear process of interpretation. It was a fluid and dynamic process which developed across different layers as the analysis developed. The narrative includes greater insights from the use of metaphor, which is illustrated by Vedder (2002) below:

> *'In metaphor it is thus not about describing what is on hand in an empirical reality, but rather about making visible in a being something that was not previously seen…the poem produces the image…a coming to be of an expression and a coming to be of being'*
>
> Vedder, 2002, p. 206

Instances of metaphor are reflected upon in the analysis, and as described above, create understandings in a way which can speak directly 'to' the individual. The use of metaphor created very powerful imagery, which is included in the following accounts. Each superordinate theme and subsequent subthemes will now be described.

6.3 Superordinate theme 1: relational resources

The first superordinate theme I will describe, concerning relational resources, resonated strongly for all of the participants in this part of the research. Upon initial reflection, I considered that this may have been a feature of the natural process through which people find meaning. One of the philosophical underpinnings of IPA is

with symbolic interactionism and how the process of making sense is related to our interwoven and varied relationships with others[12]. For this reason, I was initially conscious that relationships did not form a discrete theme, in isolation, rather, the vehicle through which people make sense. However, as I developed the layers of interpretation it became evident that it was the nature of the relationships with others and the function of those relationships which was the defining factor, in terms of meaning for the participants.

The superordinate theme of 'Relational resources', in general, helped me to understand one of the main defining features of this part of the research, in relation to resilience and will be further considered in the discussion, in chapter 7. Relationships provided a form of resource for the participants, as they were able to draw some strength from both their peers and also the practitioners (probation officers, counsellors and prison staff). Two subthemes emerged within this superordinate theme, as I considered the function of the different types of relationship. The first subtheme of 'similar others', developed with regard to having shared the same experiences with others. The second subtheme 'Practitioner as enabling resource of choice', developed in light of the very explicit style of practitioner interaction. The subtheme of 'Practitioner as enabling resource of choice' was often described as the antithesis of previous interactions with other professionals who worked in the criminal justice and mental health sectors, which will be detailed in the corresponding section.

6.3.1 Sub-theme 1: in relation to similar others

There was a heightened level of self-understanding, which was frequently described in relation to connections with others, by all participants in this part of the research. The prominent feature of these connections was that they represented peers who shared similarities in relation to experiences of interpersonal violence. The levels of interpersonal violence described were extreme and the related impact of this was evident as there were still heightened levels of on-going fear experienced. What became apparent was that it was the connections with people who had shared similar experiences which provided a form of resource, or a 'hub' of relational resources with which to interact.

[1212] Smith, Flowers & Larkin (2010: p. 194) provide a summary of the development of IPA, which describes the philosophical underpinnings of symbolic interactionism.

‘Similar others’ represented two main features, it provided both the ability to form empathetic understanding with others who had also experienced interpersonal violence and also, a way of understanding for the participant, in relation to their own experiences. The subtheme of ‘similar others’ was apparent for all participants. This theme was described in relation to being within the women’s centre, although it was also described as a positive supportive resource within prison environments and as an important factor within the delivery of interventions. This also included more general perspectives, in relation to forming empathetic understandings of both themselves and others. Narrative excerpts from the interview transcripts follow, to illustrate the subtheme of ‘similar others’:

> TB 52: ‘We’d interact with each other, so I’ve made some really good friends here, and obviously I’ve made friends with women that have been in exactly the same situation that I’ve been in, so you know - with other people that you meet on the street you are quite reserved in what you tell them, you don’t want everybody to know - you know, what you’ve been through - to judge you, so you know being with other women that have been through exactly the same thing as you, erm, it really inspired me - I don’t believe judges really cared about women like me, that were going through such, you know traumatic things, you know? They are just quick to point the finger and send her to prison, you know? But coming here, it was a really, really different experience - that must be a real inspiration for women that are really going through serious domestic violence, and are plucking up the courage to actually come here, and try and meet other women, and you know, stuff like that, it’s the most amazing place, it really, really is, you know?’

In the above narrative from TB’s interview extract, the women’s centre represents the ‘place’ which was occupied by women who had experienced domestic violence, who have been in ‘exactly the same situation’. The way in which the women’s centre is described, is as a relational space to share with similar others. In the account provided by TB, above, the ability to interact with others and make friends, was paramount in her description and the importance of not feeling judged is clearly described. A comparison is made to illustrate the approaches which had not worked in the past, from criminal justice personnel. The judge who ‘points the finger’ towards those who have been victims of violence highlights just how important the place is, through which relationships with similar others is felt.

Women experiencing ‘traumatic things’, leads a compelling argument for the importance of an emotionally safe hub, as described by TB, in the above narrative excerpt. The description of judgement, described in a negative way, felt through potential interactions with others who had not shared similar experiences, highlights how important the ability to form relationships with similar others, is. Understanding

of others and how this also links in with the self is one of the key areas through which the participants make sense of the environment and the starting point for connections. Throughout the interview accounts, safety and connections with similar others who understand and share experiences is described as providing a different experience to previously adverse interactions with others.

There was a collective level of endurance and understanding which was apparent throughout the sample. The women's centre environment was described in such a way that safety was evoked through shared understandings of others' experiences. The level of courage to manage to get through the door and access the service was also described. The following narrative excerpt from an interview with J, indicates the strong impact of being able to talk to others, who have had similar experiences:

> K 76: 'I'd say don't take the law into your own hands, it's won't work, honest to god, it won't work, you think it might, because you punish them, but it won't work, it definitely won't work, and I'd say to them, go to a project - and xxxxx [women's centre] as well, that will help you, because you will talk to other women that something similar has happened to - but you are going to have to talk about your things, what's happened to you'.
>
> K80: 'And that will keep you on the straight and narrow and just try to get on with your life, this is easy but people can say get on with your life, it happened to me years ago, it took me 13 years and then I was just with another nasty person that it happened to you know? - when I was older - but I would just say to these women, there is life out there, there is life there, you are better than him just please, please hang on'.

The embodiment of intense distress is felt in the narrative provided by K, above. Strikingly, it is the experience of feeling distress which is described in such a way that causality is implied with regard to offending. From the above account, K described how she felt compelled to take the law into her own hands. 'Because you punish them' is the way in which K described how she was making sense of her offending behaviour [later described in the interview as threatening the man who had raped her, with a knife, in order to scare him]. The understanding of support provided by similar others, is described by K as something that 'will keep you on the straight and narrow', is something which quite literally makes sense from the perspective of preventing offending behaviour.

The interview with K was held over the telephone, as K did not feel able to leave her home on the day of the interview and upon K's request we arranged to have a discussion on the telephone. The depth of the discussion and insights gained were particularly resonant and as described in the above narrative, K earnestly advised

that women with similar experiences should 'hang on' therefore providing guidance to those who have experienced the same. There was no sense of future for K, as the meaning making process of supportive interventions and approaches did not involve any temporal aspects of future, or hope, such as with SB, for example.

Prompted here by the strength of K's account in which she described the importance of being able to discuss experiences with similar others, for support, I will contextualise the broader life-world of K, as discussed during the interview. K had experienced repeated levels of violence and abuse that included rape in childhood and also adulthood. K was repeatedly raped between the ages of 7 and 10 years old and was raped again, as an adult. K described how she had felt suicidal in the past and also, was not able to attend court on the day of the court hearing regarding the rape she had experienced. Also, K described how she was unable to leave her home most of the time. The case notes from K's probation file had noted three previous attempts at suicide, prior to engaging with the women's centre service.

The impact of violence, including sexual violence in K's life, in childhood and adulthood was high. Previous attempts at suicide certainly indicate the extent to which similar others would provide the support needed by K. The isolated nature of K's life, would seem somewhat unsurprising given the nature of the violence experienced and also, the history of violence and abuse experienced from childhood. Something which stood out however from the interview was the resoluteness which was conveyed when K explained: '*there is life out there, there is life there, you are better than him just please, please hang on'* which was meaningful to K and indeed for the intended others who had experienced the same.

To briefly summarise, the subtheme 'similar others' represents the way in which all participants made sense of the relational underpinnings of supportive approaches and indeed interventions delivered. The environment of the women's centre comprised similar others and it is through this space that the participants made sense of themselves in relation to others. Similar others provided a safe hub of understanding and support and appeared to hold meaning through the shared experiences of violence and abuse. An empathetic understanding of the impact of violence and abuse was described. Within the sense making process, temporal

aspects were apparent, through which most[13] of the participants considered a future.

6.3.2 Subtheme 2: practitioner as enabling resource of choice

The subtheme which was apparent throughout the interviews and which came across with great clarity, related to the practitioner as an enabling resource. The practitioners which were described, included the women's centre practitioners and also extended beyond this. These included probation practitioners, mental health practitioners, a psychiatrist, a psychologist, counsellors and prison staff, including post release practitioners. The explicit style through which practitioners interacted positively, were described in such a way that there was an element of choice involved, because there was something particular about the practitioner's approach which was accepted, or actively engaged with.

The narrative extracts in this section on 'practitioner as enabling resource of choice' will demonstrate how the interaction with the practitioners impacted upon the participants self-view. The building of self-esteem and confidence clearly ran through the accounts and are in the three narrative examples which will be further discussed. In some instances, the meaning making accounts of the participants were polarised with regard to practitioner approaches which did not work. The participants described how they were actively engaged with practitioners and this included being able to feel like a 'person'. The narrative account from K, below, highlights how the process of learning, through the care and concern of her probation officer, 'M', had enabled her to let go of the past and value herself:

> K 24: 'She taught me things as well, she taught me to be assertive, and she taught me to let it go. She taught me why I'm a person, you know?'
>
> K48: 'M. can show her authority you know what I mean? - like the psychiatrist, but I never felt that with her, never'.

In the above account from K, the approach which was supportive and which had clearly worked, is described in marked contrast to the experience of being with the psychiatrist. There was a recognition described that 'M' was a practitioner who was in a position of being able to demonstrate authority, or power, but that this was not used. However, the psychiatrist, who was in a position to support K with her mental

[13] This will be discussed further in section 6.4 as part of a discussion on divergence in themes.

health support needs, which for K included rape (related to repeated rape as a child and rape as an adult), was someone who was understood and experienced as an authority figure. The differential is striking and it is the probation officer who is described as teaching K that she is a 'person' and it is this which had an impact upon K.

Letting go of a violent past and being able to do so through the interaction with the practitioner has a healing quality which is described in K's account:

> K 24: '- she taught me to be assertive, and she taught me to let it go.'

The temporal nature of being able to let go of the violent experience and leave it in the past is described above and it is the practitioner who enabled K to do so. Within the description above, the practitioner is described as someone who provides care and is represented in the description as someone through which K could learn how to leave the past behind. The practitioner provided a safe platform from which K could 'let it go'. K is also discerning of the meaning of the relationship with her practitioner, who K describes as someone who could demonstrate authority, but chooses not to do so. Ultimately, the approach which is effective and holds meaning for J, is one which is valuable in a therapeutic manner.

References to authority, power and judgement, were frequently described with regard to practitioner approaches which did not work. Often, the practitioner approaches were described as the antithesis of the lack of care previously experienced. The following extract from an interview with NA, shows how feelings of judgement and having to prove herself were a central concern with regard to the meaning of the practitioner approach:

> NA 22: 'I didn't feel I had to prove myself – I don't actually have to prove myself here. You understand me? Which is a big thing to me? It's a big thing to me because all through my life I've had to prove myself. T works with me, she works with me, I'm like not even lying to you, my punctuality is like totally bad - she really works with me'
>
> 'The thing that's making me not fail is realising I'm better than all this [description of offence]. But I look at the positive side of it, I'm upset that it's like on my record and no-one will believe me, no judge or no-one. But I've got people that know what the system is – I've got T. and them lot. I just want to enjoy life, because my life had been so crap, since I left home. Just think positive, even if it's like a negative – '

The practitioner approach which is detailed in NA's account from our interview, is meaningfully expressed as related to acceptance and not having to meet with prior

expectations. The approach which is described by NA is one which has impacted upon NA's self-esteem, as 'I'm better than all this' is described. Also, the way in which the practitioner is meaningfully engaged with, as 'T works with me', marks a form of transition process for NA. NA described wanting to enjoy life, as she considers her past which has been so negative.

There are temporal referents within NA's above account, whereby there is a comparison between a past and present sense of self. The following exert from the same account, highlights one of NA's concerns:

> NA 22: I didn't feel I had to prove myself – I don't actually have to prove myself here. You understand me? Which is a big thing to me? It's a big thing to me because all through my life I've had to prove myself.

The strength of the practitioner's approach, described above, as an enabling resource is further emphasised, through focusing on NA's comparisons over time. In the past, NA described how she had to prove herself, however, within the context of the women's centre, this is no longer the case. NA's sense of self-worth, in relation to not having to prove herself has been heightened. The temporal themes are brought together in the above exert within the 'here', as the space which occupies the Women's centre.

The approach of an enabling practitioner who 'works with' NA was described in relation to a life-world of judgement within the interview. To contextualise this interview further, the pen portrait in section 6.2.1 outlines the fuller picture, as an indicator of what mattered to NA during the interview. Family expectation was described during the interview, alongside brief cultural insights into what this might mean. Expectation and judgement and proving oneself were core concerns for NA and this shines light on the importance of a relationship with a practitioner who is able to demonstrate care.

Judgement in relation to a criminal justice event and also, experiencing being judged was part of the life-world for the participants. This has already been described through SB's account in relation to the subtheme of 'similar others' and is also stressed in the account provided here, by NA. In essence, criminal justice personnel are meaningfully described for their inability to account for the participants as victims, as well as being perpetrators of crime. Judgement appears to go hand in hand with a lack of understanding of the violence experienced, as from the perspective of the participants, violence was ingrained within the wider life-worlds

and comprised a substantial component of the interviews. However, what was made clear during the course of the interviews, was that through making sense of approaches and interventions which supported the participants, judgement was used as the antithesis of what did not work. Judgement was also expressed as part of a wider 'system', as NA described: 'I've g*ot people that know what the system is'.*

Suspension of judgement, or rather, not working with NA in a way which would exacerbate previous experiences of being judged, or having to prove herself, was a central concern for NA. 'Practitioner as enabling resource of choice', became a subtheme which included an element of 'choice'. This was because, during the process of making sense of practitioner approaches and how they worked, there was a distinct element of choosing to engage with the practitioner, as a consequence of what had not worked in the past. This was at the level of judgement and also, experiencing an authoritarian stance from practitioners within the mental health and criminal justice system.

Temporal aspects were expressed in a significant way by some of the participants, relating to interactions with practitioners who enabled the participants to move forward. This is illustrated in the narrative exert from FP, below, in relation to the approach used by a practitioner in prison, the impact of which is expressed through the use of metaphor:

> FP 20: 'She kind of like opened my eyes and she said 'E** like just because you've done this, you've been to prison, like, it's like a unique selling point for you, do you know what I mean? - that you can use this experience to better other people' and she said that 'don't be disheartened, don't be discouraged' - talking with her and being in the workshop she kind of lifted my spirits - she really boosted my confidence and my hope'.

FP described above, how she felt that she was having her eyes opened, which created the sense of being able to see what mattered. A transition point is marked in the above narrative excerpt, as FP described seeing things differently and that she could translate her experience to 'better other people'. The practitioner enabled FP to see the strengths she already had in herself. The interaction with the practitioner is marked as the start of a transition process, whereby FP uses further metaphors to express a future, through the use of 'light' and 'hope':

> FP 62: ‘There is hope you know what I mean? When there’s light, there’s hope, erm, just let other people know that you are down and that you are there - because a lot of people, both professional and you know, others, say that you can’t do something or you know - and a lot of what I would say is you know- just use your negative and negative erm experiences to just, you know, to shine light on positivity and let people know, you, you’ve got a stepping stone to bigger and better things.’

Further along, during the course of the interview, FP described how the process of receiving support involved a process whereby strength was ‘taken’. The following narrative highlights the non-passive stance which was used by FP, as she strongly expresses that receiving support involved action on her part:

> FP 68: ‘I’m getting support - and you know the strength that they have, I’ve kind of taken a little bit of that from each of the women that I’ve met’.

Each of the narrative accounts which were taken from interviews with FP, show a process whereby FP gained in relation in strength, a sense of hope and a future. Upon charting the process with FP, an understanding of the practitioner’s approach, delivered in prison, appeared to lead to a chain of positive change. Resources were gathered, through the practitioner and also, through taking resources, as strengths from others. Practitioner resources and building connections with others and using ‘Stepping stones’, all emphasised that there was some forward movement for FP in the narratives outlined above.

6.3.3 Reflections on superordinate theme: relational resources

Based upon the interpretive account and the detail of the narrative I have outlined, the superordinate theme of ‘relational resources’ was a prominent feature in this part of the research, which was fundamentally based upon positive interactions with others. It was a prominent feature because all of the participants effectively made sense of approaches which worked, as being fundamentally relational. As described in the interpretive account above and represented within the narrative, the meanings of the relational resources were different between the subthemes of ‘similar others’ and ‘practitioner as enabling resource of choice’.

The meaning of interacting with ‘similar others’ was effective in relation to connections and safety and as described here, there was a hub of understanding and support offered. The narrative accounts which have been detailed in this chapter, for part 2 of the research, have all been situated within the women’s centre. However, I think it is important to note that ‘similar others’ was also apparent with

regard to experiences described within prison also and residential rehabilitation spaces. In essence, it was the interactions with similar others and the empathetic understandings of the relationships with other women, who had experienced violence in this account, which was the defining factor in terms of providing a supportive approach.

Past experiences of interpersonal violence, including sexual violence experienced in childhood and also in adulthood, comprised the life-worlds of the participants, as they were making sense of approaches which had supported them. Additional adverse experiences, including street based violence and other adverse experiences pervaded throughout. The levels of violence experienced were extreme in some cases and the perpetrators of violence were mainly men, although in some instances, women had been violent towards them. Most of the violence was perpetrated by an intimate partner, through domestic violence and also sexual violence, but also, violence perpetrated by the participants' mothers in childhood was also evident.

Most of the adverse experiences which comprised the life-worlds of the participants were described in the past tense and this level of temporality has been detailed here. The violence and abuse were frequently described during the process of making sense of support offered to the participants, as a form of looking back. The relational resources provided the first account of establishing safety and this applied both to the descriptions of practitioners who had supported them, in addition to similar others. One of the most distinctive examples of this was with regard to J's account of feeling 'like a person', during which, as part of the discussion, J discussed the impact of the violence experienced.

It was strikingly apparent that the style of the practitioner resource was interspersed with comparable accounts of practitioners who had occupied hierarchical positions within the criminal justice or mental health system. The comparisons made between what did work, was interspersed with accounts of what did not. The startling reality for the participants was that these detrimental approaches by practitioners all seemed to further compound the adversity and abusive which had already occurred.

In contrast to descriptions of practice which were meaningfully expressed, as being based upon judgement and also use of authority and power, there were positive descriptions of practitioner approaches which had facilitated positive change and

support. The meaning of practitioner approaches was viewed as a positive resource across the group. Essentially, enabling the participants to foster care and concern for themselves. Changes in self-view and self-esteem were marked by transition points, which included being able to 'see' differently, as a metaphor for a positive future outlook.

Throughout the sample, practitioner approaches which include being valued as a unique person, is compared to approaches which do not work, across both criminal justice and mental health systems. The approaches which do not work include judgement and authority which appear to play a role in devaluing the person. Given the extreme levels of interpersonal violence, adversity and abuse, the participants were particularly vulnerable. The way of being worked with in a manner which demonstrated care and acceptance is striking in its importance, as described by the participants. The meaning making unit of 'relational practitioner resources of choice' which is explored here, enabled the participants to c*hoose* to access alternative, positive, relational resources.

The meaning of the relational resources was multi-layered, based upon the adverse and violent context of the participant's lives. The relational resources provided positive alternatives to the violence and abuse previously experienced in their lives and held real meaning and value for the participants. In fact, during the analysis, the relationships were valuable from the perspective of 'rebuilding', or 'building' a sense of self which has been lost, or shattered, through violence.

In summary, the relationships provided a resource which appeared to enable the start of a recovery process, in relation to experiences of violence and abuse. What became clear was that the Women's centre brought relational dynamics together, through meeting the need for safety. There were different relational dynamics operating within the accounts provided and not all of the relational resources have been instigated at the women's centre. An example of this was with reference to practitioner relationships within prison. The centre seemed to provide a platform from which to consider past support systems. These interactions and relationships within and beyond the women's centre were described in such a way that it all seemed to 'come together' as a form of embodied hub, in the space of the women's centre. This seemed to start a 'process' for the participants, in terms of making sense of experiences, based upon a safe emotional space.

When I analysed the results, I considered a continuum for growth existed. This is because the relational resources included both practitioner approaches and similar others and the impact appeared to range from preventing further deleterious impact, including suicide, through to providing a platform for growth. These findings resonate with the early development of resilience research, pertaining to a deficits-strengths continuum (Garmezy, 1985; Garmezy et al, 1984) and discussed in further detail in section 2.6.2. A continuum of resilience in relation to practice will be further discussed in section 7.9.

Taken as an holistic whole, all of the relational resources were part of the embodiment of the women's centre. Overall, the women's centre represented a hub of relational resources which impact upon the participants in different ways. It was more than a place to access friendship, although undoubtedly friendship was a factor. It represented a hub of appropriate resources that held meaning for the participants accessing the service because of the nature of their similar experiences. Taken as a whole, it enabled the emotional safety from which to explore understanding of others and themselves, to create meaning in terms of how they viewed themselves in relation to others who had experienced the same.

6.4 The point of divergence

During the IPA analysis, there was a point of divergence, during which there were some very clear differences within the results, whereby, the themes were not representative across the sample. A point of divergence was created as I organised the data, whereby the interview transcripts from two of the five participant interviews were structured differently. In essence, during the analysis, the stage at which Smith, Jarman & Osborn describe as 'searching for patterns, connections, and tensions' (p. 232), reached a stage whereby I could not make a coherent connection between the themes across the whole of the group. The meaning making of relational resources was representative across the sample. But from that point onwards, the two remaining Superordinate themes diverged.

I reflected upon the reasons for the difference across the meaning making units and the possible reasons behind the difference. I did this through re-considering the interview transcripts as a 'whole' and going back to each account to identify differences in the themes. This was part of the 'hermeneutic circle', described by Smith, Flowers & Larkin (2010) as 'concerned with the dynamic relationship between the part and the whole, at a series of levels (p. 28). The reason I decided to

do this was to account for the possible reasons which underpinned the divergence during the analysis.

As I reflected upon the differences in the themes, it became apparent that the difference rested upon no consideration of a future. There was no projection of a sense of future within the interview accounts of two of the participants. The narrative extracts and outline which will be described in this section will show that there was no consideration of the person they were (in the past tense) in relation to a view of the future. In terms of temporality, the participants were still making sense in relation to the past. The sense which was created during the interview was that the participants were making sense of their experiences (including recent ones) in relation to past experiences. The past experiences were still impacting upon them during the interview and there was no sense of a projection of a future. This will be discussed further in the proceeding section which discusses the superordinate theme: 'barriers to a future'.

In contrast, three of the participants were actively making sense of both past and recent past experiences and relating this to a future. There was a form of movement and future projection which was clearly outlined when there was reference to using strengths in order to move on and pursue a future. The temporal level of meaning making which was evident from the interpretation was both explicit and implicit and will be discussed in the section on the superordinate theme: ' Internal resources for a future'.

6.5 Superordinate theme 2: barriers to a future

The superordinate theme 'barriers to a future' comprised two subthemes, 'Trust as paradox' and 'Here we go again', which will be described here. I have detailed the temporality which underpinned the meaning making units and I will illustrate in greater detail how these meaning making units were developed. IPA is an iterative process whereby the analysis moves between a range of different perspectives and ways of thinking. The non-linear nature of the process of interpretation had many layers and one of those layers included the use of case note information. This will also be described, here.

6.5.1 Subtheme 1: 'here we go again'

A natural tendency within the interviews was to go back to the 'start' of things during the process of meaning making and this was part of the temporal nature of the

process. Upon the interview, the prior experiential context was explained. Traumatic experiences were apparent throughout the accounts, as the participants went back to revisit and contextualise their lifeworld context. What was particularly evident within the accounts of the two participants within this group, was that traumatic experiences in childhood were used as a form of situating recent trauma within a framework of past traumatic experiences. The 'temporal' nature of the interviews was related to situating the current, in relation to the past. This is strongly evident from the following account:

> K40: 'I was linked up with xxxxxx (Women's centre), when I was an alcoholic, because things happened in my life, rape happened to me when I was 8, from the age of 7 to the age of 10 - so I got all of that out at xxxxxx (Women's centre) and then a few months later that happened, so I thought 'here we go again''.

The repeated nature of the trauma and the active making sense process in terms of the most recent levels of abuse is profound. The expression 'here we go again' is particularly resonant, as the repetitive nature of the rape in childhood is described prior to the rape, again, in adulthood. The violent assault repeats and repeats and at a tentative level of interpretation I would suggest that J is highlighting what appears to be a deterministic course, as it happened again. The recovery process, is also highlighted in the above narrative. J was able to access a women's centre and 'got all of that out' and was again raped.

6.5.2 Subtheme 2: trust as paradox

One of the participants included within this sample differed with particular regard to the meaning making behind forming friendships. The following account provides a rich insight into the meaning making behind the inability to trust. The meaning making unit is highlighted 'Trust as paradox' because it provides an account of conflict. The first level of narrative provides an insight into the conflict, which is further described in relation to the 'whole' of the interview, or rather, the wider context within which 'trust' makes sense.

The following narrative extracts are part of an interview which was extremely engaging and we ended the discussion well. During the interview, there were some quite vivid 'pictures' of events, as the meaning making moved backwards and forwards through time:

> DD 85: ‘You have to keep running away, you don't make any friends - you don't make any friends in case they find out, cut yourself off from the world. You don't want anyone to find out, it's horrible’
>
> DD 86: ‘Still now, I am really nervous of people, who they are…’
>
> DD 97: ‘I've started to make a few friends and trust a little bit, but it takes all your trust away - you know, you don't know, you don't know who to trust, who not to trust’.
>
> DD 110: ‘It's because when you meet a friend you can't tell them anything. You can't discuss your past, because it's all bad. They think there's something wrong with you because you can't tell them anything, it's hard’.
>
> DD 111: ‘I'm not a liar - but you have to be a liar a little bit to swerve around these questions’.

There is a high level of emotional conflict and energy that is depicted within this account and there is a sense that the ability to trust is something which is desired in order to form friendships, although the ability has been removed; ‘it takes all your trust away’. There is a substantial barrier to trust and connection with others which polarises this account. There is a great discomfort felt on a number of levels, including anxiety, having to escape, enforced isolation and lying, all as ways of adapting in order to avoid relationships.

The paradox here is that relationships and trust are not meaningful in the sense of making DD feel safe. The ability to discern between who to trust and who not to trust has been removed. The following details the life world context within which DD has survived and through which sense might be made of intimate connections with others. It offers an intensely chaotic picture of violent onslaughts, being contained with no escape and essential vigilance in order to be safe and free from further abuse. The immersion within the violent life world is described metaphorically as ‘like being hunted’:

> DD 108: ‘It's like being hunted. He sat up trees for days outside properties, he's been on the roof, in the woods with a gun - he even sat in the foyer of a police station, I mean who would look for him there? He was really clever’.
>
> DD 82: ‘It's really scary to run away from someone and know they could catch you and kill you’.
>
> DD 89: ‘I would run through plate glass windows - fear makes you do the craziest things’.
>
> DD 92: ‘A lot of the time I never made it, a lot of the time - because, my one, he used to lock the door and beat me up’.

> DD 92: ‘And it gets like this - you think if you're gonna kill me, just do it (emphasis), I ain't running any more - you get too tired of it’.

Terror and the need to survive through doing the ‘craziest things’, such as running through glass in order to escape presents a heinous reality. Being pushed to behave in extreme ways in order to escape from being killed is described, in addition to the stealth that was used by a partner who waited at a police station. In a variety of ways, the level of extreme fear and the unpredictable nature of evading being captured or killed is the context through which DD makes sense. There were instances whereby a level of complete hopelessness and resignation is reached and ultimately this highlights that there was nothing she felt she could do in this abusive context. Agency and the ability to control the situation had been removed by a violent partner.

DD has experienced extreme danger in her life, which included the experience of facing death. The narrative from the interview shows the complete immersion in fear and threat, from constant and ongoing violent assaults. In addition, DD was stalked by her husband. Essentially, DD needed to be vigilant concerning real threats to her life and it is within this context that the inability ‘trust’ and have this removed can be interpreted as a necessary adaptive strategy in order to survive.

‘It’s like being hunted’, as DD describes above, creates an image of what it must actually feel like to be hunted. From my perspective, as the researcher, who has never experienced such a heinous reality, I ‘felt’ that I understood what DD was referring to. Creating this image of the past, of being pursued and ‘hunted’ situates DD’s account into something which is markedly different to other accounts. It represents fear.

The wider impact of the trauma experienced, perhaps, alongside the necessary self-imposed isolation and inability to trust is something which is described as having ongoing consequences in DD’ s life. The case note records highlighted that DD drank alcohol to ‘self-medicate the pain of living’ and had also attempted suicide. The one redeeming strategy for DD was how she was able to convert the traumatic experiences into something which would be beneficial to others, described below:

> DD 126: ‘I helped quite a lot of girls get away from their partners - I know what to do you see? You cover your tracks’.

The inability to trust is something which DD has had removed. However, the wider meaning of the trauma experienced is that she can help other women to escape

from violence. The strategies that have been learned are described as beneficial others. The knowledge of covering of tracks and the need to be vigilant are a way of converting trauma into something positive to help others to move forward. Although the ability for DD to move forward in her life and trust has been severely compromised, there are connections with similar others. Converting the trauma through utilising the strategies for the benefit of others is one of the ways in which DD 'makes sense' of the trauma.

6.5.3 Reflections on superordinate theme: barriers to a future

Upon analysing the data, the two participants in the analysis who were represented within the superordinate theme of 'Barriers to a future', diverged from the remainder of the sample, because they were making sense currently, *within* violent pasts. This was both at the level of making sense of their experiences and support received and also in terms of how they managed to adapt and change their potential vulnerability. They described the need to be careful of going outside and were hyper vigilant in their approach. The making sense context was multi-layered and included an ongoing life-world context of on-going fear and self-imposed isolation. In fact, the interviews were conducted from their homes by telephone, upon their request, because they were unable to leave their homes on that day.

There were other very distinct features concerning the two participants discussed here, of which potential suicide was a major concern. Within the case notes it had been documented that both of the participants had made attempts at suicide in the past. One of the participants had made three attempts at suicide in the past and one had described how she 'drank to escape the pain of living'. The risk of violence was still present in the meaning making context of their lives.

The following extract from my post-interview notes, further captures and contextualises DD's interview, based upon my reflective notes:

> Making it 'out of the door'
>
> The physical and mental health elements of the trauma experienced by DD are intrinsically linked. DD is unable to make it 'out the door' for the interview, because she has clots on her lung and needs to remain close to the doctor. Additionally, she was beaten 'behind the door', when her partner would abuse her [DD mentioned that her partner used to lock the door before being' battered']. Together with the bars put on her window by her mother, to prevent her from leaving [childhood abuse documented on case notes], DD has experienced extreme levels of abuse and trauma and the resulting

> mental health ‘fallout’ has been vast. DD has experienced, neglect, abuse, restriction and isolation throughout her life - Isolation would further impact from other support factors.

The nature and duration of the interpersonal violence was extreme in terms of what was described and also evident in the case notes. The periods of violence had been prolonged periods during childhood. This also extended into sexual and physical violence in adulthood. The participants were making sense within extremely violent lifeworld contexts and had been subject to situations in which they had no control. One of the participants had been locked up as a child and subject to a high level of violence. The other participant had been raped as a child for a number of years.

Something which was of particular interest from a criminal justice perspective was that in relation to offence related behaviour, both participants had been convicted for violent offences. In each case the violent offences were committed against one of the perpetrators who had been violent to them in their lives. This included the mother of one of the participants who had abused her when she was a child. It also included the rapist of one of the participants who had continued to threaten her when she saw him in the street.

The high levels of vigilance which were described, concerning the forming of trusting relationships, within the context of violence and abuse was very apparent. One of the participants described reaching the point of feeling that she would die. From this account I have highlighted that the meaning of ‘trust’ is paradoxical, because the meaning of forming connections, would comprise a potential threat. It would certainly heighten the vulnerability of the risk of violence and abuse, if the lifeworld context was through which meaning was found, was a violent one. The apparent discomfort and inability to engage fully with relationships based upon trust was such that the stress of managing this was very apparent.

Trust was a paradox, but the level of understanding and empathy towards others was striking. There was a protective motivation towards others who had shared the same experiences and something which was particularly resonant here was that DD attempted to transform her experiences into something essential. A form of a gift was made when DD showed others *how* to safely leave abusive relationships. In this case, there were connections made to others in similar circumstances, through translating trauma into preventative support.

6.6 Superordinate theme 3: internal resources for a future

There was a clear sense of 'internal' resource for a subset of three of the participants out of the five in the sample, which I will now discuss. The analysis took on a form which appeared to be an internal resource, because ability, strength and processes were described which were self-determined. The superordinate theme of internal resources for a future was very much routed within building of internal strength, which was related to a clear concept of identity across time. When the participants within this sample were describing themselves, there was an element of earlier strength, which they had *always* had which enabled them to do this. Transition and growth was represented in temporal terms as a form of 'movement'. It was clear to me during the analysis that there was a form of relatedness to themselves in the past and that they were using past strengths in order to move on and pursue a future.

All three of the participants outlined that they had been able to move forward with their lives as a result of the support they had received. Across the sample, the levels of support varied from specific programmes, through to particular approaches used by practitioners. But what brought these accounts together, as a phenomenological account, is how they described the meaning of positive change within the context of their lives. Ultimately, there was a sense that they have achieved a positive change in their lives, through managing to control elements of their lives which had eluded them in the past.

6.6.1 Subtheme 1: control over a new life

The range of factors which the participants described during the making sense process, were concerned mainly with their relationships. In fact, within the adverse and violent context of their lives, relationships were a core factor. The ability to evaluate relationships and any potential for possible detrimental effects and 'vicious cycles' was described. Related to this, was the interrelated cross-over in terms of managing the potential for stress, both in relation to managing their relationships and future potential conflict. The narrative extract below, highlights how choice and exercising control have enabled a new sense of future for FP:

> FP 40: 'you know in the last 2 years since the offence happened and in the sense that I am able to just choose relationships differently - and you know evaluate relationships and analyse them and stuff like that, and do you know, from what I've achieved - and I'm sure from what I've been doing since my

> release, I think I've got the upmost pride and upmost achievement and success and I am proud of myself'.

The ability to be more discerning of relationships is tied into the whole sense of achievement and success for FP, as described. There is an element of applying evaluation with regard to relationships and the ability to choose appropriate relationships that has been learned. From previously detailing how she was able to see hope in a future, FP has managed to move forwards through using the relational resources available and make choices.

Supportive approaches and specific programmes were also described in successful terms. The meaning making behind what had worked in relation to specific programmes of delivery and the resulting impact was particularly resonant. When the lifeworld context altered in a positive way, because the participant was able to internalise and choose to engage, the sense was that it was not an imposed programme. The following narrative extract emphasises that a programme which could have an impact on the whole lifeworld context, was particularly successful:

> TB 18: 'Yeah, the one to one structured supervision, erm, and because it has a lot of psychological kind of aspects it makes you look at you know the people that are around you, that are you are hurting when you are doing, committing crimes and stuff like that, and you know - it really makes you look deep inside your soul basically, your behaviours, the way you think, you act, the positives, the negatives, which is you know quite a lot of erm cognitive behavioural sort of you know, traits in it which I would say, but erm, yeah very enjoyable, and here I am three years later, I'm very proud of myself'.
>
> TB: 'it makes you think all the time, it's not just about crime, it's about everything in your life'.

What comes across in the narrative outline, above, is that the offending behaviour was intrinsically linked to everything within the context of TB's life. Based upon TB's description, at a more interpretative level, the level of support and change, was not 'about' the programme per se. Rather, from TB's perspective, it was the approach used which provided the tools to manage her life and the resounding impact this had. Continuing forwards, TB described how she continued to use the thought processes and embed these, going forwards and integrated this into her working life (TB is in employment):

> TB: 'I have people screaming at me, in my face and I don't react, you won't get a reaction out of me, I will just sit there calmly, I will observe, I will look round, I might make a few notes and think, they are all crazy, they are all crazy…'

The impact of the programme had been successful for TB, because of the ability to control and manage all the surrounding elements in her life. The levels of chronic stress that have been a significant factor in her ability to manage her life had been intrinsically linked with cycles of abuse which she described within her interview. It was the ability to control this, through controlling her thought processes and through considering the impact that TB had upon others (as victims) that TB was able to change her subsequent behaviour. Through managing this, TB was proud of her achievement:

> TB: ' I really kind of got into the whole thinking about my behaviour, thinking about the people I was hurting, thinking about my victims, which I probably hadn't done previously, erm, and it really started to change my life, I would walk out this door and I think about everything, it was crazy'.

From experiencing chronic stress, TB described the experience of being able to pause and break down a process, whereby 'others' were screaming. The consequences of others' behaviour was not interfering with the ability of TB to be in control of her thought processes and remain calm. The particular programme had impacted upon TB in a much broader sense, because, as described, the way TB thought and acted had been considered and assimilated into something which could be meaningfully applied. The thought processes have enabled an approach which had greatly influenced her life across a range of domains. These have included the cessation of offending and the management of chronic stress, as part of her whole lifeworld context. An account which breaks the thought process down for this is described, below:

> TB: -' it makes you look so deep, that is really, really definitely what stopped me, definitely, and I use it even now, even now I'm like, even at work when everyone is like running around like a headless chicken, I'm like, I just sit there, no, I just sit there, I have people screaming at me, in my face and I don't react, you won't get a reaction out of me, I will just sit there calmly, I will observe, I will look round, I might make a few notes and think, they are all crazy, they are all crazy they haven't even thought about it, you know, where I've got all this thought process going through that I've been taught, it's just like taken over my life and it's great'.

6.6.2 Subtheme 2: 'I have always been…'

Throughout the entire sample, during the process of interview, there was an automatic return to 'the start'. By this, I mean, that there seemed to be an active process of going back to the start as a way of contextualising and explaining their current lifeworld context. This was very much a factor of identity and making sense

of themselves, in relation to transitions. It seemed to be a way of making sense of the person they had been, in relation to where they were going. So by all accounts it really became about the 'person' and their identity, rather than purely about a 'making sense' process of experiences. One such example is illustrated below:

> FP 30: 'Yeah, I mean I've always had the willingness to succeed and do well - and it stems from when I was sixteen and I had my daughter - and I thought do you know what? - I'm not going to be another government statistic, I didn't want to you know, just become part of the mould that society has created for a teenage mother. I wanted to do more, to better myself, so I think at the time I was coming out of prison and thinking along that same ethos I think it was already instilled in me from quite a young age'.

The particular strengths which were made evident in FP's account, above, are linked to striving for personal success. The ability to not accept the society's norms for a teenage mother created a sense of defiance. FP had positioned herself against expectation and was utilising strengths which were evident from before. FP was able to consider and relate aspect of herself which had carried into the present. In a sense, the account captures a developmental aspect, which had connected her past self, to her current self.

Demonstrating care for others was a key element of making sense of self, when TB, below, described how she had always been:

> TB 48: 'I think with me personally, the way I've always worked in a caring background, I've always worked in a caring background since I was 17, I think I naturally have that and I don't even realise sometimes, people say that 'oh my God', you are just so, just so caring, and I just can't help it, you know -'.

An innate drive to help and support others formed part of the meaning making in TB's account, above. The ability to demonstrate an empathetic concern for others was something which was apparent when SB was younger. The same characteristics which were carried forward into the current meaning making of internal strengths.

All of the participants captured within this superordinate theme, considered the internal strengths they had when they were younger. This formed one of the hermeneutic layers of analysis which broadened the conceptualisation of the person. This layer was always towards the end of the interview and took the form, almost, of a summing up of the start of a developmental process. This form of going 'back to the start' was part of the wider temporal dimension of the analysis.

6.6.3 Reflections on superordinate theme: internal resources for a future

The subtheme, ‘control over a new life’ manifest in different ways throughout the participants represented. There was the ability to not be overwhelmed by chronic stress which had been a problem in the past. There was also control in terms of agency and decision making. It also impacted upon decisions made in terms of being more discerning of relationships. All of these areas were particular concerns for the participants and were areas in which each individual had managed to gain mastery over.

The prevalent area over which mastery was gained, was stress. Upon analysing the data it was very clear that there high levels of stress within the accounts of the participants. The trauma of interpersonal violence was so severe that it stood out strongly within the life worlds of the participants. The momentary breakdown of the process of being able to remain calm, while ‘having people screaming at me’, as described by TB was something which I found very insightful., This was mainly because the descriptions of the violence were so extreme in many cases, that I could not have anticipated being able to have maintained an inner calm, or control over thoughts and reactions, if I had been subject to the same experiences.

Identity and strengths were considered within the descriptions based upon temporal sense making. As I reflected upon this there was a real continuity, as the participants considered the person they were. They had in effect undergone transitions in moving forward with their lives and linked movement to their internal strengths. They had owned their progress and related this back to the person they had been before and always been. Their sense of identity was not fragmented, but continuous. This was in contrast to the two participants who did not fall within this category of superordinate theme.

6.7 Building resilience for recovery

The last section of this chapter is designed to bring the insights from the analysis together. I will initially start with reflections upon the process and after this point will signpost aspects of resilience theory which will be further discussed. This will be based upon the meaning making units which will provide a platform through which to engage with the resilience literature in the discussion.

6.8 Bringing the insights together

There were high levels of vulnerability and trauma experienced within this sample and this is evident through the assessment records and also the interview accounts. It included abuse in childhood and adulthood and experiences of adversity. The process of making sense of the research questions, involved a process of making sense within the context of violence, which had impacted upon the participants. Adaptive strategies used in order to survive included viewing trust as a paradox. Also, positive adaptive in addition to the ability to thrive in some instances. What brings this group together is that it is within a life world context of adversity and abuse through which the participants were making sense during our discussions.

During the analysis, it was evident that the participants often referred to their relationships with others and it was through this that the meaning making themes are outlined. The interview schedule did contain specific questions concerning the meaning of significant relationships. However, because the IPA method follows a hermeneutic phenomenological perspective that is based upon the interpretation of experiences, the approach is flexible and inductive. For this reason, the meanings of the relationships were explored as a core theme and it was through this that the meanings related to 'similar others' were included. What was apparent from the accounts was that it was not just the presence of a relationship, or friendship that mattered, but *what* that relationship represented. Within this group analysis, the relationships represented a way of making sense of the self through similar others. Also, there was a particular style with which supportive practitioners were described, which were enabling, as the participants described accepting and using the practitioners as a resource.

What became apparent was that certain resource 'conditions' had to be met in order to contemplate a future and identifying similar others, within a safe environment, provided a starting point for considering a future. As part of this 'hub' of resources, the practitioners' skills are inferred through being able to respond to the needs of the participants. Throughout, it was the meaning of the relationships and what this represented for the participants, which defined the function of the relational resource; rather than the 'relationship' being a theme, for example, it was the *function* of the relationship and what it represented through similarity, or being enabling and supportive.

In stark contrast to the accounts of relationships that support, was one of conflict concerning trust. Having trust removed, through past experiences of violence, presented a barrier to engaging with others. The strategies used to survive in this instance were highlighted against a backdrop of violence, which was metaphorically expressed as 'like being hunted'. The level of terror experienced and the reactions to this are shocking and this was described at the level of being resigned to die. The hopelessness and despair is described at the lowest point reached, within this account – and it would seem that the level of hypervigilance and removal of trust is an adaptive response to making sure that the lowest point was not revisited. This particular account is surprising, because although the participant described being unable to trust, there was an element of converting the experience into something of benefit to others. Essentially, providing advice to others in abusive relationships, concerning how to cover tracks and escape, was how the experience was converted into something meaningful, as a form of gift.

The ability to gain control and forge a future was also core theme and this seemed to be at the level of specific programme delivery, in addition to the overall approach used. In some ways it was one of the elements that would seem to distinguish how some of the participants were able to thrive, rather than survive. That is to say that some of the participants were at a stage of gathering strength and resources while others were already defining their future. What was apparent throughout these accounts is that programmes and approaches used *have to be* sensitive to the 'whole' life world context, in order to be meaningful and therefore effective for the participants.

Throughout, it would appear that the participants were supported through approaches which built resilience. This was at the level of making sense and moving on from trauma and the condition of feeling safe was the starting point for considering a future. From these accounts it was apparent that building resilience *starts* with safety and the meaning of the 'resources' described appeared to be defined by the participants as either protective factors, which can also build resilience, or they can be viewed as a threat, or as a barrier to building resilience. Trust as paradox was one of those barriers.

The participants described levels of adaptation in relation to life world contexts which were a dynamic process. Resilience within this context is not therefore a trait, or fixed ability or non-ability, but a way of interacting and adapting within contexts of

violence and abuse. Because most of the participants within this sample had not experienced an apparently healthy past, the construct of resilience cannot easily be construed as the 'bouncing back' to a healthy baseline. In fact, it would appear that there is a great deal of hidden resilience that has enabled the participants to survive through these contexts of adversity and abuse. I will now consider the model of building resilience, based upon the insights from the research.

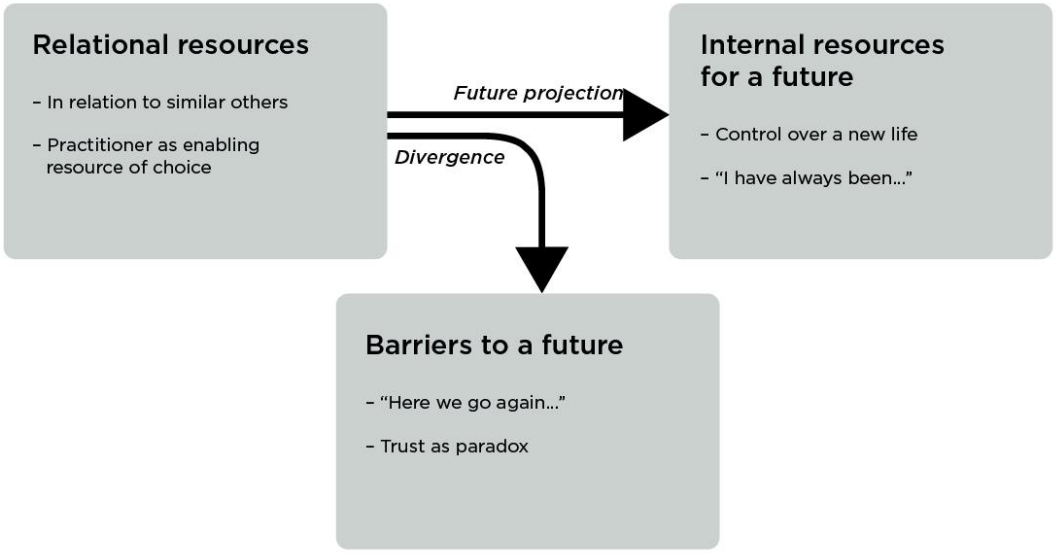

Figure 10 - Model of Building Resilience for Recovery

The above model of building resilience, shows the relational resources which effectively built resilience, from peers and also from practitioners. The future projection and temporality is shown in relation to a sense of efficacy and sense of self in relation to past strengths. Barriers to a future, whereby the sense of making sense diverged, shows the repetitive nature of abuse and the paradoxical nature, of trust. I propose here that in relation to this part of the research, that building resilience, as described by the participants is the mechanism which supports recovery from trauma.

6.9 Chapter Summary

This part of the analysis has detailed 'building of resilience' in relation to how 5 participants from a women's centre with experiences of violence and other adversity, made sense of interventions and approaches which they felt supported them. Relationships and connections with others were the strong themes of support.

Adverse and violent experiences in childhood and adulthood were highly evident and impacted upon the participant's meaning making. Barriers to building resilience have been considered in relation to these experiences and how the participants have adapted within these contexts. I will now consider the results in relation to resilience theory and further extant literature in the discussion chapter, which will include a reflective overview of the development of the two parts of the results.

Chapter 7. Discussion

7.1 Chapter overview

In this chapter I will discuss the emergent findings from this research and draw primarily from the literature on resilience, to discuss how the participants made sense of interpersonal violence and adversity in their lives. I also discuss the understandings of what builds resilience and the barriers to the process. The desistance discourse surrounding 'offender' identity, as construed in the literature, is discussed, alongside the recovery discourse which exists in the resilience literature. Further literature on risk, in relation to the adverse and violent experiences in the lives of women offenders and the literature on trauma is also discussed in this chapter. I conclude with a summary that trauma and recovery feature strongly within the participants' understandings of interventions that support desistance. Building resilience underpins the process.

This chapter starts with a reflective overview of the development of the two parts of this research. I then consider the findings in relation to desistance research. Further, I consider resilience theory with regard to recovery and subsequently, how interpersonal violence and other adversity intersects with the literature on resilience. Drug and alcohol use as a method of coping is subsequently discussed, alongside the research on trauma. Research concerning relational resources and self-efficacy is discussed, alongside protective factors in relation to trauma.

7.2 Reflective Overview and Development of the Research Questions

The overarching research question in this work was: What are the understandings of women offenders, in relation to interventions and approaches which support their desistance from offending? I interviewed women who had desisted[14] from offending, and we started our interview conversations concerning what it was and who it was, who had supported them to stop offending. The discussions involved feedback on interventions and approaches and also, changes the participants had noticed about themselves, as they reflected back. Part 1 of the research was conducted in voluntary sector organisations and probation services in the community. Part 2 of

[14] Based upon operationalised criteria for desistance, detailed in the methodology, in section 3.4.4

the research was conducted in a women's centre. A variety of different interventions (delivered in prison and in the community) and approaches were discussed. The following provides a reflective outline of how each part of the results developed and, how the further, secondary research question developed as the research progressed, as an introduction to this chapter.

7.2.1 Results Part 1: from desistance to 'coping'

This section will discuss the results from part 1 of the research, from chapter 5, which details the first introduction to the violent and adverse context of the participants. This was in relation to 10 participants who were recruited from probation services and voluntary sector agencies in the community. As reflected on in chapter 5, the participants' concerns were unrelated to offending per se. Adverse experiences were described, which included domestic violence and street based violence, including violence related to sex work, homelessness and also, losses, through loss of child custody and through deaths of peers. As described in chapter 5 the participants coped with these experiences through the use of drugs and alcohol.

Correspondingly, part 1 developed into an exploration of how the participants coped with interpersonal violence and other forms of adversity. As the results from part 1 were considered, 'It wasn't 'about' the offending', was incorporated within the reflexive summary in section 5.7.1 as I considered how my expectations that 'offending' might play a part in discussions with the participants, were not realised. Throughout chapter 5, as I engaged with a two-stage interpretation process, referred to as a 'double hermeneutic'[15], it was clear that the participants understandings were based upon having experienced interpersonal violence and other forms of adversity. These outweighed any concern with offending or identity as offenders, which I had not initially anticipated.

In contrast, stress, fear and lack of safety were described, as the participants detailed their experiences of interpersonal violence and adversity. The participants were explicit in their accounts that stress and fear was a direct consequence of violent experiences. Additionally, depression and feelings of worthlessness were

[15] The double hermeneutic is the process whereby participants were making sense of their social and personal worlds and I, as the researcher, was trying to make sense of how the participants were making sense of this process. (Smith and Osborn, 2003, p. 53).

described, alongside suicidal thoughts and, in some cases, previous suicide attempts.

The use of drugs and alcohol was used to describe the ability of the substances to 'block' violence and the associated stress. 'From desistance to coping' was the title of the chapter, as the focus of the research became immersed in how the participants made sense of coping with interpersonal violence and other forms adversity. This is detailed in the narrative accounts in part 1 and also, represented in figure 8 which shows how being a victim of violence, intersected with being a perpetrator of crime, within stressful and fearful contexts.

Resilience will form the key theoretical backdrop in this chapter and will be discussed, in relation to insights gained into the coping abilities of the participants. The use of drugs and alcohol was an explicit mechanism for coping. As the interpretation of the results developed, healthier, alternative forms of coping were also indicated. Participants described being able to deal with situations, rather than feeling stuck. As the participants reflected back, over interventions and approaches that had worked, gaining strength through relationships were described. The subsequent feelings of emotional safety were represented in the themes and will be further discussed in this chapter.

Turning points and personal transition were clearly apparent in part 1 as participants described a changed sense of self and this is reflected in the themes. This corresponded with descriptions of particular points in time, whereby the participants realised differences about themselves, as individuals of strength, as a consequence of support received. At this stage, I tentatively reflected in upon the results in section 5.7.2 and how the process of recovery was apparent in the participant's accounts.

In summary, part 1 of the research which involved 10 participants recruited from probation and the voluntary sector, was used to explore the overarching question: 'What are the understandings of women offenders, in relation to interventions and approaches which support their desistance from offending?' In light of insights from participants, the focus of part 1 became centred on participants' violent and adverse social words and how these were understood. Drug and alcohol use was described as a method of coping, which was expressed specifically, as a consequence of the stress and fear from past experiences of interpersonal violence. Subsequently,

relationships were described which provided strengths and participants described healthier forms of coping and points of transition.

Part 1 culminated at the point in the research, whereby the initial exploration of interventions and approaches to support the process of desistance, became embedded in an account of coping with violence and other forms of adversity. From interview through to analysis, part 1 spoke to a theoretical framework of resilience, within violent and adverse contexts. Recovery was also reflected upon, tentatively, in relation to the changes which participants had noticed and the transitions described. I subsequently embarked on part 2 of the study, based in a women's centre, which I will describe.

7.2.2 Results Part 2: building resilience

Part 2 of the research was conducted with 5 participants who had accessed a women's centre. The women's centre comprised probation and counselling staff, who were co-located at the centre, to support women who had been involved with the criminal justice system. Part 2 was an exploration of 'what builds resilience', based upon the emergent themes from the research. What was markedly different about stage 2 was that the interview conversations included detail, which included a sense of safety, mostly (although not exclusively) related to the women's centre environment. Another difference was that the interview conversations included retrospective detail, which included childhood experiences. The interviews were of greater depth and also, documentary case notes from probation files were used to build a richer understanding of the context of the participant's lives.

Experiences described in part 2 of the study included: interpersonal violence, which included domestic violence, rape and street based violence. Childhood experiences were also described, which included rape, in addition to physical abuse and neglect. Most of the violence and abuse was perpetrated by men, as intimate partners. Violence and neglect was also described which had been perpetrated by mothers of the participants.

Part 2 developed into an exploration of building resilience to support recovery; Experiences of interpersonal violence and other adversity in adulthood, including abuse and neglect in childhood, were the concerns of the participants in part 2. The

mental health aspects of stress and fear at having experienced the aforementioned violence and other forms of adversity, were prevalent and in a similar way to part 1, desistance from offending was not the concern for the participants. Interventions and approaches were discussed which had been delivered in the women's centre, in addition to those received in community and prison based intervention. Resilience was effectively 'built' for the participants, through relational resources with practitioners and with others who shared similar experiences. Self-efficacy beliefs were particularly resonant, when participants described being able to manage stress levels effectively and also, exercise choice over healthier relationships. A positive sense of self and future was evident in participants who described the ability to exert choice and control.

Barriers to building resilience emerged for two of the participants, whereby a sense of future was not evident and trust was viewed as a paradox, whereby it was difficult to form relational connections with others. The levels of violence and abuse experienced by the participants who described these barriers had been extreme, in both childhood and adulthood, as they reflected back during the interview. A model for building resilience is presented (figure 11) in chapter 6. The model provides a diagrammatic representation of themes from part 2 alongside the temporal elements which were described, as the participants reflected back over their lives and considered a future.

In summary, part 2 of the research provided an account of greater depth, which included childhood violence and abuse, in addition to experiences of violence and other forms of adversity experienced in adulthood. Desistance and offending were not concerns for the participants, rather, the stress and mental health aspects of having experienced violence and other forms of adversity, in a similar way to part 1 which I have reflected on in 7.2.1. Part 2 of the research became an exploration of 'building resilience', in response to having experienced adversity and abuse. The accounts from the women's centre provided rich detail of the relational aspects of resilience with regard to practitioners and peers and feelings of safety. Interventions and approaches were discussed, which effectively built resilience, in relation to self-efficacy beliefs. Barriers were discussed which emphasised the paradoxical nature of trust, as a result of having experienced violence and abuse in childhood and adulthood. Subsequently, a model of building resilience for recovery was developed.

In the remainder of this chapter, insights gained from part 1 and part 2 of the study will be discussed together, unless explicit reference is made to either part of the study. This is for ease of reference; for example, when I discuss the findings in relation to interpersonal violence, this will be discussed in relation to both parts of the research, as it was universally described. However, when the discussion is more specific and focuses upon particular elements from either part of the findings, for example, 'barriers to a future', which was a theme from part 2, this will be highlighted alongside the section number. The following section will discuss the implications for desistance, as a result of the findings from both parts of the study.

7.3 Desistance: identity and relationships

This research set out to explore the understandings of interventions and approaches which support desistance. Certainly, the research findings presented here are related to desistance. In practical research terms, access to the sample was based upon operationalised criteria for desistance. The criteria, which is detailed in section 3.4.4 was chosen on the basis of a 6-month to 1-year reduction, or cessation of offending. Additionally, the information sheets presented to the participants for the purposes of informed consent, detailed in Appendix 3, pertained to desistance. The first interview question posed to the participants was 'What has supported, or helped you stop offending in the past?' Therefore, desistance was operationalised and participants selected on the basis of having desisted, desistance was subsequently discussed with participants and also, directly prompted during interview. In essence, the 'scene' was set to explore desistance.

Counter to my own pre-conceptions and also, through embedding desistance in the methodological approach, as described above, desistance was not a concern for the offenders. The reflexive notes presented in section 5.7.1 document that 'It wasn't 'about' the offending' and the interviews took on a very different direction, as the participants reflected upon their lives. From the perspective of the participants, the main concern was with regard to interpersonal violence and other forms of adversity.

I argue that the 'universal' aspects of desistance claimed by Maruna (2001, p.176) and described in section 1.3 did not apply to this research. Aspects such as personal redemption and making positive contributions towards families and communities, were not discussed by the participants. Drug and alcohol use as a coping mechanism, in relation to fear and stress, as a consequence of interpersonal violence and abuse, was a main concern for the participants. As will be further

described in section 7.5 the narrative was one of recovery, rather than one related specifically to offending and subsequent desistance from offending.

An emphasis upon offender identity is one of the core elements of desistance research (e.g. Maruna, 2001, Farrall, 2002, McNeill, 2006). Indeed, identity was a factor in this research, however, the specific association of an 'offender' related identity was not evident, which would allow comparison with the aforementioned research. Most of the research concerning identity in relation to offending and changes in identity are based upon male-based research and this is discussed in chapter 1 in section 1.3. However, research on desistance and identity conducted by Giordano et al in 2002 does focus on women. Correspondingly, the work by Giordano et al also refers to change in identity, which is directly associated with offending and this is emphasised, below:

> *'We argue that these elements will serve well as catalysts for lasting change when they energize rather fundamental shifts in identity and changes in the meaning and desirability of deviant/criminal behaviour itself'.*
>
> Giordano, Cernkovich and Rudolph, 2002, p. 992

The fundamental shift in identity described in the above excerpt by Giordano et al (2002), is emphasised within the link between criminal, or deviant, behaviour. Women who had offended in the past were included in the research by Giordano et al, as part of a longitudinal study. The research charted girl's delinquency behaviour, through to desistance in adulthood. Rape and childhood abuse were highlighted in the narrative excerpts and described in the research by Giordano et al, alongside descriptions related to disadvantage. Not-with-standing this, the focus was on the criminal behaviour of the women involved. The agency of the participants is described, in relation to the transformative potential of resources, as 'hooks' for change, as catalysts for a replacement self which is 'incompatible with continued criminal behaviour' (Giordano et al, 2002, p.1027).

I argue that, although it is essential that the agency of women offenders is accounted for[16], based upon the findings in this research and counter to the perspective of Giordano et al (2002), interpersonal violence and other forms of adversity, were the most evident concerns described by the participants. Contrary to

[16] Agency will be further discussed in section 7.2.2 on 'self-efficacy' literature

the research on desistance which is concerned with offender identity, the alternative and more applicable strand of research is discussed in section 1.3 concerning relationships and desistance. This particular strand of desistance research, which originates mainly from the USA, portrays a picture of abusive relationships, as barriers to desistance (Cobbina, 2010; Bui & Morash, 2010) and also, healthier relationships as conducive of desistance. Indeed, the majority of the participants involved in this research had experienced interpersonal violence, within relationships, as domestic violence. Additional, childhood experiences of violence, which included violence perpetrated by mothers, were also apparent, as past experiences.

I argue that to be able to understand desistance from the perspective of women offenders, a shift in approach from considering an 'offender' related identity, towards a women-centred focus which is inclusive of experiences of interpersonal violence, is necessary. The relational aspects of desistance, which includes attendance to abusive relationships, is far more conducive of an understanding of women's desistance. I do not claim that all aspects of desistance for women should be explained, or considered in this way. However, I assert that based upon insights gained from the participants in this research, inclusion of interpersonal violence and the relational aspects of this, provides a more holistic picture of what desistance actually 'looks like' for women.

The understandings of women offenders, in relation to interventions and approaches which support their desistance from offending, is the overarching research question for this research. As described in section 7.2 the two parts of this research developed in the light of insights gained from participants and will be discussed further in section 7.5 which considers a 'continuum of resilience towards recovery'. Prior to this, I will summarise my justification for considering the theoretical basis of resilience, which will be used to inform much of the remaining part of this chapter.

7.4 Constructing resilience

I make the argument in section 1.6 that dominant approaches adopted in the criminal justice system are based upon male based research, which does not take the adverse and abusive contexts of many women offenders' lives into account. Further, I argued that resilience could potentially be used to inform upon interventions and approaches which support the desistance process, based upon the contexts of adversity within which resilience is studied. At the beginning of this

research, I anticipated that resilience theory would intersect with the research. However, as the approach adopted with this research was iterative, I did not know how resilience theory would be tapped into, until the findings emerged. The question first and foremost related to the understandings of women offenders in relation to approaches and interventions which supported their desistance from offending.

The remainder of this discussion will include insights provided from resilience theory and will engage with the resilience frames of reference discussed in chapter 2, which included: the core constructs of resilience, concepts of measuring resilience and mental health and meaning-making aspects of resilience. The dynamic process of risk will be considered here as one of the core constructs of resilience, which was described throughout interviews, containing narratives of adversity and abuse. In order to re-orientate the reader in the resilience theory, I will briefly revisit the definition adopted:

> *'Human resilience refers to the processes or patterns of positive adaptation and development in the context of significant threats to an individual's life or function'.*
>
> Masten & Wright, 2010, p.215

In the following section, I will discuss a broad continuum of resilience which was evident in the findings from part 1 and part 2 of the results. I will also discuss reflections on the process of recovery which was referred to in the results and how this adds to the existing conceptualisation of desistance from offending.

7.5 A Continuum of resilience toward recovery

In this section I will describe the continuum of resilience towards recovery, which has been evident in this research. Prior to engaging directly with the emerging findings from the research, I will briefly consider the organisation of the results and how this has translated into theoretical engagement: The approach used within this research was a form of inductive analysis, based upon the particular perspectives represented within the sample. The complexity of the women's situations was highly evident and there were some extreme examples of adversity. A more detailed discussion in relation to the complexity of the women's situations, desistance from offending and drug and alcohol misuse is further discussed in section 7.7. Within this section, I have considered the participants' perspectives within a framework of a continuum of resilience, towards recovery.

Throughout the interviews and during analysis, there were some clear temporal elements, in both parts of the research, whereby each participant 'made sense' of the person she was and considered her future. This is reflected in one of the philosophical underpinnings of IPA, which relates to notions of temporality and intentionality. This has been argued within the extensive philosophical conversations of Husserl and continued by Heidegger and is briefly summarised below:

> *'– our experience of time – is at the heart of what it means to exist. This is because our understanding in the present always involves our past and a projection of our future: Dasein is always projecting itself towards future possibilities. That is, we are not an object such as a stone but rather what we are to become –'.*
>
> Langdridge, 2007, p.30

Both a positive sense of self and a sense of a positive projected future were apparent during most of the interviews, as the participants were making sense of interventions and approaches that had supported them. Past contexts and a view of a past self were described throughout. During the interview process, a dynamic account was apparent, because the discussions moved backwards and forwards in time, as participants were actively making sense of their life-worlds and supportive interventions and approaches. The strong sense of temporality which was evident from interviews, was beneficial, as it created detailed and contextualised accounts, as part of a process of self-change for the participants.

By way of example and to further contextualise the above point, some of the participants in the study recounted particular interventions and approaches delivered in prison, in addition to community-based programmes. The support needs at the time of the intervention, as well as a sense of self, were recounted during interview. As an illustration, the Superordinate theme from part 1 of the research, 'A future self' which is included in section 5.6 highlights the projected futures, with underlying temporal elements:

> EL49: 'there was nothing there to kind of constructively make me feel erm kind of - 'why did I do this? Why did I open that door?' you know? - Just to make myself feel bad - because there's no good answer, you know? - and I'm trying to get around the fact that I was a nasty person so, you know, why did I do that?'

The above narrative is discussed in section 5.6.1 within the Subtheme: 'A changed sense of self - pulling the person out of the past'. As discussed in part 1 the narrative provided insights into the benefits of an approach, in relation to how EL viewed herself. EL was making sense of being a 'nasty person' in the past. Self-view and transition points were marked by the temporal elements in the results. Similarly, part 2 was marked by temporality and future projections, which is discussed in chapter 6 and represented in the diagram in Figure 11. The 'divergence' which is discussed in chapter 6 is marked by the lack of a future projection and is discussed in section 6.5.

Based upon the findings in this work, a continuum of recovery became evident, whereby most of the participants described a changed self-view and also, transition over-time. This is reflected on in part 1 in 5.7.2 and in greater depth in part 1 in 6.8. The changed sense of self and points of transition were reflected on by participants, as each interview progressed. Not all of the participants described points of transition or indeed, a sense of future. This is summarised in figure 11 in part 2. There was some divergence, based upon differences described in themes. The continuum I have discussed here, is representative of the differences in themes, between the participants, across the study, as described in the findings. Based upon the process of making sense of supportive interventions and approaches, the participants were also making sense of their transition out of adverse and violent contexts.

There is evidence in support of transition and making sense of the process of recovery, which exists in a comparable population, provided by Shepherd, Reynolds and Moran (2010). The authors conducted an IPA study of resilience, through exploring the meaning-making accounts of young women (aged 20-25) experiencing violence and sexual abuse, depression, self-harm, low self-esteem and disturbed family relationships. They also identified pivotal moments, or 'turning points' that started the process of recovery. These included physical separation and the termination of abusive relationships, reconnections and re-appraisal. The realisation of entitlement to respect and self-worth marked the beginning of the process of recovery, as described in the study by Shepherd et al.

I argue that, based upon the results from this research, the process of making sense of desistance is one which involves making sense of recovery, which is underpinned by resilience, along a continuum. Resilience rests fundamentally on adaptation and

when the context changed, the process of recovery and making sense of self, also changed. In both parts of the research, safe and supportive relationships with others and corresponding connections, were clearly apparent. These were expressed within part 1 as participants described 'relationships and emotional safety' (in section 5.5.1) and also, in part 2 as 'relational resources' (section 6.3).

Resilience rests fundamentally upon adaptation and I argue that the process of recovery which has been described here, represents self-change as a consequence of healthier relationships and connections, which underpinned the themes in both parts of the study. These approaches promoted emotional safety and as a consequence, were conducive of recovery. Shepherd, Reynolds and Moran (2010) are explicit in their research that where themes inter-connect, a change in one domain, or theme, can influence other areas of life and instigate overall change. Certainly, the connections and transitions described by the participants in this study lends support to this assertion, as the relational connections and transitions described were all inter-related in this work.

I argue that participants were not 'bouncing back' from adversity, which has been described as a metaphor for recovery in the resilience literature (Luthar, Cicchetti & Becker, 2000; Bogar & Hulse-Killacky, 2006). The continuum which I have discussed in this section, provides a more nuanced, holistic understanding, which places the participant at the centre. Based upon the insights gained, the continuum of resilience towards recovery, is broadly similar to the process of movement from surviving to thriving, which has also been described in the resilience literature (e.g. Carver, 1998; Tedeschi & Calhoun, 1995).

I argue that the continuum of resilience, towards recovery, provides a valid alternative to the conceptualisation of desistance, which is based upon offender identity and discussed in section 7.3. The continuum view of recovery, described here, provides a women-centred conceptualisation of desistance. Within this section, I have discussed a continuum of resilience, towards recovery based upon the findings from both parts of this research and healthy and safe relationships have been integral to this process.

Essentially, the meaning making insights gained in this research operated within adverse contexts and not in a vacuum. I will therefore proceed to discuss the interpersonal violence and other adversity experienced by the participants, in

relation to research on risk, which is one of the key constructs considered in resilience theory: Within the resilience research, it is the presence of risk through which there is a threat of danger, or the potential to cause deleterious effects (Masten & Wright, 2010; Kaplan, 1999; Masten, 1994; Rutter, 2006). The section will be introduced through an account of context and the phenomenological underpinnings of IPA, prior to engaging with the literature on risk.

7.6 Risk: Interpersonal violence, childhood abuse, intersectionality, adversity

In this section I will discuss interpersonal violence and other forms of adversity which were experienced by the participants in both parts of the research, together, as these elements resonated throughout the research findings. Throughout the interviews, the richness of the lifeworld contexts through which participants made sense, of themselves and their experiences, were vividly described. One of the philosophical underpinnings of an IPA approach is that each of us is a 'person-in-context' (Smith, Flowers & Larkin, 2010: p.17). It was with relative ease that I became immersed within these contexts during the interview and during the analysis.

The adverse contexts that many of the women spoke of, could reasonably be referred to as noxious, or toxic. This is similar to Rumgay's argument concerning the lives of women offenders, which links 'a vicious circle of victimisation and criminal activity with the creation of a toxic lifestyle' (2004, p.9). Indeed, there were instances of multiple layers of past interpersonal violence and other adversity, in addition to on-going concerns and stressors. Despite attempts to leave previous adverse experiences in the past, the participants discussed violence and other forms of adversity that were on-going and painful, with many participants describing a constant sense of threat. Additionally, ongoing criminal justice procedures and the management of essential practicalities, such as seeking employment were paramount. Further examples included managing child access with ex-partners with a history of violence and the stress associated with attending the drug and alcohol family court and mental health services for example. These are summarised in the pen portraits for both parts of the study in sections 5.2.1 and 6.2.1.

Participants were not asked for any detail concerning the contexts of their lives, or for detail concerning adverse experiences. However, despite not being explicitly asked, high levels of interpersonal violence, adversity and chronic levels of stress

were woven through the narratives in this study. Participants contended with experiences such as physical and sexual violence, being stalked and coming close to death. Experiences of childhood abuse and neglect, perpetrated by both male and female caregivers, were mentioned during interviews.

It has been argued in the resilience research that the co-occurrence of risk factors and also, the cumulative effects of risk, make risk a difficult factor to clearly demarcate (Luthar & Zelazo, 2003). Certainly, based upon the insights gained in this research, risk is a complex and layered process within the lived experience of women offenders. Furthermore, there is an argument that individuals who are considered to be resilient, may not have been subject to the same amount of adversity as other individuals who are considered to be vulnerable (Kaplan, 1999). Therefore risk and resilience are complex factors which are difficult to clearly define and also, view in isolation.

Interpersonal violence and other adversity, which included homelessness and experiences in crack houses, formed the backdrop of the interviews and it was evident that the participants' lives were fraught with sources of adversity that were often connected. To illustrate this by way of example, the experiences described by 'DH' in sections 5.4.1 and 5.6.2, involved the following sequence:

1. DH discovered her partner's crack cocaine and disposed of it
2. DH was severely beaten and thought she would die
3. DH started using crack cocaine
4. The child of DH was taken into care
5. DH felt suicidal
6. DH had a crack binge and nearly overdosed
7. DH was upset because she was alive

The above list of experiences described during the interview with DH, serves to illustrate how the layers of adversity, were all connected. In addition to the sequence described above, DH had also experienced periods of homelessness, had spent a great deal of time in crack houses and had been convicted of violent offences in the past, as described in the pen portrait for DH in section 5.2.1.

I argue that within the criminal justice system context, the emphasis which is placed upon 'criminogenic risk' and critiqued in section 1.5 does not adequately reflect the complex nature of adversity which comprises the contexts of women offenders lives.

As already argued in chapter 1 evidence concerning the adverse and violent experiences and mental health needs of women offenders (Corston, 2007; Prison Reform Trust, 2015b), provides ample evidence that an alternative approach is necessary. I assert here, that the ability of the participants to survive through such experiences, as illustrated through the example of DH, above, serves to further elucidate the need for an alternative approach. An approach which prioritises risk, as related to adverse and violent lived experiences, would serve as a valid alternative.

I argue that the current conceptualisation of risk of offending, which is not women-specific, serves to compound the already hidden nature of violence and adversity, which includes experiences of child abuse and neglect. Without advocating the need for disclosure of such experiences, there should be a greater realisation that current conceptualisations of risk in criminal justice, masks these experiences. Adverse childhood experiences emerged over the course of the interview process, whereby participants recalled instances of being subject to abuse, or experiencing other forms of adversity in childhood. This is reflected on in section 6.5.3 in part 2 of the study. Indeed, within the resilience literature, childhood is highlighted as a particularly vulnerable period (Andrews, 2003). Andrews has argued that, with regard to women in particular, there is an increased risk of poor self-worth and high levels of depression as a consequence of childhood abuse.

Based upon the levels of trauma experienced by the participants in this work, and the chains of abuse described, the significance of early intervention to support recovery and healing has been made highly evident. Participants described experiences of childhood violence, rape and neglect, followed by further violence, rape and adversity at later stages in life. The consequences of early adversity and abuse were abundantly clear in relation to ongoing vulnerability to further trauma. But what was also evident was the hidden nature of the effects of traumatic childhood experiences, including social isolation, that is documented within the literature on childhood abuse and neglect (NSPCC, 2013).

The findings from this work have highlighted the need for interventions to aid recovery, at the earliest opportunity, to enable the process of healing after repeated experiences of violence and abuse. This is evident in other research findings concerning early intervention (e.g. WHO, 2010) and also in research related to the application of health interventions in situations of childhood trauma, medical

disease, psychiatric disorder and high risk sexual behaviour (Anda & Felitti, 2003). International research demonstrates the consequences of child abuse and neglect in terms of increased risk of further victimisation and antisocial behaviour (WHO, 2007). Given that the root causes of recurring health problems and adverse events are apparent in the literature and highlight the cycles and deleterious consequences of childhood trauma, it is clear that early intervention should be given high priority.

Interventions by enabling practitioners to support the healing and recovery process were a key aspect in this study of the experiences of women offenders. Enabling practice involved the provision of support in a manner that focussed clearly upon the circumstances and needs of each individual. Section 6.3.2 details the subtheme of practitioner as enabling resource of choice. This identifies enabling practitioners as those who develop non-hierarchical relationships and minimise power imbalances. Participants' narratives included descriptions of how they did not have to prove themselves, they did not feel judged, and there was no use of authority. In this way recovery was supported through a sensitive process that built resilience by developing abilities and skills in decision making and assertiveness.

High levels of stress and 'near misses' pervaded throughout the descriptions and it was clearly apparent that the mental health support needs of the participants were high. To revisit the metaphor of 'bouncing back' from adversity, emphasises the antithesis of the reality of the participants lives. A stable baseline from which to return, was not evident, given the severely disadvantaged circumstances of the participants.

Suicide attempts and thoughts relating to contemplating suicide, in the past, were expressed by participants during interview. These thoughts were discussed as a direct consequence of the violence and other adverse experiences in the participants' lives. Table 3 in section 5.2 highlights the levels of stress, fear and attempts at suicide, which were described by the participants in part 1. Suicide attempts were noted in the case notes of participants and discussed in 6.5.3 whereby 'barriers to a future' was the superordinate theme. Suicide was therefore a prevalent concern.

I argue that trauma and recovery from 'layers' of violent and adverse experiences, underpins the process of desistance for women offenders. Essentially, the concerns expressed during interview, related to risks 'to' the participants, rather than risk of

offending. Indeed, there is a parallel literature which considers the relationship between child abuse and also, household dysfunction, as a consequence of domestic violence (Felitti, Anda, Nordenberg et al, 1998). Felitti et al discuss how these experiences are one of the leading causes of death in adults, in relation to suicide. Additionally, all of the participants had been substance misusers in the past, which would have placed them at increased risk of suicide, as detailed in further research concerning suicidal ideation and suicide attempts (Gossop, 2010). Aspects of mental health intersect directly with the environment and I will go on to discuss some of the cultural aspects which have arisen from this work.

This study was undertaken with an ethnically diverse sample within an urban population. The sample comprised seven Black and Minority Ethnic women comprising 47% of the sample, of which four were Black African Caribbean. The remainder of the sample included one woman from each of the following self-identified backgrounds: Asian/Asian British, Thai/Irish and Other White European. The benefit of a culturally diverse sample has been the opportunity to foreground the legitimacy of the experiences of marginalised populations (Ungar 2012, p.23). Indeed, it is important that 'dimensions of diversity are appropriately accommodated as a means of promoting procedural and social justice' (Gelsthorpe, 2009, p. 27). Gelsthorpe's argument is made within the bounds of 'ethicality' with a concern for Public sector duties concerning equality and human rights in relation to women offenders.

Intersectionality theory provides a strong framework from which to consider this resilience-related research. Intersectionality theory stemmed from the feminist view that gender could not be isolated or viewed as a binary in isolation from other constructs. The idea that multiple identities 'mutually construct one another' (Collins, 1998) in relation to gender, race, sexuality and class, in addition to reinforcing each other, accounts for the complex weave throughout which oppression may occur. The mutual construction of gender, in relation to the meaning gained in relation to other identities, including class and race (Shields, 2008; McCall, 2005), underpins the assumption that women do not comprise a homogenous group.

Although the interviews in this study did not specifically address specific areas of race or culture, insights into these areas were evident. For example, the specific social context for coping with mental ill health in addition to homelessness, was only

expressed by women of Black African Caribbean heritage. This demonstrated clearly that individual factors alone cannot account for 'resilience'. Rather, attention is also needed to structural context.

The intersection of ethnicity and gender associated with mental ill health and homelessness, highlights inequalities *within* the group of women participating in this research. Homelessness, an issue expressed by two of the Black African Caribbean women who participated in this research, was not explicitly expressed by other participants in this research. Indeed poverty and the experience of homelessness constituted potential blocks to enabling positive change for the women concerned. This suggests that resilience in terms of personal attributes, *in isolation,* are insufficient to overcome the weight of structural inequalities (Fergus & Zimmerman, 2005). Failure to consider the ability of some individuals to overcome adversity while others in similar circumstances cannot, has the potential to lead to 'victim blaming' and Fergus and Zimmerman (2005) have critiqued the notion of resilience as a trait in this regard. Further development of this research, in relation to the intersections explored here, are considered in section 8.6.2. on 'Recommendations for further research'.

In this section, I have argued that the violent and adverse experiences prevalent during the interviews, were representative of risks to the participants, based upon the interpretation of the results. This included suicide risk, as a consequence of violence and other adversity. I have described the connected nature of risk, in this account, as interaction effects were described by the participants. Essentially, the earliest possible intervention for experiences of childhood abuse have been strongly advocated, in order to start the process of recovery. This is based upon the evidence provided in this work and also, further research concerning the consequences of not breaking the cycle of violence and abuse. For these reasons, I have argued that the current risk based paradigm in criminal justice should be approached differently, to allow a greater focus on the resilience of women offenders, in the presence of risk.

The mental health support needs of the participants were extensive and I therefore argue that the process of desistance, is underpinned by recovery from trauma. The intersection between gender and other constructs have been discussed here, including mental health, poverty, homelessness and race. The complexities of this have been discussed in relation to barriers to resilience and also, concerns for social

justice and the potential for 'victim blaming'. In the following section, I will further discuss drug misuse and trauma, with particular reference to the literature on PTSD and how trauma and 'disorder' have been conceptualised. These will be discussed in light of the findings from part 1, in chapter 5.

7.7 Trauma and drug and alcohol use

Direct associations were made between drug and alcohol use, as a direct consequence of experiencing interpersonal violence in part 1 of the study. The use of drugs and alcohol was described as a coping mechanism and was particularly prominent in part 1. Most of these discussions were a direct result of domestic violence, although street based violence was also discussed. This is represented within the superordinate theme; 'The past – violence and coping' in section 5.4 and is also most clearly represented in Figure 9 which represents drugs and alcohol as a coping mechanism, in diagrammatic form. The stress and fear, as a consequence of experiencing violence was particularly resonant in part 1 and I will discuss this in relation to the literature on trauma and drug and alcohol use.

The meaning making of trauma, in relation to perceptions of events, has been discussed in section 2.6.2 as part of a critique on how trauma is conceptualised. It has been argued that rather than defining an event as a causal factor in trauma, it is the individual's unique perception of the event which defines it as traumatic (Dulmus & Hilarski, 2003). Indeed, this also resonates with descriptions of trauma which are based upon threatening and emotionally severe incidents and also, which result in the lack of meaning and connection (Herman, 1992; Mueser, Rosenberg & Rosenberg, 2009). Furthermore, it is also argued that the perception of events which are deemed uncontrollable and cause feelings of powerlessness, are also traumatic (Tedeschi & Calhoun, 1995, p. 17). It is therefore the perception and meaning of the event, which defines it as traumatic. Furthermore, there is an argument that diagnostic categories of PTSD might limit the view that trauma relates to a life-shaping experience with 'complicated and shifting sequelae over the course of one's life' (Fallot & Harris, 2001, p.27).

Drugs and alcohol was described as a way of coping with violence and other forms of adversity in part 1. Certainly, the accounts described were traumatic, as feelings of lack of safety and fear, as a direct consequence of experiencing violence were expressed. These are represented in subtheme 1 and subtheme 2 in section 5.4 as the violence was described: 'The past was a scary place / the past is still a scary

place' and also 'Lack of safety and coping through drug and alcohol use' were apparent. The following excerpts from the narrative account, serves to highlight these concerns:

> DH19: 'He beat me so badly I thought I was going to die'.
>
> BL 49: 'How I was 5 years ago, I was always heroin addict, erm, self medicated myself for years do you know and just facing up to the day to day challenges'.

Both participants who described these concerns, had experienced violence, which was representative of part 1 and the resulting themes in the chapter. Both participants had been subjected to domestic violence and in each case, the use of drugs and also, alcohol had been described as a direct method of coping. The stress described as a result of the trauma was clearly evident. It is therefore pertinent that literature which accounts for trauma in relation to violence and abuse and the coping responses of women offenders, should be further discussed.

The majority of the literature on drug and alcohol use, as a coping and adaptive response in women offenders, has come primarily from the USA. Arguments for the associations between trauma, drug use and mental health, have been elucidated (Covington, 1998; Henderson, 1998; Langan & Pellissier, 2001; Messina, Burdon & Prendergast, 2003). These particular areas of research have focussed on the therapeutic needs of incarcerated populations of women. Based on practitioner perspectives, this is insightful research, with the potential to influence how we see and support women offenders. In my own research, practitioner perspectives have not been explicitly included, rather, it is the understandings and meaning-making of behaviour, from the perspective of the service users, which has been privileged.

I argue that the accounts of trauma which were expressed in part 1, provide insights into the adaptive response of drug and alcohol use, within a framework of resilience. The definition of resilience, based upon 'adaptation' (Masten & Wright 2010) within the context of threats to life or function, arguably, emphasises the role of drug and alcohol use. Accounts of 'self-medicating', to 'block' violence (in section 5.4.2) provided detailed accounts of the impact of trauma, as a consequence of interpersonal violence. This included domestic violence, street based violence and violence related to sex work. Other adversity was also experienced, which included

losses of children taken into custody and deaths of peers. Also, issues with housing, education and employment were also discussed during the interviews.

Figure 8 in chapter 1 summarises the complex layers of how the participants made meaning of their desistance from offending, during the interviews. I reflected upon the different contexts which were described in the interviews in section 5.2: Being a perpetrator of crime, in addition to being a victim of violence and adversity, alongside the related stress, fear and other related mental health aspects, culminated in drug and alcohol use as way of coping. Arguably, being an offender, was translated into an account of being a victim of violence and adversity, alongside the associated trauma and drug use for coping.

There is evidence to support this position which I will now discuss, based on research undertaken in the USA. There is an argument that drug use and trauma do not appear in isolation and aspects of survival, within adverse contexts, has been described as one of the common pathways to problematic behaviour, resulting in crime (Bloom, Owen, & Covington, 2004). 'Women's pathways' into crime research has been studied extensively in the USA (e.g. Daly, 1992; Bloom, Owen & Covington, 2003; Richie, 1996) based upon the life histories of women offenders. Certainly there are similarities within the context of this research, from which insights can be drawn within the U.K context. From the perspective of participants in this research, the life-world contexts of drug misuse, mental health, adverse and interpersonal violence were indeed co-occurring with offending behaviour. Based upon the offence profiles described in 3.5.3 the main offences of the participants were related to drug and alcohol use. From the perspective of the participants, trauma, was directly related to their drug and alcohol use.

Within mental health research, resilience has been described as existing in the absence of pathology. This has been argued, based on the premise that the concept of resilience is only relevant when there is a real risk of symptomology or psychopathology (Rutter, 1999). On this basis, the presence of mental illness would indicate a maladaptive coping strategy. However, based upon the participants' meaning-making perspectives, it was apparent that the 'symptomology' of drug misuse itself was a necessarily adaptive mechanism.

Terms such as PTSD and 'Complex PTSD' have been criticised as providing narrow accounts of responses to high levels of adversity, through focusing on symptoms,

rather than experience (Herman, 1992). The argument has been made that symptomology does not adequately account for the physiological and psychological responses in relation to prolonged and repeated trauma. Indeed, the chain of adversity which was apparent in the participants' accounts in this work, supports this assertion. I also argue also that the process of making sense as expressed by the participants creates a compelling account of the personally meaningful impact of distress on individuals, as an alternative to a symptom led view. This is emphasises in the following account:

"There is something liberating, for all parties involved, in connecting to clients' stories and narratives, their hopes and fears, their wherewithal and resources rather than trying to stuff them into the narrow confines of a diagnostic category or treatment protocol"

Saleebey, 2006, p.18

The strength of the approach used in this research, is based upon privileging participants' accounts and their capacity to make meaning of their experiences. Indeed, in line with Saleebey's statement above, these meanings have value and provide richer data than a narrow focus on standardised assessments alone. A further critique in support of this can drawn from Crittenden's (2012) model of adult attachment, which considers the perspectives of women who might be classed as having borderline personality disorder. This is especially pertinent, as Crittenden argues that 'disorder' should be reframed as a form of strategy that has enabled an individual to survive in the face of past or present threat. Thus, a holistic picture of the individual is formed, rather than one which is based on diagnosis.

I argue that trauma was intrinsically related to the offending of the participants and this is particularly evident in relation to drug use. The nature of the offending was mainly acquisitive in nature, which is associated with drug use (described in section 3.5.1). The use of drugs and alcohol was described as a vehicle for blocking trauma, based upon the meaning of violence and other adversity, as participants described being close to death.

I argue that on a number of levels, the focus of this work which is based upon meaning making, has enabled an innovative approach to considering a women-specific perspective of desistance, underpinned by a theoretical framework of resilience. The definition of resilience, which is focussed upon 'adaptation',

highlights the abilities of participants, to survive past their adverse and violent experiences, in a way in which concepts of 'symptomology', or 'disorder' do not. This is particularly resonant when arguments concerning what is normal, or, normative assumptions are taken into account (Masten & Obradovic, 2006). Masten and Obradovic cite criticism made with regard to studies of behaviour, which use concepts of measurement and highlight the following challenge:

"Who decides or defines the criteria for defining good adaptation?"

Masten & Obradovic, 2006, p. 20

In contrast, when immersed within a lifeworld context, which considers holistic perspectives, the concept of normative functioning may be considered in a different manner. This is because, arguably, a set of standardised criteria becomes less relevant, when the context is not conducive of healthy functioning or wellbeing. I therefore assert that the concept of normative functioning and good adaptation should be replaced by adaptation, as a function of survival. The phenomenological understanding in this research, which has focussed on drug use as a coping and adaptive strategy which is linked to offending behaviour, alongside a critique of concepts of symptomology and disorder, has developed understanding of strategies for adaptation. The accounts of adversity described by the participants suggest that they were actively adapting in order to cope with adversity.

The lives of the women in this work were complex and characterised by a host of adverse experiences. In some instances, dynamic chains of abuse have been described, whereby abuse in childhood was followed by further violence, including domestic violence and rape in adulthood. Relationships which were violent and abusive, experiences of homelessness, managing access to children, being responsible as sole caregivers, loss of children, deaths of peers and the disruption of being taken into custody all constituted complex situations. Attempted suicide, depression, post-traumatic stress and the need to "block" violence were also reported as consequences of adverse and violent experiences.

I argue that when behaviour change is considered in relation to offending, the focus tends to be directed purely towards the 'offending' and the associated risks of offending. This is argued in the introduction in section 1.5 in relation to risk assessments which are not gender sensitive and do not account for the support needs of women. However, what has been made apparent in this research is that

health related support needs interact with complex situations involving violence and abuse, which are directly linked to offending behaviour: Mental ill health and drug misuse, as a consequence of adverse experiences related to post-traumatic stress, depression and attempted suicide are all factors which directly influence offending behaviour. Multiple disadvantage was experienced by all the respondents in this work, including poverty, ill health and homelessness.

Offending behaviour and the potential for subsequent behaviour change to enable desistance from offending, are clearly influenced by violence and adversity and associated drug and alcohol use. The use of drugs and alcohol as a method of coping was made explicit within the sample and this is reflected upon in chapter 5. Additionally, the limited control over the circumstances and the extremes of the experiences described in chapters 5 and 6 undoubtedly compounded the mental health and substance misuse issues. Additionally, the hidden nature of the violence and adversity experienced added another layer of complexity to the process, involving isolation from potential support networks.

I argue that the ability to change behaviour in relation to offending is inextricably linked to mental health support needs, related to the use of drugs and alcohol and the ongoing influence of violence and adversity. Continued involvement in abusive and violent relationships and the use of drugs and alcohol as a means of coping, is not conducive to desisting from offending.

Based upon the findings of this work, changing women's behaviour to enable them to desist from offending involves the cessation of abusive relationships. Desistance from offending is intrinsically linked to the process of recovery from violence and abuse which has been described in section 7.5. Support to overcome violent trauma experienced, to enable the process of recovery, and related support for the associated use of drugs and alcohol as a method of coping, are all important in achieving desistance from offending.

It is clear that trauma linked to abuse and violence shaped the participants' ability to desist from offending. In this regard, recovery from violent and adverse experiences was best supported by practitioners adopting person-centred approaches within a gendered perspective, to enable desistance from offending. This approach involved acknowledgement that unhealthy coping strategies of using drugs and alcohol are linked to violence and adversity. Facilitating the process of recovery and moving

forward positively depends upon an understanding of the cycle of drug and alcohol misuse as a coping mechanism. The challenges of working with the complexity of participants' lives, which includes violence and abuse and multiple disadvantage, including poverty, ill health and homeless, required different levels of support in situations of domestic violence, rape and mental ill health.

In summary, I have argued in this section that the perspectives of the participants in part 1 of this research have been based on the use of drug and alcohol as a method of coping with violence and abuse. I have also argued that the use of drugs and alcohol has enabled a method of adaptation within violent and adverse contexts. The literature on trauma and stress has been detailed here, based on understandings of the participants in this research. I have argued that the complex interpersonal interactions and risks which have characterised the experiences of the participants, highlights the risks 'to' them, rather than the risk 'of' offending, as commonly conceptualised within the dominant desistance paradigm within the criminal justice system. 'Offender' identity does not adequately represent the concerns of women offenders.

7.8 Making sense of building resilience

I have asserted that the results represented a continuum of resilience towards recovery (section 7.5). I have also discussed the contexts of trauma, based upon the violence and adverse experiences of the participants. (7.7). Consequently, I have described the meaning making of the participants in relation to drug and alcohol use, in relation to offending.

The remaining section of this chapter is dedicated to interpreting the findings from part 2 based upon interviews with women who had attended a women's centre. Figure 11 in section 6.7 represents the diagrammatic model for building resilience, which illustrates the findings discussed in the remainder of this section. Although the literature referenced throughout is used as a conduit to engagement with these findings, I would like to draw readers' attention to the epistemological position of IPA; The focus of IPA is on understanding experience and the process of making sense, 'within specific contexts, rather than between them' (Smith et al, 2010, p.47). For this reason, the focus of the remaining section does *not* serve as a comparison with the findings arising from interviews in part 1. The discussion will not serve as a

comparison analysis, following the scientific method, which strives for neutrality and objectivity (Coyle, 2007). Rather, this section discusses resilience in greater depth, in the location of a women's centre, in order to consider the meaning-making behind the impact of support and interventions which build resilience.

This part of the study provided deeper insights into the process of resilience and resilience building. There did not appear to be any single factor which could be viewed in isolation, which served this purpose, but instead a number of significant factors which has a positive impact on participants, as described in relation to connections made with others. Relationships with 'similar others', who shared similar experiences of adversity and also, relationships with enabling practitioners, formed the basis of the meaning-making themes for the five participants in this part of the study. These relationships, or 'relational resources', served as a platform for growth and emotional safety from which further meaning-making themes emerged.

7.9 Relational resources

The importance of relationships has been stressed within the resilience literature:

> *'Resilience rests, fundamentally, on relationships. The desire to belong is a basic need, and positive connections with others lie at the very core of psychological development; strong supportive relationships are critical for achieving and sustaining resilient adaptation'.*
>
> Luthar, 2006, p. 780

The relational underpinnings of resilience are emphasised in the above quotation and certainly, relationships were a key factor for participants in part 2. In essence, relationships with others who shared similar experiences, which included interpersonal violence and other adversity, alongside the particular approaches used by practitioners, were fundamentally important to all participants. The importance of relationships were expressed in the subthemes in part 2 of the results: 'In relation to similar others' and 'practitioner as enabling resource of choice', were the two subthemes which comprised 'relational resources' as the overarching superordinate theme in section 6.3. Based upon the insights from the participants, the particular aspects of relational resources formed the starting point from which all other themes emerged for the 5 participants in part 2. Reflections on 'relational resources' were

made in section 6.3.3 whereby I provided an account of emotional safety, as the function of 'relational resources', for participants who had accessed the women's centre in part 2. Within this account, I reflect upon the importance of relationships within the context of having experienced violence and other adversity. Essentially, the relational resources were conducive of a recovery process and for this reason, I will proceed to discuss the literature on relationships and support, within the context of recovery from trauma.

The relational resource themes expressed in part 2 of the results provided at the women's centre, resonates with the literature concerning support systems for individuals with PTSD and subsequent recovery. Social support is paramount to recovery from trauma and a sense of purpose and meaning has been found to support veterans who have developed PTSD as a result of traumatic experiences (Southwick & Charney, 2012, p. 159). The particular aspects of social support described by Southwick and Charney, were in relation to community service work, which encouraged a sense of purpose through giving to others. The nature of the work involved placing veterans with underprivileged school children, including those who had been exposed to violence and elderly people, who had been afraid and socially isolated. The work undertaken with these groups were considered to be beneficial in relieving PTSD.

More specifically, not having social support after experiencing violence, including rape, has been shown to contribute towards PTSD symptom severity (Andrews, Brewin, & Rose, 2003; Ullman, Filipas, Townsend & Starzynski, 2007). Conversely, social isolation and low levels of social support are associated with high levels of stress, PTSD and depression (Southwick & Charney, 2012, p.91). As detailed by Southwick and Charney, this resonates across different contexts, including research conducted with Vietnam veterans and also, patients with cancer and cardiac illness.

I argue that taking the in depth perspective of women offenders into account, as undertaken in this research, accounts for a more nuanced understanding of support necessary for women offenders, who have experienced interpersonal violence and other adversity. Undoubtedly, relationships provided an essential resource for the participants at the women's centre. However, the nature of the support, was not based on a sense of purpose, as described by Southwick and Charney (2012), in their account of recovery from PTSD. The function of the relationships, which was detailed in the results from part 2, was based upon having shared similar

experiences. Therefore, the empathetic understanding of others who had experienced traumatic experiences, was the defining feature of the participants' accounts. Connections with 'similar others' represented an ability to engage with others and consider their own experiences and that of others within a safe supportive environment. Thus, the results from part 2 contribute a greater depth and nuanced understanding of recovery, in relation to the interactions with others and the symbiotic nature of these relationships. The results also support the work of Worrall & Gelsthorpe (2009) with regard to the 'supportive milieu or mentor', for supporting women offenders, after offending programmes (p. 339). However, the additional insights provided into the function of the relationships, as presented here, enables a nuanced understanding, from the perspective of women offenders, which has not been explicitly addressed in the aforementioned accounts.

As presented in part 2, building resilience comprised relational resources with 'similar others' and this involved relationships with other women, sharing similar experiences. The women-only environment, through which the participants relayed their insights, was conducive of relational connections. Although not all themes described in part 2 were exclusive to the women's centre environment (for example, prison-based approaches and interventions were also discussed), what was apparent, was that the empathetic understandings were always in relation to other women. I reflect upon this is section 6.3.3 and also, the levels of interpersonal violence described, which included extreme accounts of violence and adversity. There is a body of literature which relates specifically to women's recovery from trauma, which is defined through interactions with other women. I will discuss this, from a feminist psychological perspective, within the context of women's development.

From a feminist psychological perspective, there is an argument that there are sex differences in the way that men and women develop. This is based on the assertion that the primary motivation for females throughout life is the establishment of a strong sense of connection to others, postulated as 'relational theory' (Miller, 1986, 1990). The theory posits that a sense of self and self-worth develops for women when actions arise out of and back into connections with other females. The theory proposed by Miller (1986, 1990) challenges the assumption that separation from relational connection is unilaterally the route to maturity across the sexes, as has been postulated with regard to men. The relational model, which allows for empathic, creative and empowering relational connections, is one which Miller

advocates as an important aspect of psychological development for females, exclusively.

Within the context of support for recovery from trauma, Covington (2007) has advocated relational theory as an important tenet with regard to female offenders. Covington (2007) argues that, within the context of poverty and complex histories of trauma and addiction common to women offenders, relational theory is the lens through which gender-specific approaches should be adopted. As argued by Covington, relational theory places the starting point of healing processes within the context of violations within relationships through which women's psychological problems can be traced.

Arguably, the theoretical contribution of relational theory within the context of work to support women offenders, as discussed in the preceding accounts, is compelling. Certainly, the relational resource theme of 'similar others', as described in part 2, embodies connections with other women, which is the main factor underpinning relational theory. Additionally, the complex histories of trauma and addiction, which are associated with common pathways into crime for females (Daly, 1992; Bloom, Owen, & Covington, 2003; Richie, 1996) have been represented and discussed in this chapter. The results have been incorporated within the discussion on risk, in relation to experiences of violence and other adversity and also drug and alcohol, in sections 7.6 and 7.7. Therefore, the complex interactions in relation to offending, experiences of violence, abusive relationships, other adversity and drug use and related offending behaviour are similar in scope to the pathways into crime research. For these reasons, the research presented here provides a valid platform for considering relational theory.

I argue that the understandings of women offenders, in relation to relationships which build resilience, relational theory does not replace the valuable insights from the meaning making of experiences, which is the focus of this research. Additionally, relational theory has been advocated by Covington (2007) as a model of healing for women offenders, which is based upon a proposed difference in the psychological difference between males and females. However, operating through a lens of difference in psychological development, undermines the nature of the traumatic experience. The need for intimate connections, which may lead to a developed sense of self (Miller, 1986, 1990), assumes that it is because an individual is female, that intimate connections are more important.

I argue that based on the insights from this research, it is not purely gender which underpins the connections, but the shared understandings with others who have shared experiences. Findings from this research indicate that relationships with similar others are construed as providing a protective and healing resource involving both empathetic understanding and development of feelings of self-worth. Emotional safety was embodied within the women's centre, which was defined as a safe place from which to establish secure and supportive relationships with similar others. I therefore argue that within the context of recovery from violence, or rape, for example, the process of recovery and connection, is not determined by women's psychological development. The insights into healing, as described by Covington (2007) are sensitive to women-specific, trauma informed services, although I argue that arguments concerning 'difference' in terms of psychological development, obscure the impact of the violence and adversity experienced.

Relational resources extended into relationships with practitioners, which I will discuss, as represented in the subtheme 'practitioner as enabling resource of choice'. In some instances, practitioners provided a life line, which was particularly evident with regard to participants who had expressed that they had suffered from depression. One such example included 'J' who was a victim of rape in childhood and adulthood and had attempted suicide. As expressed in section 6.3.2 "she taught me why I'm a person" was the essential characteristic of engagement with the practitioner. The level of engagement with practitioners provided an essential supportive resource. Within the context of the participants' lives, it was arguably this level of supportive practitioner practice, which enabled the participants to heal, particularly with regard to developing their resilience.

Essentially, practitioners supported the women involved in this work, along a continuum of resilience. The implications of working along a continuum, as evidenced through the narratives of the participants, involved a complex and intensive support role. Practitioners were engaged with women who had been struggling to cope with adversity and experiences of violence and abuse. At the 'extreme' end of the continuum, participants described feelings related to suicidal behaviour, alongside descriptions of near fatality through drugs overdose, as described in chapter 5. Essentially, the continuum of resilience and levels of practitioner support, required management of high risk *to* the women involved in this research.

It was evident that working with women who presented along a continuum of support need, who were represented in this work, required a great deal of ongoing flexibility by practitioners, to address multiple issues. Such issues included mental and physical health issues, being subjected to experiences of domestic violence and rape, alongside bereavement and losses, which included having children taken into care. It was apparent that working along a continuum of resilience, would not result in immediate gains, in terms of the management of 'quick' positive outcomes by practitioners. In fact, a great deal of the work undertaken was related to prevention of further harm, related to drug and alcohol misuse and support and advice concerning abusive relationships.

Narratives related to a positive sense of self, through developing personal strengths and self-efficacy, as described in section 6.6, represented positive growth along the resilience continuum. However, the supportive role of the practitioners to enable the building of resilience, which is reflected upon in chapter 6 serves to illustrate the sustained and dedicated role of the practitioners, within all of the positive narrative examples. This is particularly evident, as practitioners were described by participants as fulfilling an essential, enabling role, through encouraging engagement, through feelings of safety and working alongside the participants. Therefore the implications for practitioners, for working along a continuum of resilience, is indicative of sustained commitment. The implications of this involve flexibility to manage complex support needs and prevention of further harm, in addition to adapting to the participants changing support needs, as they progress and consider future aspirations and support needs.

Choice to engage with the practitioners was emphasised through the antithesis of practitioner approaches which did not work, which was described in relation to use of authority or abuse of power. Judges, psychiatrists and other mental health professionals were described in relation to a perceived lack of care in section 6.3. By contrast, practitioners who did work to support participants were discussed as working "with" participants in a collaborative sense. This corresponds with an aspect of the 'therapeutic alliance' which has been described by Faulkner & Burnett as 'looking at the issues from the person's own perspective' (2012, p.134) which is essentially 'person-centred'. Furthermore, the nature of the therapeutic relationship has been described as 'the building of a trusting, collaborative relationship' (Van Wormer, 2010, p. 198).

In chapter 6 trust was conceptualised as the ability of the practitioner to build collaborative relationships, enabling 'safe' connections to be made with practitioners and others. Emotional safety was essential for women who had experienced violence and abuse, frequently perpetrated by individuals who were in a position of trust. This presented significant challenges for the development of trusting relationships with practitioners, yet the establishment of trust was the starting point from which self-esteem and resilience could be built to underpin the process of recovery. The person-centred skills of practitioners were central to this support.

Practitioners provided a resource for the women by showing unconditional positive regard and being non-judgemental. This is reflected in the historical literature on person-centred approaches (e.g. Rogers, 1961, p.67). This is also reflected within contemporary approaches, including relationship based social work, enabling participants to believe in themselves as individuals with self-worth (Murphy, Duggan & Joseph, 2013). This person centred engagement with practitioners providing an internal resource and strength enabled the women to embark on the process of change.

The relational resources which comprised 'similar others' and 'practitioner as enabling resource of choice', anchored the accounts within the 'place' of the women's centre. Although additional accounts were described which were not based within the women's centre, the centre did provide the 'base', from which participants discussed what had supported them. The women's centre was the embodiment of a safe space, providing the necessary conditions to begin the process of recovery. Certainly, there are parallels in this study with the work of Covington who advises that gender-specific environments should promote safety, openness, belonging and empowerment (Covington, 2003).

Participants referred to a number of different programmes and interventions as being particularly helpful, and these seemed to coalesce on the necessary conditions, 'similar others' and 'practitioner as enabling resource of choice', being met. This resonates with the 'specificity versus commonality' debate summarised by Faulkner and Burnett (2012, p. 133). In essence, based upon the interpretation made by the participants, what was deemed supportive and successful, was based upon factors which were not based upon specific treatment intervention factors, alone.

In summary, the themes which underpinned building resilience, in the women's centre, started with supportive relationships and connections with others who had shared similar experiences. Feelings of emotional safety were evident and therapeutic relationships with practitioners were particularly conducive of this. The literature on trauma and recovery also, usefully informs these findings. From a feminist psychological perspective, literature exists, based on relational theory and women's psychological development. I have argued that the nature of the relational resources are not based purely on women-specific development and have used the holistic understandings of the experience of support, to extend this. In the following section, I will discuss internal resources which build resilience, with reference to the literature on self-efficacy and also, recovery.

7.10 Internal Resources which Build Resilience

The women's centre results in part 2 provided further insights into building resilience, based upon personal strengths, which were expressed by the participants. These insights were captured within the superordinate theme 'internal resources for a future', which represented a subset of three of the participants out of the five in the women's centre sample. As shown in figure 10, there was a point at which the themes diverged, as three of the five participants described being able to move forward with their lives, as a result of the support they had received. Two of the participants described barriers to this process, which will be discussed in section 7.11.

Two subthemes were described within the superordinate theme of 'internal resources for a future'. The first of these related to internal strengths and how they could be harnessed, which was represented as having 'control over a new life'. This subtheme was clearly expressed as participants described being able to make choices and have control over their environment. Additional insights were also provided in relation to internal strengths, which could be drawn from the past. These insights were represented in the second subtheme; 'I have always been...', which provided a clear sense of internal strengths to draw from, as the participants considered their self-view and identity, in relation to the past. I will draw from self-efficacy theory, in this section, as this provides some clear insights into resilience

building, within the context of this research. Self-efficacy is based upon the premise that we are not passive reactors to our environment. Instead, self-efficacy posits that "People's beliefs in their capabilities to produce desired effects by their own actions" (Bandura, 1997, p.7)

Different accounts were relayed within the women's centre and mastery over the stress response was included within those accounts. The following example, serves to illustrate this point, as described by SB:

> TB: 'I have people screaming at me, in my face and I don't react, you won't get a reaction out of me, I will just sit there calmly, I will observe, I will look round, I might make a few notes and think, they are all crazy, they are all crazy…'

As discussed in the resilience literature review (section 2.6.6), self-efficacy has been researched widely with regard to the stress response system. When stressful situations are perceived as challenges which can be met, a sense of perceived self-efficacy decreases the experience of stress. As illustrated through subsequent narrative excerpts in results 2 it was the ability to use learned thought processes, which enabled SB to exercise control over stressful situations.

Perceived self-efficacy plays an important role in the recovery process for women who have suffered PTSD and trauma, including physical and sexual assault (Benight & Bandura, 2004; Bandura, 2004). More specifically, it is argued that self-efficacy operates through modes of coping aimed at problem resolution. The stress experienced as a result of past experiences of violence and other adversity was highly evident throughout both parts of this research. In addition to the ability to exercise self efficacy over stress, was the ability to manage relationships differently, through exercising choice and control. As reflected upon in section 6.6.1 there was an element of being able to choose relationships differently, detailed alongside the narrative excerpts. Certainly, it was evident that the 'conditions' of the women's centre, which comprised relational resources, alongside self-efficacy beliefs, enabled 3 of the participants to move forward with their lives. This is represented in table 10 as the model of building resilience for recovery.

Based on interviews with participants, it was evident that there were a number of different interventions and approaches which proved valuable through enhancing self-efficacy. There was a clear element of being 'stuck', with reference to the past,

described by some participants and this is consistent with research on drug treatment that indicated women had lower levels of self-efficacy and motivation in comparison to men (Pelissier & Jones, 2006). This was in relation to the perceived ability to refrain from substance use upon release. Pelissier & Jones (2006) were critical of the use of cognitive-behavioural models focusing on problem-solving strategies, which were based primarily upon men. Therefore calling for the development of gender-relevant programmes.

All participants within part 2 were included within the superordinate theme 'relational resources'. This represented a safe emotional platform of engagement across the sample. The women's centre enabled an environment through which the participants could engage and draw on resources. The conditions of safety comprised a relational milieu through which resilience could be built, and this was the start of the process of building resilience towards recovery, based upon the insights of participants in part 2.

I argue that the women's centre environment provided the necessary conditions for the participants to recover from their violent and adverse experiences. The results presented and discussed here, are consistent with the literature on human development. Masten and Obradovic (2008) discuss the self-righting tendencies of individuals to recover from crisis, or catastrophe, onto improved developmental trajectories, when the conditions are favourable. Indeed, the parallels with this study are compelling.

The model of building resilience towards recovery, represented in figure 10 in section 6.8, represents the process of recovery for women offenders, in this study. The model is located within a women's centre environment and represents the meaning making insights of the process of recovery, which is underpinned through building resilience. The process of building resilience towards recovery, is based upon the meaning making of women offenders, in relation to the necessary conditions which enable this process. As argued in this discussion, this is based upon relational resources and also, the building of self-efficacy, as an internal resource.

To summarise this section, internal resources have been described here, through entering a dialogue with the literature on self- efficacy. Some participants within part 2 described processes of being able to control their actions and shape their futures.

Self-efficacy theory was used to engage with the meaning-making themes and further illuminate the findings in relation to factors that build resilience. Identity and the concept of internal strength were also discussed in light of previous strengths that could be harnessed as participants reflected back over their lives.

The discussion of thus far has created a multifaceted picture. Connections to others and the formation of external social support resources have been discussed in relation to internal strengths and transitions toward the future. Rather than focusing on any single factor or intervention which helped build resilience, the process resembled the development complex connected factors. The model of building resilience towards recovery has been discussed here, represented in figure 10 in section 6.8. The last section in this chapter will discuss barriers to building resilience, which was the point at which the two remaining participants diverged in relation to themes from analysis.

7.11 Barriers to building resilience

The meaning-making themes among participants attending the women's centre diverged and for 2 of the 5 participants I part 2, 'barriers to a future' was evident. This was associated with the lack of a sense of a projected future or a sense of control over the future. Similarly, these participants offered no accounts of transition, or accounts of going back to making sense of past strengths across the life course. A fragmented view of self was particularly evident for the two women and a sense of internal resource was not apparent, as discussed in the previous section.

One of the defining features of the experiences of the participants who were represented within the superordinate theme 'Barriers to a future', was the extremely violent nature of the participants' experiences. This is reflected on in the results section in chapter 6 in section 6.5 as, during the interviews, participants included direct references to incidents of abuse and neglect across the life course. Recent experiences of violence in adulthood were also discussed within the context of experiences of violence and abuse in childhood.

Repeated levels of violence were described throughout the life course. One of the participants had experienced long-term sexual abuse as a child as well as in her adult life. Another had experienced high levels of abuse and neglect in childhood in

addition to domestic violence and stalking by her partner in adulthood. The subtheme ‘here we go again’ was a verbatim quote from an interview, which spoke of resignation in the face of repeated violent experiences. The impact on the mental health of the participants was consistently high across the sample. Contributors to this sub theme had required mental health support, and a diagnosis of PTSD was confirmed in the files of one. This individual had been prescribed antidepressants and required on-going outpatient treatment. There were also instances of additional physical traumas as a result of violent experiences. One participant had plates replaced in her pelvis and had developed clots on her lung as a result of the violent attacks she had experienced.

The persistent and extreme nature of the violence presented an ongoing threat. For example, there was one description of a partner who had stealthily tracked down a participant and threatened her with a gun. The level of fear and threat of verbal as well as physical abuse was also described. The lifeworld contexts described by the 2 participants were characterised by threat, and the repercussions on the mental and physical health of participants were indeed evident. In each case, the participants were interviewed by telephone

Repeated interpersonal violence across the life course has been discussed in relation to cycles of violent trauma related to substance misuse in women (Gutierres & Van Puymbroeck, 2006). The relationship between Gutierres and Van Puymbroeck’s (2006) review of the literature on trauma and substance use found that a vulnerable psychological state from childhood trauma is a factor which heightens the risk of continued victimisation. The literature adds insight in relation to life course risk factors, which includes child abuse and continued victimisation. From the perspective of meaning making, it is apparent in this research that relational resources are important for building resilience.

It has been made clear that the enabling practitioner as a resource, discussed in section 7.9, provided an essential support system for the participants involved in this research. The transitional stages that underpinned this have been discussed in the results, in terms of building self esteem and ‘realisations’ of self-worth, described in section 5.6.2. These transition points were described by some of the participants as major points of departure from previous adversity.

The importance of the transitional stages, as described by some of the participants, is clear. When the complexity of behaviour change, in relation to health needs, recovery, drug misuse and trauma, as discussed in section 7.7 is considered, these transition points may usefully be recognised by practitioners as opportunities for facilitating change. Particular attention needs to be applied to individuals who are involved in cycles of violent trauma. Indeed, within this research, there were accounts of being 'stuck' (when participants' described their past) and finding it difficult to demonstrate positive change and transition, a finding that resonates with the work of Gutierres and Van Puymbroeck (2006) on continued victimisation. This presents particular difficulties and tensions with which practitioners may need to work, as cycles of violence can act as barriers to building resilience. I will now consider relational resource barriers and how these may hinder the process of building resilience.

The subtheme 'trust as paradox' was a particularly clear meaning-making unit reflecting a barrier to building resilience. The importance of the function of trust itself, as well as the meaning making behind it and the fear of forming connections with others, was evident. Indeed, it was clear to see how, in the context of violence, trust could comprise a potential threat to further violence and abuse. The following excerpt, which draws on a socioecological perspective, is particularly noteworthy here:

> *'A drug and alcohol prevention program, an intimate relationship, or resistance to acculturation, can either help or hinder resilience depending on what the resource means to those using it'.*
>
> Ungar, 2012, The Social Ecology of Resilience, p. 22

The meaning of relationships and the meaning of trust, from the perspective of participants, did have the potential to hinder as well as promote resilience. From the perspective of experiencing violence from intimate partners, the above quote from Ungar (2012) provides a useful framework for considering the necessary levels of discrimination necessary. The paradox reflected in the meaning-making is that connections with others should indeed form the necessary social resources. However, based on previous experiences of relationships and connections with others, expectations of trust have been followed by trust betrayed, in the form of violence and abuse.

Prior to concluding the discussion, I will briefly reflect on barriers to building resilience. There were evident barriers in relation to establishing trust and connections with others, which have been discussed here as necessary aspects of discriminating resources within the context of interpersonal violence. However, there was also a surprising level of insight regarding altruistic concern expressed toward others who had experienced violence.

Throughout both parts of this study, there was a high degree of willingness to engage with the interviews, which extended to the wish to benefit others who had experienced similar levels of trauma. Nowhere was the level of wanting to convert past violence into something beneficial clearer than among those who identified 'barriers to a future'. There was a very clear concern expressed that others who had experienced violence should be helped. A description of helping others to 'cover their tracks' when leaving abusive partners was also described.

Translating past experiences of trauma and carrying this forward to benefit others has been cited within the resilience literature (Southwick & Charney, 2012). Furthermore, the strengthening value of 'paying forward' has been described in relation to individuals who move from being a victim to a survivor and give to others in the community, as part of a survivor mission (Southwick & Charney, 2012, p.159).

To conclude this section, barriers to building resilience can be described as a complex adaptive dynamic understood in relation to the sense-making process of participants within contexts of adversity and interpersonal violence. Person-centred, holistic understandings, enable a way in which essential adaptive qualities can be viewed within contexts of adversity and abuse. Drug misuse can be illuminated as an adaptive strategy, serving as a coping mechanism, rather than as something purely linked to acquisitive crime and offending behaviour. Furthermore, the mental health support needs as a consequence of adverse experiences are compounded by the ongoing risks and associated stress which characterise the lifeworld contexts of participants, as women who have offended in the past.

Resilience has been described here as something which comprises a continuum and involves a complex interaction between the individual and her relationships to others. Interventions and approaches that build resilience are construed in relation to enhanced self-efficacy. The model for building resilience discussed here, is based upon the necessary conditions being met, to support women offenders who

have experienced violence and other adversity. Barriers to building resilience are considered from the perspective of the meaning of relational resources, when repeated and heightened levels of trauma may still resonate. The paradoxical nature of relational resources, as well as potential threats and associated risks, were seen by some participants as barriers to resilience.

7.12 Chapter Summary

This chapter has illuminated findings from the research through engaging with resilience theory. The lifeworld contexts of violence and adversity experienced by participants have been considered in relation to the meaning-making units from the results. These have been considered in relation to theoretical and empirical literature relating to mental health and drug misuse. Trauma is discussed here, as the underpinning of offending behaviour linked to drug and alcohol use. A continuum of resilience has been proposed to account for the dynamic nature of resilience, based on relational resources, as well as the meaning of relational resources and self-efficacy beliefs. A model for building resilience based upon the meaning making of women offenders has been discussed here. This is based on the necessary conditions being met for relational resources and building of self-efficacy beliefs. Barriers to building resilience have been included within this model and discussed as a protective resilience mechanism. This provides an alternative conceptualisation of what desistance for women offenders, which is not based upon offence related identity, The following chapter will bring together the person-centred insights from this research and will consider real-world, applicable recommendations for policy and practice.

Chapter 8. Conclusions and recommendations

8.1 Chapter overview

This chapter draws conclusions in relation to how women offenders in this study made sense of approaches and interventions designed to support desistance from offending. In the light of these insights I conclude that desistance from offending is underpinned by the process of recovery from trauma. It is therefore recommended that building resilience to support the recovery journey is translated into policy and practice. An approach to the assessment of women offenders which accounts for experiences of violence and abuse, rather than one which is focussed on 'criminogenic need' is also recommended. I conclude that work with women offenders should be trauma informed, to account for the ways in which women offenders adapt within adverse and violent contexts and how resilience can be built. Research to develop this area is put forward.

The chapter is structured to account for the developing nature of this research. Therefore conclusions are initially drawn from part one of the research which sought to establish how women offenders made sense of approaches and interventions to support desistance. This is followed by further theoretically driven insights. Conclusions are subsequently made in relation to how resilience can be built to support recovery and the barriers to building resilience are presented in relation to adaptation. Following on from this, I outline the original contributions of this research, discuss the limitations of the study and reflect on the personal impact of undertaking this research.

8.2 From research aims to conclusions

This research explored the perspectives of women offenders through asking the research question: What are the understandings of women offenders, in relation to interventions and approaches which support their desistance from offending? On the basis of the research conducted here I conclude that women offenders' understandings of their desistance from offending is commensurate with a process of recovery from trauma. Women offenders made sense of their drug and alcohol use, which was intrinsically linked to offending, as a mechanism for coping with interpersonal violence, abuse and neglect across the life course. The initial part of the research established the link between coping with interpersonal violence and

abuse and use of drugs and alcohol, accounting for the largely 'acquisitive' nature of women's offending.

I conclude that personal risk 'to' women offenders, in the form of interpersonal violence, abuse and neglect, is an appropriate way of constructing risk for women offenders within the criminal justice system. When prioritising the insights gained from women offenders, personal risk was the primary concern, and more salient than my concern for their offending behaviour. The concept of 'criminogenic' risk, which has been informed by large scale research studies focussing largely on male offending, does not account for the recovery needs of women offenders. This is because it does not account for the experiences of women who have been subjected to violence and abuse, perpetrated mainly by men. I therefore conclude that the concept of 'criminogenic risk' is fundamentally flawed and this research provides insights into why this is the case.

Resilience theory has provided a valuable theoretical framework in this research, as it challenges the language of 'pathology' and 'disorder', and is focussed upon 'adaptation' within context. Resilience theory has been engaged with in this research and I conclude that adaptation to personal risks, which include violence and abuse, perpetrated mainly by men, is intrinsically linked to offending behaviour. This is through the use of drugs and alcohol, as a coping mechanism. This has implications for the desistance discourse as a subjective process, which is focussed on offender identity.

A secondary research question was developed in part two of this research: 'what builds resilience in women offenders to support their recovery?' I concluded that a number of factors build resilience for women offenders to support their recovery and developed a model as a complementary way of visualising the findings, alongside my analysis and the participants' narratives. Based upon how they made sense of their experiences of different interventions and approaches which had supported them to recover from trauma, two fundamental relational resources were revealed as important: 'similar others' and 'enabling practitioners'.

I conclude that relational resources provide a supportive fundamental aspect to recovery in two main ways: Firstly, being supported by, and being supportive of, those who had shared similar experiences. Secondly, positive engagement with enabling practitioners who worked in holistic ways, promoting self-esteem and

choice. Frequent comparisons were made with authoritarian and judgemental approaches used by (mainly male) practitioners within the criminal justice and mental health systems. Therefore, further supporting the argument for the fundamental importance of gender sensitive, relational resources which demonstrate care and concern for women who have experienced violence and abuse. Lack of a caring approach, experienced from practitioners in criminal justice and mental health systems, served as a hindrance to effective engagement.

Interventions and approaches which promoted the development of self-efficacy in managing trauma related stress were deemed particularly effective. Interventions which promoted the ability to control stress and process information in a way which was manageable, were also particularly pronounced. The ability to exert control in relation to thinking about behaviour and managing this effectively, were particularly evident for those who had a positive future outlook. Similarly, exercising choice over relationships with men, was another important factor from the perspective of the participants. Overall, the ability to visualise a future was associated with interventions and approaches which promoted the development of self-efficacy beliefs.

In conclusion, different forms of interventions and approaches were evident in this study, but what underpinned the strength of the intervention was a factor of developing self-efficacy. The promotion of self-efficacy and visualisation for a future were the factors which were particularly evident when women offenders described effective supportive practice, provided mainly by female practitioners. Building upon this further, it was evident within this research that strengths 'regained' was also a factor for participants who described such efficacious actions and beliefs. When considering the past, there were descriptions of childhood or early adulthood in which internal strengths were 'always there'. The sense of past strengths was not apparent for participants who did not describe efficacious beliefs.

Barriers to building resilience were related to adaptive behaviours, based upon the understanding that trust in relationships was paradoxical. Earlier experiences of violence and abuse perpetrated by adults in trusted positions, led to perceptions of relationships as carrying the possibility of risk and therefore a barrier to progress. Another barrier was posed through a lack of self-efficacy beliefs associated with interpersonal violence and abuse perpetrated mainly by men, including rape.

This research has focussed on adversity resulting from violence perpetrated mainly, though not exclusively, by men against women. An introduction to the gendered nature of the violence was considered in chapter 4 as part of the ethical considerations in conducting this research. I discussed research on violence against women (e.g. Fontes, 2004), its traumatising effects and the potential for re-traumatisation. I have also reflected on discussions with gatekeepers and participants that highlighted the potential problems for abused women. These are discussed in section 4.5.1 (and illustrated in Figure 5) with particular regard to women receiving medical treatment from male practitioners who are, by virtue of their professional status, authority figures.

Particular consideration needs to be given to how women may be supported to recover and build resilience following experiences of violence and abuse perpetrated principally by men. Implications include the gender of practitioners working with women who have experienced violence perpetrated by men. The logical recommendation, and default position, is that women practitioners are best placed to undertake work with women who have experienced violence and abuse perpetrated by men. However, I observed some 'surprises' within this research, which bear further exploration. There were instances where male practitioners described[17] their experience, of working with women who had experienced trauma in positive terms both in relation to women's recovery and in relation to changes in offence-related behaviour. Equally, there were instances where women who had experienced violence perpetrated by men, were particularly positive about the support received from male practitioners. Beyond the bounds of the research questions explored in this study, the question of gender and support is worthy of consideration in future research.

8.3 Summary of conclusions

In summary, I conclude that experiences of violence and abuse, through the life course, lead to adaptive behaviour linked to offending. The meaning women offenders made of their drug and alcohol use, as a reaction to violence and abuse, means that supporting recovery is the focus of effective interventions and

[17] 3 male practitioners were involved in this work, comprising 2 probation officers and 1 service lead (and counsellor) from a complex needs service.

approaches. I further conclude that desistance from offending is underpinned by interventions and approaches that support recovery.

I also conclude that building resilience, through relational resources and interventions which promote self-efficacy, are all conducive to recovery. These elements can enable a sense of future and a sense of strengths regained from the past. It is further concluded that the barriers to building resilience constitute a protective adaptive mechanism in the face of uncertainty in judging trustworthiness in others, particularly, in relation to anticipating the possibility of further experience of violence and abuse.

8.4 Original contribution to knowledge

In this section I detail the original contribution to knowledge from this research, which to the best of my knowledge at this time, has been made in three ways: i) it offers a woman centred account of desistance, ii) it extends understandings of personal risk and iii) presents a unique model for building resilience to support recovery from violence and abuse.

This research provides a unique, women centred view of desistance, which challenges current research which is based mainly upon men and concerned mainly with a discourse surrounding narratives of offender identity (e.g. Maruna, 2001). In contrast, the research presented here understands desistance in a different light for women offenders; that is, in its provision of unique insights into recovery and support needs due to past experiences of violence and abuse. The focus on recovery, which is intrinsically related to desistance and surpasses any concern for offender identity, is seen from the unique perspective of women offenders.

Another unique contribution provided by this research is an understanding of the personal risks to an ethnically diverse population of women offenders in the research sites. This challenges the concept of 'criminogenic risk' and informs a recovery-based approach. This can be viewed in a similar manner to the 'women's pathways into crime' research[18], which has focussed on the gender-specific factors leading to crime. An exploration of the life course was made in order to inform

[18] As outlined in the discussion, 'women's pathways' into crime refers to a cluster of research undertaken mainly in the USA, focusing on the life histories and contexts leading women to offend (e.g. Daly, 1992; Bloom, Owen & Covington, 2003; Richie, 1996).

intervention needs. However, the present research is unique in that it is contextually relevant to the UK and is based on a qualitative method utilising the narratives of women offenders in an attempt to understand their experiences from their own perspectives.

Finally, this research has provided a unique model for building resilience to enhance recovery, based on the theoretical underpinnings of resilience. This has been undertaken through harnessing the understanding of women who have experienced interpersonal violence and abuse. To my knowledge, the model I have produced here is unique in its focus on human resilience; it is novel in its understanding of relational resources, self-efficacy beliefs, and protective barriers. These all contribute to a model for building resilience, which is vital to women with experiences of violence and abuse. The insights provided by the women have highlighted the need for a shift in approach in order to develop effective interventions.

This model shares some similarities with others such as models specific to child welfare. The fundamental building blocks with regard to resilience within the context of child welfare are based on a secure base of belonging, good self-esteem, and a sense of self-efficacy (e.g. Gilligan, 1997, 2001). There is certainly some cross-over between these areas. A model of building human resilience, or one that attends to barriers to resilience-building, does not currently exist.

8.5 Limitations, considerations and future direction

One limitation to this research was that an audit for the process, as advocated to add rigour to the IPA process, was not conducted. This involves checking that a coherent chain of arguments runs from initial notes to analysis (Smith et al., 2009). However, rigour was ensured in other ways, such as through consultation with peers utilising an IPA approach at a regional IPA support group. Transparency has been demonstrated in other ways, including detailing elements from my reflexive journal and the process of undertaking the analysis.

One limitation of this study related to the homogeneity of the sample and the developing nature of access to the sample. I could not predict exactly who I would engage with prior to the point of interview limiting the possibility of maximising access to a homogenous sample. The ethical approach employed, which involved a filtering process through gatekeepers, worked well and kept things ‘tight’ in terms of

avoiding any potential for doing harm to the participants. This, coupled with the scrutiny applied to exclusion criteria, alongside adherence to a protocol for informed consent, worked well. However, prioritising doing no harm, alongside the practicalities of access to the sample, meant that there were some differences across the group which could not have been anticipated prior to the interviews. The following excerpt usefully demonstrates my concern and approach:

> 'The extent of this 'homogeneity' varies from study to study. Making this decision is partly a practical problem (Which people are in this situation? How easily can they be contacted?), and partly an interpretative problem (In what other ways do these people vary from one another? How much of that variation can be contained within an analysis of this phenomenon?)'
>
> (Smith, Flowers & Larkin, 2009, p.49).

A*t the time* of recruitment, the sample was homogeneous, based upon the operational definition of desistance used for this research. From the point of participant engagement and interview, through to undertaking the analysis, it was evident that there were some differences: Women who had committed violent offences, those who had been involved in sex work, or had been homeless in the past, for example. In some ways this could be considered a limitation, but in other ways a strength as it was an inclusive approach for women with complex support needs. Additionally, the inclusivity in approach was a contributing factor in terms of an increasing the realisation that integrated support is a necessity for women offenders.

8.6 Recommendations

8.6.1 Recommendations for policy and practice

Integrated support

Based upon the complex interconnected contexts of the participants' lives, the results from this research support a call for integrated support for women who have offended. This would mean that women would be able to access treatment support for substance misuse, alongside other services to support the mental health aspects of experiencing adversity and violence. On the basis of this research, it is recommended that the trauma informed nature of these services should be

introduced as a 'default' standard of engagement, given the prevalence of violence and abuse in the lives of the women in this study. Integrated care and support within the delivery of services is one of the current drives for service provision. The following extract based upon a 'National collaboration for Integrated Care and Support' (NHS England, 2015), emphasises the principles which underpin this:

> 'For health, care and support to be 'integrated', it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more holistic approach to health, care and support needs that puts the needs and experience of people at the centre of how services are organised and delivered'.
>
> NHS England, 2015, para 2

Based on insights gained from this research, I argue that integrated support, that incorporates attention to individuals' support needs, must be pursued to avoid the limitations of fragmented services.

A different approach to risk and assessment

The current focus upon desistance from offending and approaches to risk, are informed by male focussed research and it is abundantly clear that a different framework is required to encourage desistance among women offenders. The contemporary desistance discourse that focuses on 'criminogenic' factors, needs to be replaced by a framework of assessment which is fit for purpose and attends to the experiential reality of women's lives, which includes violence and abuse. Lessons from the USA have highlighted that when assessments do not identify these needs, services fail to address the problems which are linked to the root cause of crime (Bloom, Owen, & Covington, 2003). On this basis, I recommend that valid approaches to assessment are developed. Gender-specific assessments should be developed for women who have offended and based upon the findings from this research, I recommend that these should be led by service user insights from women with lived experience of offending. This would provide a holistic picture of intervention and support needs. Assessments of support needs should take adversity and interpersonal violence into account in order to be mindful of historical and current experiences of traumatic violence and abuse. These should also consider the interconnected nature of these experiences, which include substance misuse in relation to abusive relationships and mental health support needs in relation to post-traumatic stress.

Building resilience to promote recovery

On the basis of this research, an approach which builds resilience should be adopted to address the support needs of women offenders. The model which has been developed in this research and which underpins a recovery approach, should prove fruitful in informing approaches and interventions with women offenders. Significant gaps remain in the research concerning 'what works' in addressing the 'criminogenic' needs of women who have committed violent offences and women who have committed acquisitive offences (Stewart & Gobeil, 2015 p. 5,). These gaps will remain unless there is a fundamental shift towards supporting the mental health needs of women offenders, linked to experiences of violence and abuse, to promote a trauma informed approach to recovery.

Implications for professional training

The following recommendations are based upon insights from developing the model of resilience. These note aspects of trauma informed service delivery which I recommend should be incorporated within professional training of criminal justice and mental health practitioners: Criminal justice and mental health personnel should have opportunities to develop knowledge of violence and abuse and the resulting impact upon offending behaviour and recovery needs, in relation to women offenders. This would provide a valuable resource to support desistance from offending. Prioritising trauma-informed ways of working with women offenders should supersede the current focus upon 'criminogenic risk' to the public and a desistance related discourse of identity as an offender.

As a minimum standard, practitioners should provide a non-judgemental and non-authoritarian stance, in relation to working with women who have experienced violence and abuse. Additionally, expertise concerning the adaptive capacity of women offenders, in relation to drug and alcohol misuse, as a coping mechanism and barriers to building resilience and engagement should also be developed.

It must be recognised that in relation to the extremes of violence and abuse experienced, recovery lies on a continuum. This study included accounts of suicide attempts and drugs overdoses. Therefore, an awareness of prevention measures in relation to the health risks and suicide risk posed to women offenders should be incorporated. It is imperative that specialist support and training should be provided

with regard to women whose experiences of violence and abuse leave them highly vulnerable.

8.6.2 Recommendations for research

I recommend a greater focus upon innovative research methods to inform service delivery for women offenders which are contextually rich and take account of their lived experiences. This will challenge current research paradigms informing service delivery, largely informed by male focussed research. Evidence based practice should be informed by research which can incorporate a holistic approach to the meaning making and understandings of experiences, based upon the valuable insights of the ability of women to adapt within adverse and violent contexts.

The development of further research taking into consideration the phenomenological, multi-perspective accounts of resilience and risk could prove useful. If such insights are explored in relation to how policy makers, service users, and practitioners from different disciplines construct resilience and risk, areas of convergence and divergence across perspective could be used to inform policy and practice. A similar approach has been utilised in the past within health promotion work on risk (e.g. Flowers, Sheeran, Beail & Smith, 1997)[19]. For women offenders, an understanding of multiple perspectives of risk and resilience could provide useful insights into knowledge gaps in the criminal justice and health policy systems.

Further targeted research would be beneficial utilising IPA with different populations. Based upon a team working approach, further development on personal risk factors and building resilience would prove beneficial in relation to creating further insights. This could be utilised to inform effective approaches and interventions with different groups of offenders. Upon developing this research further, as part of a team approach, I would envisage that an audit trail of the analysis would be particularly useful and would allow for greater rigour and transparency, which would also be advantageous in terms of data organisation.

I recommend that the development of research which explores a phenomenological approach to resilient adaptation and recovery within different cultures and contexts

[19] Flowers et al. (1997) conducted research using IPA in order to understand different perspectives on the meaning of unprotected sex. Insights from homosexual males were compared to assumptions made within health psychology and related policy, in order to develop policy in relation to safe sex

will yield useful insights to inform service delivery for women offenders. I wholly agree with the assertion made by Harvey and Delfabbro (2004), below, that the viewpoints and concerns of those who overcome adversity should be prioritised:

> *'…greater focus needs to be placed upon the reports and experiences of people who appear to overcome adversity, and that the definition of resilience itself should be based less upon so-called objective cut-off scores, but also upon culturally and socially relevant ratings of success.'*
>
> Harvey & Delfabbro, 2004 p. 11

I recommend that research approaches which develop phenomenological understandings in culturally meaningful ways should be incorporated into the model of building resilience for recovery from this research. Therefore, building further upon the model, whist providing an account of the different human strengths which exist in culturally meaningful ways. Indeed, there is an argument that through introducing a greater level of diversity towards our understanding of resilience, a more heterogeneous definition of the construct can be developed (Ungar, 2012, p. 387).

I have discussed intersectionality of gender, culture, experiential context and mental ill health in section 7.6. It is in this regard that further research could be developed to explore how different cultural experiences intersect with resilience and health. Indeed a move towards a resilience paradigm, based upon experiential context, which is culturally sensitive, may serve to support women who have offended.

The complexities of the change process for women who have offended and experienced trauma has been discussed in this work. The complexity rests within the many layers of need for safety and recovery from abuse in childhood and in adulthood. Because the complexities of the change process related to desistance from offending are underpinned by recovery and health related behaviour, I advocate a multidisciplinary approach to future research in this field of study, which would include greater involvement of enabling practitioners within the gatekeeper role. Finally, further research could also usefully explore the challenges and opportunities associated with male practitioners working with women who have been abused by men.

8.7 Personal Reflexivity

In this section, I will consider some of the assumptions I made at the beginning of the research as well as some reflections on the experience of undertaking the work. I have already included reflexive commentary throughout the thesis, but here I consider a broader view in relation to personal reflexivity and how my position has changed. This account serves to provide my personal conclusions on how the research, and engaging with participants, has affected my perspective over the course of this work.

When I started this research, I assumed that desistance from offending would play a larger role in the discussions with participants. However, desistance itself did not really feature in participants' sense-making of approaches and interventions which were designed to support them in desisting from offending. This understanding—the fact that desistance from offending was *not* the primary concern for participants--led to a number of personal insights concerning my view of women offenders. I was surprised that my initial assumption was one that offending would be a main concern, as I subsequently engaged with women who had offended.

Because I have worked with drug misusing offenders in the past, and have been involved in qualitative work with offenders, I was not completely naive to the violence and abuse often experienced within this population. However, what this research revealed to me was the severity of the impact on participants' lives. Its effects seemed to resonate throughout their lives, including family lives and ideas about the future. Despite the difficulties experienced, I came to realise that, from my perspective, participants were unaware of their own resilience. The violence they experienced was, in many cases, extreme and I was surprised in a number of cases that the participants had managed to stay alive. Not only did some of them experience serious drug overdoses and suicide attempts, but they also experienced physical attacks, including a skull fracture, a fractured pelvis, and clots on the lung. Some of the participants had been literally broken.

These insights made me question the invisibility of the experiences of women offenders in mainstream research, in particular with regard to their support needs. The participants were, for the most part, not enraged by the pain and injustice they experiences and, in the UK, there was a lack of research engagement in relation to support needs for women offenders who had experienced trauma. Surprisingly, this made me feel quite 'alone' in this area. Very clear campaigning literature does exist,

demanding change for women offenders. However, in my view, nothing existed which provided a direction regarding the mental health and trauma recovery elements which are essential, given the experiences endured. Women offenders who had been violent or had a diagnosis appeared to be attended to in the literature, but this seemed to be isolated from their experiences of offending.

I could not have prepared myself for how immersed I became in this research. This, coupled with a loud voice in the campaigning literature and the somewhat quieter voice of participants, meant that I was unsure as to where my place was. I liked the participants, and the process of entering their worlds as a researcher, discussing their cares and concerns, and then leaving made me feel uncomfortable. I wanted to get to know them better. These interviews gave me access to valuable insights into these individuals' lives, but I became struck by the frustrating thought of 'what can I do with this?' I found the process of holding onto insights, without being aware of how to translate these into a 'tangible something' to be immediately used, very difficult.

I started to become very concerned because there does tend to be an involvement with service users with the intention of informing service delivery, but in my view, essentially, this should incorporate a commitment to follow through on insights. In a similar manner to service user consultation, commitment again needs to be established. At I considered these concerns, I realised that I was quite 'involved'.

It became increasingly apparent that undertaking this qualitative research opened up new areas for me. It allowed me to see differences between the ways I had worked in the past, alongside concepts of making knowledge 'claims', based upon large quantitative datasets. I started to feel that approaches which make knowledge claims, could create gaping holes in understanding, such as with large scale analysis of quantitative work. The scientific method of study, concerned with an objective reality through which to claim 'truth', seemed a lot safer. I found that I had started to dislike the arrogance of the language of comparative groups, norms, and validity, and I suddenly found that, in my view, it excluded people's real world experiences.

My epistemological standpoint has shifted through undertaking this research and I have become more critical of research relying on quantitative methods alone. I am committed to both quantitative and qualitative paradigms as complementary

approaches. However, a quantitative approach in isolation does *not* attend to the complexities of context-specific understanding nor provide a detailed view of what really matters. The experiences of interpersonal violence and abuse, including other adverse experiences, including homelessness pervaded throughout the interviews and the associated health concerns were high. The mental health support needs as a consequence of trauma were all highly evident and these aspects would not have been possible through undertaking quantitative work, alone.

I do believe humans have a fundamental and innate drive which is centred upon growth and development. The phenomenological approach, centred on meaning-making in this research, is similar in some respects to the theoretical language of 'client-centred' therapy (Rogers, 1959, 1961). From points of progression over time and the process of making sense of the past, there have been turning points and changes which have enabled most of the participants to experience positive mental wellbeing and growth. What this research has contributed is an understanding that the conditions for growth are of paramount importance and must complement the clarity of aims to promote desistance from offending.

Bibliography

Adverse Childhood Experiences Study (ACES) (2003). Adverse childhood experiences reporter. Anda, R.F. & Felitti, V.J. Retrieved December 2015, from: http://www.acestudy.org/yahoo_site_admin/assets/docs/ARV1N1.127150541.pdf

Ackerly, B. & True, J. (2008). Reflexivity in practice: Power and ethics in feminist research on international relations. *International Studies Review, 10*(4), 693-707.

Aghtaie, N. & Gangoli, G.(Eds.). (2014). *Understanding Gender Based Violence: National and International Contexts* . London: Routledge.

Afifi, T. (2012). The relationship between child maltreatment and axis I mental disorders: A summary of the published literature from 2006 to 2010. *Open Journal of Psychiatry*, 2, 21-32. Article Rdoi: 10.4236/ojpsych.2012.21004. Retrieved January 2013, from: http://dx.doi.org/10.4236/ojpsych.2012.21004

Afifi, T., Enns, M., Cox, B., Asmundson, G., Stein, M. & Sareen, J. (2008). Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences. *American Journal of Public Health, 98*(5), 946-952.

Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research, 9,* 407-411.

Aldunce, P., Beilin, R., Handmer, J. & Howden, M. (2014). 'Framing disaster resilience': The implications of the diverse conceptualisations of 'bouncing back'. *Disaster Prevention and Management, 23*(3), 252-270.

Aldwin, C. M. & Levenson, M. R. (2004). Posttraumatic Growth: A developmental perspective. *Psychological Inquiry, 15*(1), 19-92.

American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

American Psychological Association (1980). *Diagnostic and statistical manual of mental disorders, third edition.* Washington, DC: American Psychiatric Association.

American Psychological Association. Resilience of Refugee Children After War: Executive Summary of the Report of the APA Task Force on the Psychosocial Effects of War on Children and Families Who Are Refugees From Armed Conflict Residing in the United States. Retrieved January, 30, 2014, from: http://www.apa.org/pubs/info/reports/refugees.aspx

Armsden, G. & Greenberg, M. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence, 16*(5), 427–454.

Andrews, B. (2003). Early Adversity and the creation of personal meaning. In M. Power & C.R. Brewin (Eds.) *The Transformation of meaning in psychological therapies: Integrating Theory and Practice* (pp. 75-89). Chichester: Wiley.

Andrews, B., Brewin, C.R. & Rose, S. (2003). Gender, social support and PTSD in victims of violent crime. *Journal of Traumatic Stress, 16*(4), 421-427.

Annesley, C. (2010). Gender, politics and policy change: The case for welfare reform under new labour. *Government and Opposition, 45*(1), 50-72.

Anthony, E.J. (1974). Introduction: The syndrome of the psychologically invulnerable child. In E.J. Anthony & C. Koupernik (Eds.) *The child and his family: children at psychiatric risk. Volume 3* (pp. 3-10). London: Wiley.

Anthony, E.J. (1974). The syndrome of the psychologically invulnerable child. In E.J. Anthony & C. Koupernik (Eds.) *The child and his family: children at psychiatric risk. Volume 3* (pp. 529-544). London: Wiley.

Arbona, C., & Coleman, N. (2008). Risk and resilience. In S.D. Brown and R.W. Lent (Eds.), *Handbook of counselling psychology* (pp. 483-499). New Jersey: Wiley.

Arditti, J. A. (2015). Situating Vulnerability in Research: Implications for Researcher Transformation and Methodological Innovation. The Qualitative Report, 20(10), 1568-1575. Retrieved from http://nsuworks.nova.edu/tqr/vol20/iss10/2

Aresti, A., Eatough, V., & Brooks-Gordon, B. (2010). Doing time after time: An Interpretative Phenomenological Analysis of reformed ex-prisoners' experiences of self-change, identity and career opportunities. *Psychology, Crime & Law, 16*(3), 169-190.

Ashworth, P. (2015). Learning from the 'lifeworld'. *The Psychologist. 28*, Retrieved August, 30, 2015, from: https://thepsychologist.bps.org.uk/volume-28/august-2015/learning-lifeworld

Baer, J.C. & Martinez, C.D. (2006). Child maltreatment and insecure attachment: a meta-analysis. *Journal of Reproductive and Infant Psychology*, *24*(3), 187-197.

Baldwin, K.M., Balwin, J.R. & Ewald, T. (2006). The relationship among shame, guilt and self-efficacy. *American Journal of Psychotherapy, 60*(1), 1-21.

Bandura, A. (1986). Social foundations of thought and action: a social cognitive theory. London: Prentice Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York, NY: Freeman.

Bandura, A. (2001). Social Cognitive Theory: An agentic perspective. *Annual Review of Psychology,* 52, 1-26.

Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy, 42*(10), 1129-1148.

Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science, 1*(2), 164-180.

Banyard, V. L. & Williams, L. M. (2007). Women's voices on recovery: A multi-method study of the complexity of recovery from child sexual abuse. *Child Abuse & Neglect, 31*(3)*,* 275-290.

Bartlett, A., & Canvin, K. (2003). User views and ethical issues in qualitative research. In Adshead, G & Brown, C. (Eds). *Ethical Issues in Forensic Mental Health Research.* (pp. 58-71). London: Jessica Kingsley.

Bell, C.C. (2011). Trauma, culture, and resiliency. In Southwick, S.M., Litz, B.T., Charney, D. & Friedman, M.J. (Eds.). *Resilience and mental health: Challenges across the lifespan.* (pp. 176-187). Cambridge: Cambridge University Press.

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of self-efficacy. *Behaviour Research and Therapy, 42*(10), 1129-1148.

Benight, C.C. & Cieslak, R. (2011). Cognitive factors and resilience: How self-efficacy contributes to coping with adversities. In S.M. Southwick, B.T. Litz, D. Charney & M.J. Friedman (Eds.), *Resilience and mental health: Challenges across the lifespan* (pp.45-55). Cambridge: Cambridge University Press.

Betancourt, T. S. & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317-328.

Blanchette, K. & Brown, S.L. (2006). *The assessment and treatment of women offenders.* Chichester: John Wiley & Sons Ltd.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research practice and guiding principles for women offenders.* Washington, DC: National Institute of Corrections.

Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research, 21*(1), 31-48.

Bloom, B.E & Covington, S. (2012). Presentation at the 5th National Conference on Behavioral Health for Women and Girls: Health, Empowerment, Resilience and Recovery – July 17th – 19th 2012. Retrieved 1st July 2015 from: http://162.99.3.218/documents/5th-conference/BBloomBCovingtonCInvisibleResiliencyPPT.pdf

Boell, S. K. & Cecez-Kecmanovic, D. (2014). A Hermeneutic Approach for Conducting Literature Reviews and Literature Searches. Communications of the Association for Information Systems, 34, Article 12. Retrieved 5 June, 2015, from http://aisel.aisnet.org/cais/vol34/iss1/12

Boell, S.K. & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic and Research Libraries, 41*(2), 129-144.

Bogar, C.B. & Hulse-Killacky, D. (2006). Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *Journal of Counselling and Development, 84*(3), 318-327.

Bonanno, G.A. (2004). Loss, trauma and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20-28.

Bonnano, G.A. & Mancini, A.D. (2011). Toward a lifespan approach to resilience and potential trauma. In S.M. Southwick, B.T. Litz, D. Charney & M.J. Friedman (Eds.), *Resilience and Mental Health: Challenges across the Lifespan.* (pp. 120-134). Cambridge: Cambridge University Press.

Bowlby, J. (1988). *A secure base: Parent–child attachment and healthy human development*. London: Routledge.

Bradley, R., & Davino, K. (2007). Interpersonal violence, recovery, and resilience in incarcerated Women. *Journal of Aggression, Maltreatment & Trauma, 14*(1-2), 123-146.

Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E.J. & Van Voorhis, P. (2012). Women's pathways to serious and habitual crime. A person-centred analysis incorporating gender responsive factors. *Criminal Justice and Behavior, 39*(11), 1481-1508.

Brewin, C. R., Andrews, B., and Valentine, J. D. (2000). Meta-Analysis of Risk Factors for Posttraumatic Stress Disorder in Trauma-Exposed Adults. *Journal of Consulting and Clinical Psychology*, 68(5), 748-766.

British Journal of Community Justice (2013). *Special Edition: Transforming rehabilitation under the microscope, 11*(2/3).

British Psychological Society. (2009). Code of Ethics and Conduct: Guidance published by the Ethics Committee of the British Psychological Society. Retrieved

7th February, 2011, from http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf

British Psychological Society (2014). Community Psychology for applied psychologists working alongside marginalised/excluded/disadvantaged communities. Retrieved, 3rd January 2015, from: https://www.bps.org.uk/events/community-psychology-applied-psychologists-working-alongside-marginalisedexcludeddisadvantage

Brocki, J. M., & Wearden, A.J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health, 21*(1), 87-108.

Brown, C. (2003). Dangerous Stories: Consent and confidentiality in health and social care research. In G. Adshead & C. Brown (Eds.), *Ethical Issues in Forensic Mental Health Research. Forensic Focus 21.* (pp. 45-57). London: Jessica Kingsley.

Brown, G.W., Andrews, B., Harris, T., Adler, Z. & Bridge, L. (1986). Social support, self-esteem and depression. *Psychological Medicine*, *16*(4), 813-831.

Brown, V.B., Melchior, L.A., Slaughter, R. & Huba, G.J. (2005). Stages of multiple behavior change as a function of readiness for substance abuse treatment among women at risk. *Journal of Addictions Nursing, 16*(1-2), 23-29.

Buchanan, J. (2004). Missing links: Problem drug use and social exclusion. *Probation Journal (Special Edition on Problem Drug Use*). *51*(4), 387-397.

Bui, H.N. & Morash, M. (2010). The impact of network relationships, prison experiences, and internal transformation on women's success after prison release. *Journal of Offender Rehabilitation. 49*(1), 1-22.

Bushway, S.D., Piquero, A.R., Briody, L.M., Cauffman, E. &Mazerolle, P. (2001). An empirical framework for studying desistance as a process*. Criminology, 39*(2), *491-515.*

Cabinet Office (2009). *Short Study on Women Offenders.* Retrieved 9th July 2014 from: http://webarchive.nationalarchives.gov.uk/+/http:/www.cabinetoffice.gov.uk/media/209663/setf_shortstudy_womenoffenders.pdf

Cameron, C.A., Ungar, M. & Liebenberg, L. (2007). Cultural understandings of resilience: Roots for wings in the development of affective resources for resilience. *Child and Adolescent Psychiatric Clinics, 16*(2), 285-301.

Carver, C.S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*(2), 245-266.

Chandler, D. (2014). *Resilience: The governance of complexity.* London: Routledge.

Chesney-Lind, M., & Shelden, R.G. (2004). *Girls, delinquency, and juvenile justice* (3rd ed.). Belmont, CA: Thompson Wadsworth.

Charmaz, C. (2006*). Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. London: Sage.

Chilcoat, H.D., & Menard, C. (2003). Epidemiological investigations: Comorbidity of posttraumatic stress disorder and substance use disorder. In P. Ouimette & P.J. Brown (Eds.), *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders*, (pp. 9–28). Washington, DC: American Psychological Association.

Cicchetti, D. (2010). Resilience under conditions of extreme stress: a multilevel perspective. *World Psychiatry, 9*(3), 145-154.

Cicchetti, D. & Blender, J. A. (2006). A multiple-levels-of-analysis perspective on resilience: Implications for the developing brain, neural plasticity, and preventive interventions. *Annals of the New York Academy of Sciences, 1094*, 248-258.

Cicchetti, D., & Curtis, W. J. (Eds.). (2007). A multilevel approach to resilience.

Development and Psychopathology, 19, 627–955.

Clarkson, R., Murphy G. H., Coldwell, J. B. & Dawson, D.L. (2009). What characteristics do service users with intellectual disability value in direct support staff within residential forensic services? *Journal of intellectual and Developmental Disability, 34* (4), 283-289.

Cobbina, J.E. (2010). Reintegration success and failure: Factors impacting reintegration among incarcerated and formerly incarcerated women. *Journal of Offender Rehabilitation, 49*(3), 210-232.

Cohen, L., Ferguson, C., Harms, C., Pooley, J. A., & Tomlinson, S. (2011). Family systems and mental health issues: A resilience approach. *Journal of Social Work Practice, 25*(1), 109-125.

Collins, P.H. (1998). *Fighting words: Black women and the search for justice.* Minneapolis, USA: University of Minnesota Press.

Corbin, J. & Strauss, A. (Eds.). (2008). *Basics of Qualitative Research* (3rd ed.). London: Sage.

Corston, J. (2007) The Corston Report: A Report by Baroness Jean Corston of a

Review of Women with Particular Vulnerabilities in the Criminal Justice System.

London: Home Office. Retrieved 10th February 2012, from http://webarchive.nationalarchives.gov.uk/+/homeoffice.gov.uk/documents/corston-report/

Coutu, D.L. (2003). How Resilience Works. In *Harvard Business Review on Building Personal and Organisational Resilience.* Boston: Harvard Business School Press.

Covington, S. (1998). Women in prison: Approaches in the treatment of our most invisible population. *Women and Therapy Journal*, *21*(1),141-155.

Covington, S. (2003). A Woman's Journey Home: Challenges for Female Offenders. In J. Travis & M. Waul, (Eds.), *Prisoners Once Remove: The impact of incarceration and reentry on children, families and communities.* (pp. 67-103) Washington, DC: The Urban Institute Press.

Covington, S. (2007). The relational theory of women's psychological development: Implications for the criminal justice system. In Zaplin, R.T. (Ed.), *Female offenders: Critical perspectives and effective interventions.* (pp. 113-128). Gaithersburg, MD: Aspen.

Coyle, A. (2007). Introduction to qualitative psychological research. In Lyons, E. & Coyle, A. (Eds), *Analysing Qualitative data in Psychology.* (pp. 9-29). London: Sage.

Crank, J. P., & Proulx, B. B. (2010). Toward an interpretive criminal justice. *Critical Criminology, 18*(3), 147-167.

Crighton, D.A. & Towl, G.T. (2008). *Psychology in Prisons*. BPS Blackwell: Oxford.

Crittenden, P.M. 'The development of protective attachment strategies across the life span'. BPS DCP Annual Conference 2012. By BPSmediacentre. Retrieved 16th

December 2013 from:
http://www.youtube.com/watch?v=XvK35ocdytw&feature=youtube

Crittenden, P.M. & Ainsworth, M.D.S. (1989). Child maltreatment and attachment theory. In D. Ciccheti & V. Carlson (Eds), *Child maltreatment: theory and research on the causes and consequences of child abuse and neglect* (pp. 432-463). Cambridge: Cambridge University Press.

Crowell, N.A. & Burgess, A.W. (1996). *Understanding violence against women: Panel on research on violence against women.* Washington D.C: National Academies Press.

Cuncliffe, A.L. (2003). Reflexive inquiry in organizational research: Questions and possibilities. *Human Relations, 56*(8) 983-1003.

Curtis, S. (2010). *Space, place and mental health.* Surrey: Ashgate.

Curtis, W. J. & Cicchetti, D. (2003). Moving research on resilience into the 21st century: Theoretical and methodological considerations in examining the biological contributions to resilience. *Development and Psychopathology, 15*(3) 773-810.

Cutliffe, J. & Ramcharan, P. (2002). Levelling the playing field? Exploring the merits of the ethics−as−process approach for judging qualitative research proposals. *Qualitative Health Research, 12*(7), 1000−1010.

Dale, H. & Watson, L. (2010). Exploring the barriers and facilitators to health research with children and young people who are looked after. *Scottish Journal of Residential Child Care, 9*(2), 37-43.

Daly, K. (1992). Women's pathways to felony court: Feminist theories of law-breaking and problems of representation. *Review of Law and Women's Studies, 2,* 11-52.

Davidson, G., Devaney, J., & Spratt, T. (2010). The impact of adversity in childhood on outcomes in adulthood. *Journal of Social Work,10*(4), 369-390.

Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review, 30*(5), 479-495.

Day, A., Bryan, J., Davey, L. & Casey (2006). The process of change in offender rehabilitation programmes. *Psychology, Crime & Law, 12*(5), 473-487.

De las Fuentes, C., Willmuth, M. E., & Yarrow, C. (2005). Competency training in ethics education and practice. *Professional Psychology: Research and Practice, 36*(4), 362-366.

DeHart, D. (2010). Cognitive restructuring through dreams and imagery: Descriptive analysis of a women's prison-based program. *Journal of Offender Rehabilitation,* 49(1), 23-38.

Department of Health & Ministry of Justice (2011). Offender Personality Disorder Strategy for Women. Executive Summary. Retrieved 1st July 2015 from: http://www.womensbreakout.org.uk/wp-content/uploads/downloads/2012/07/Offender-Personality-Disorder-Strategy-Summary.pdf

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, 40, 314-321.

Dominelli, L. & Holloway, M. (2008). Ethics and governance in social work research in the UK. *The British Journal of Social Work, 38*(5), 1009-1024.

Drolet, J., Dominelli, L., Alston, M., Ersing, R., Mathbor, G. & Wu, H. (2015). Women rebuilding lives post-disaster: innovative community practices for building resilience and promoting sustainable development. *Gender and Development,23*(3), 433-448.

Dulmus, C.N. & Hilarski, C. (2003). When stress constitutes trauma and trauma constitutes crisis: The stress-trauma-crisis continuum. *Brief Treatment and Crisis Intervention, 3*(1), 27-35.

Dunkel Schetter. C.D. & Dolbier, C. (2011). Resilience in the context of chronic stress and health in adults. *Social and Personality Psychology Compass, 5*(9)*,* 634-652.

Eatough, V. & Smith, J.A. (2006). I feel like a scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice, 79*(1), 115-135.

Eatough, V. & Smith, J.A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton Rogers (Eds.), *Handbook of qualitative psychology* (pp. 179-194). London: Sage.

Egeland, B, Carlson, E. & Sroufe, L.A. (1993). Resilience as a process. *Development and Psychopathology, 5*(4), 517-528.

Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.

Everall, R.D., Altrows, K.J. & Paulson, B.L. (2006). Creating a future: A study of resilience in suicidal female adolescents. *Journal of Counselling & Development, 84,* (4) 461-470.

Fallot, R.D. & Harris, M. (2001). A trauma-informed approach to screening and assessment. In M. Harris & R.D. Fallot (Eds.) *Using Trauma Theory to Design Service Systems.* CA, USA: Jossey-Bass, Willey.

Farrall, S. (2002). *Rethinking What Works with Offenders: Probation, Social Context and Desistance from Crime*. Cullompton: Willan Publishing.

Farrington, D.P. (1990). Implications of criminal career research for the prevention of offending. *Journal of Adolescence, 13,* 93-113.

Farrington, D.P. (1992). Criminal career research in the United Kingdom. *British Journal of Criminology, 32*(4), 521-536.

Farrington, D.P. (2010). The Developmental Evidence Base: Desistance. In Towl, G.J & Crighton, D.A (Eds) *Forensic Psychology*. Chichester: BPS Blackwell.

Faulkner, D. & Burnett, R. (2012). *Where next for Criminal Justice?* Bristol: Policy Press.

Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: a systematic review. *Addiction*, *101*(2), 181-191.

Fearday F.L., & Cape A.L. (2004). 'A voice for traumatized women: inclusion and mutual support.' *Psychiatric Rehabilitation Journal, 27*(3), 258-265.

Feder, A. Charney, D. & Collins, K. (2011). Neurobiology of resilience. In S.M. Southwick, B.T. Litz, D. Charney & M.J. Friedman (pp. 1-29). *Resilience and mental health: Challenges across the lifespan.* Cambridge: Cambridge University Press.

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26,*399-419.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A. Edwards, V., Koss, M. & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine 14*(4), 245-258.

Fine, M. & Gordon, S.M. (1991). Effacing the center and the margins. *Feminism and Psychology, 1*(1), 19-25.

Finlay, L. (2008). Introducing phenomenological research. Retrieved 2nd July 2015, from:
http://www.apac.org.uk/alms/sessions/4/IntroductionToPhenomenology2008.pdf

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the 'Phenomenological Psychological Attitude'. *Journal of Phenomenological Psychology, 39,* 1-32.

Flanagain, O.J. (1981). Psychology, progress, and the problem of reflexivity: a study in the epistemological foundations of psychology. *Journal of the History of the Behavioral Science, 17,* 375-386.

Flowers, P., Smith, J.A., Sheeran, P., & Beail, N. (1997). Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology,* 2(1), 73-86.

Fontes, L.A. (2004) Ethics in violence against women research: The sensitive, the dangerous and the overlooked. *Ethics and Behavior, 14*(2), 141-174.

Forgatch, M. S., & DeGarmo, D. S. (1999). Parenting through change: An effective parenting training program for single mothers. *Journal of Consulting and Clinical Psychology, 67,* 711-724.

Friborg, O., Hjemdal, O., Rosenvinge, J. H., & Martinussen, M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research, 12*(2), 65-76.

Gannon, T.A. & Ward, T. (2014). Where has all the psychology gone? A critical review of evidence-based psychological practice in correctional settings. *Aggression and Violent Behavior, 19*(4), 435-446.

Garmezy, N. (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry, 41*(1)*,* 101-116.

Garmezy, N. (1974). The study of competence in children at risk for severe psychopathology. In: Anthony EJ, Koupernik C. (Eds) *The child in his family: Vol. 3. Children at psychiatric risk* (pp. 77-97). New York: Wiley.

Garmezy, N., Masten, A.S. & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development, 55*(1), 97-111.

Garmezy, N. & Streitman, S. (1974). Children at risk: The search for the antecedents of schizophrenia. Part 1. Conceptual models and research methods. *Schizophrenia Bulletin, 1*(8), 14-90.

Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In J.E. Stevenson (Ed.), *Recent research in developmental psychopathology* (pp. 213-233). Elmsford, Oxford: Pergamon Press.

Gatz, M., Brown, V., Hennigan, K., Rechberger, E., O'Keefe, M., Rose, T., & Bjelajac, P. (2007). Effectiveness of an integrated, trauma-informed approach to treating women with co-occurring disorders and histories of trauma: The Los Angeles site experience. *Journal of Community Psychology*, *35*(7), 863-878.

Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research, 14*(10), 1429-1452.

Gelsthorpe, L. (2004). Female offending: A theoretical overview. In Mcvor, G. (Ed), *Women who offend.* (pp. 13-37) London: Jessica Kingsley.

Gelsthorpe, L. (2009). Provision for women offenders in the community. *British Journal of community justice, 7*(2), 25-38.

Gelsthorpe, L. (2011). Working with women offenders in the community: A view from England and Wales. In R. Sheehan, G. McIvor & C. Trotter (Eds), *Working with women offenders in the community.* (pp.127-150). Oxon: Willan.

Gillard, S., Simons, L., Turner, K., Lucock, M. & Edwards, C. (2012). Patient and public involvement in the coproduction of knowledge: Reflection on the analysis of qualitative data in a mental health study. *Qualitative Health Research, 22*(8), 1126-1137.

Gilligan, C. (1982). In a different voice*: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Gilligan R (1997) Beyond Permanence? The importance of resilience in child placement practice and planning, *Adoption and Fostering, 21*(1),12–20.

Gilligan R (2001). *Promoting Resilience: A Resource Guide on Working with Children in the Care System.* London: BAAF

Giordano, P.C., Cernkovich, A. & Rudolph, J. L. (2002). Gender, crime and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology, 107*(4), 990-1064.

Giordano, P., Deines, J., & Cernkovich, S.A. (2006). In and out of crime: A life course perspective on girls' delinquency. In K. Heimer & C. Kruttschnitt (Eds.), *Gender and crime: Patterns in victimization and offending* (pp. 17-40). New York, NY: New York University Press.

Given, L.M (Ed.) *The Sage Encyclopedia of Qualitative Research Methods*. London: Sage.

Glantz, M. D., & Sloboda, Z. (1999). Analysis and reconceptualization of resilience. In M. D. Glantz and J. L. Johnson (Eds.) *Resilience and development: Positive life adaptations* (pp 17-83). New York: Kluwer Academic/Plenum Publishers.

Glaser, B.G. (1992) *Emergence vs Forcing: Basics of Grounded Theory Analysis*. Mill Valley, CA: The Sociology Press.

Gomm, R. (2015). Women's desistance from crime: Recovery and building resilience. Retrieved December 2016 from: http://www.clinks.org/community/blog-posts/womens-desistance-crime-recovery-and-building-resilience

Gossop, M. (2010). Substance Use Disorders. In G.J. Towl & D.A. Crighton (Eds.), *Forensic Psychology.* (pp. 346-359). Chichester: BPS Blackwell.

Gottlieb, G. (2007). Probabilistic epigenetics. *Developmental Science, 10,* 1-11.

Graham, H. (1983). Do her answers fit his questions? Women and the survey method. In E. Gamarnikow, D. Morgan, J. Purvis and D. Taylorson (eds.). *The Public and the Private* (pp.132-147). London: Heinemann.

Guillemin, M. & Gillam, L. (2004). Ethics, reflexivity and 'ethically important moments' in research. *Qualitative Inquiry, 10*(2), 261-280.

Gutierres, S.E., & Van Puymbroeck, C. (2006). Childhood and adult violence in the lives of women who misuse substances. *Aggression and Violent Behavior*, *11,* 497-513.

Haddadi, P., & Besharat, M. A. (2010). Resilience, vulnerability and mental health. *Procedia Social and Behavioural Sciences, 5,* 639-642.

Haeffel, G.J. & Grigorenko, EL. (2007). Cognitive vulnerability to depression: Exploring risk and resilience. *Child and Adolescent Psychiatric Clinics*, *16*(2), 435-448.

Harris, M., & Fallot, R.D. (2001). *Using trauma theory to design service systems.* San Francisco: Jossey-Bass.

Hartman, J. L., Turner, M. G., Daigle, L. E., Exum, M. L., & Cullen, F. T. (2009). Exploring the gender differences in protective factors. *International Journal of Offender Therapy and Comparative Criminology, 53*(3), 249-277.

Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9*(1), 3-23.

Harvey, J. & Delfabbro, P.H. (2004). Psychological resilience in disadvantaged youth: A critical overview. *Australian Psychologist, 39*(1), 3-13.

Hazan, C. & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511–524.

Hefferon, K. & Gil-Rodriguez, E. (2011). Interpretative phenomenological analysis. *The Psychologist, 24*(10), 756-759.

Henderson, D.J. (1998). Drug abuse and incarcerated women: A research review. *Journal of Substance Abuse Treatment, 15*(6), 579-587.

Herman, H. (2012). Promoting mental health and resilience after a disaster. *Journal of Experimental and Clinical Medicine, 4*(2), 82-87.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3)*,* 377-391.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517-572.

Hjemdal, O. (2007). Measuring protective factors: The development of two resilience scales in Norway. *Child and Adolescent Psychiatric Clinics, 16*(2), 303-321.

HM Government (2014). A call to end violence against women and girls: Action plan 2014. Retrieved Febrary 2016 from: https://www.gov.uk/government/uploads/.../VAWG_Action_Plan.pdf

Hollin, C. & Palmer, E. (2006). Criminogenic need and women offenders: a critique of the literature. *Legal and Criminological Psychology, 11*(2), 179-195.

Home Office (2011). *User Guide to Home Office Crime statistics.* Retrieved 6th June, 2015 from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116226/user-guide-crime-statistics.pdf

House of Commons (2013). Justice Committee Second Report. Women Offenders: After the Cortson Report. Retrieved 8th November, 2013 from: http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/92/9202.htm

Hudson, B. (2002). Balancing rights and risks: Dilemmas of justice and difference. In N. Gray, J. Laing & L. Noakes (Eds.), *Criminal Justice, Mental Health and the Politics of Risk* (pp.99-122). London: Cavendish.

Humphreys, J. (2003). Resilience in sheltered battered women. *Issues in Mental Health Nursing*, *24*(2), 137-152.

Hurst, S. (2008). Vulnerability in research and healthcare; describing the elephant in the room? *Bioethics, 22*(4), 191-202.

Information Commissioners Office (2012). Anonymisation: Managing data protection risk. Code of practice. Retrieved January 2013 from: https://ico.org.uk/media/1061/anonymisation-code.pdf

Information Commissioners Office (2013). The College of Policing Consultation on the Draft Code of Ethics: Principles and standards of professional behaviour for the police forces of England and Wales. Retrieved January 2016 from: https://ico.org.uk/media/about-the-ico/consultation-responses/2013/2164/ico-response-to-college-of-policing-consultation-on-draft-code-of-ethics-20131129.pdf

Israel, M. (2004). Strictly confidential? Integrity and the disclosure of criminological and socio-legal research. *British Journal of Criminology, 44*(5), 715-740.

Jaggar, A.M. (1992). Feminist ethics. In L. Becker & C. Becker (Eds.), *Encyclopedia of Ethics* (pp. 363-364). New York, USA: Garland Press.

James, N. & Harvey, J.(2015). The psychosocial experience of role reversal for paraprofessionals providing substance misuse and offender treatment: an interpretative phenomenological analysis. *Journal of Forensic Practice, 17*(1), 31-42.

Jarman, M., Walsh, S., & De Lacey, G. (2005). Keeping safe, keeping connected: A qualitative study of HIV-positive women's experiences of partner relationships. *Psychology and Health, 20*(4), 533-551.

Jewkes, R., Flood, M. and Lang, J., 2015. From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *The Lancet*, *385*, 1580-1589.

Johnson, J. L., & Wiechelt, S. A. (2004). Introduction to the special issue on resilience. *Substance Use & Misuse, 39*(5), 657-670.

Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review, 26*(8), 1041-1053.

Kaplan, H.B. (1999). Toward an understanding of resilience: A critical review of definitions and models. (pp. 17-83). In M.D. Glantz & J.R. Johnson (eds.), *Resilience and development: Positive life adaptations.* New York: Plenum.

Karoly P. (2010) Psychopathology as dysfunctional self-regulation: When resilience resources are compromised. (pp. 146-170). In J.W. Reich, A.J. Zautra & J.S. Hall (eds.), *Handbook of adult resilience.* London: The Guilford Press.

Katz, D.A., Sprang, G. & Cooke, C. (2011). Allostatic load and child maltreatment in infancy. *Clinical Case Studies, 10*(2), 159-172.

Kaufman, J. Zigler, E. (1989). The intergenerational transmission of child abuse. In D. Cicchetti & V. Carlson (Eds). *Child maltreatment: theory and research on the causes and consequences of child abuse and neglect (*pp. 129-150). Cambridge: Cambridge University Press.

Kazemian, L. & Farrington, D.P. (2010). The Developmental Evidence Base: Desistance. In Towl, G.J &Crighton, D.A (Eds), *Forensic Psychology* (pp. 65-112). Chichester: BPS Blackwell.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2012). Association of participation in a mindfulness program with measures of PTSD, depression and quality of life in a veteran sample. *Journal of Clinical Psychology, 68*(1), 101-116.

Kent, M. (2012). From Neuron to social context: Restoring resilience as a capacity for good survival. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 111-125) London: Springer

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 52*, 1048–1060.

Kilpatrick, D.G., Acierno, R., Resnick, H.S., Saunders, B.E., & Best, C.L. (1997). A 2-year longitudinal analysis of the relationship between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology, 65*(5), 834-847.

Kim-Cohen, J. (2007). Resilience and Developmental Psychopathology. *Child and Adolescent Psychiatric Clinics, 16*(2), 271-283.

Kitchener, K.S. (2000). *Foundations of Ethical Practice, research, and teaching in psychology.* New Jersey, USA: Lawrence Erbaum.

Kling, K.C., Hyde, J.S., Showers, C.J & Busswell, B.N. (1999). Gender differences in self-esteem: a meta-analysis. *Psychological Bulletin, 125*(4), 470-500.

Kvale, S. (1996) *An introduction to qualitative research interviewing.* London: Sage.

Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method.* Essex: Pearson.

Langan, N.P., Pelissier, B.M.M. (2001). Gender differences among prisoners in drug treatment. *Journal of Substance Abuse. 13*(3), 291–301.

Lanius, R.A., Bluhm, R.L. & Pain, C. (2006). Clinical presentation. In S.E. Romans and M.J. Seeman (Eds.), *Women's mental health: A life cycle approach.* (pp. 147-160). London: Lippincott Williams and Wilkins.

Larkin, M. & Thompson, A.R. (2012). Interpretative Phenomenological Analysis. In D. Harper & A.R Thompson (Eds.) *Qualitative research methods in mental health and psychotherapy. A guide for students and practitioners* (pp. 101-116). Chichester: Wiley.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102-120.

Lev, E. L., & Owen, S. V. (2000). Counselling women with breast cancer using principles developed by Albert Bandura. *Perspectives on Psychiatric Care, 36*(4), 131-138.

Levine, C., Faden, R., Grady, C., Hammerschmidt, D., Eckenwiler,L. & Sugarman, J. (2004). The limitations of "vulnerability" as a protection for human participants. *The American Journal of Bioethics, 4*(3), 44-49.

Lowman, J. & Palys, T. (1999). Going the Distance: Lessons for Researchers from Jurisprudence on Privilege. A Third Submission to the SFU Research Ethics Policy

Revision Task Force. Retrieved on June 10th 2015 from: http://www.sfu.ca/~palys/Distance.pdf

Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.

Luthar (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Volume three: Risk, disorder and adaptation* (2nd ed), (pp. 739-795). New York: Wiley.

Luthar, S.S., Sawyer, J.A., & Brown, P.J. (2006). Conceptual issues in studies of resilience: Past, present and future research. *Annals of the New York Academy of Sciences, 1094,* 105-115.

Luthar, S.S., & Zelazo, L.B. (2003). Research on Resilience: An integrative Review. In S.S. Luthar (Ed.), *Resilience and Vulnerability: Adaptation in the context of childhood adversities* (pp. 510-549). Cambridge: Cambridge University Press.

Lyons, E. & Coyle, A. (Eds.) (2007). *Analysing qualitative data in psychology.* London: Sage.

Macdonald J., Sinason, V., & Hollins, S. (2003). An interview study of people with learning disabilities' experience of, and satisfaction with, group analytic therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, *76*(4), 433-453.

Maier, S. F., Amat, J., Baratta, M. V., Paul, E., & Watkins, L. R. (2006). Behavioral control, the medial prefrontal cortex, and resilience. *Dialogues in Clinical Neuroscience, 8,*(4) 397-406.

Malloch, M. and McIvor, G. (2011) 'Women and Community Sentences', *Criminology and Criminal Justice, 11*(4), 325-344.

Mancinin, A.D., & Bonanno, G.A. (2006). Resilience in the face of potential trauma: Clinical practices and illustrations. *Journal of Clinical Psychology: In Session, 62(8),* 971-985.

Mander, R. (1992). Seeking approval for research access: the gatekeeper's role in facilitating a study of the care of the relinquishing mother. *Journal of Advanced Nursing, 17,* 1460-1464.

Maruna, S. (2001). Making *Good. How ex-convicts reform and rebuild their lives.* Washington: APA.

Maslow, A.H. (1968). *Toward a psychology of being* (2nd ed.). Princeton, N.J.: Van Nostrand Co.

Mason, M. (1991). Women and shame: Kin and culture. In C. Bepko (Ed.), *Feminism and addiction* (pp. 167-179).New York, NY: Haworth Press.

Masten, A.S. (2001). Ordinary magic: resilience processes in development. *American Psychologist, 56*(3), 227-238.

Masten, A.S. (2014). Global perspectives on resilience in children and youth. *Child Development, 85*(1), 6-20.

Masten, A.S. (2014). *Ordinary magic: Resilience in development.* New York: Guilford Press.

Masten, A.S., Cutuli, J.J., Herbers, J.E, Hinz, E., Obradovic, J. & Wenzel, A.J. (2014). Academic risk and resilience in the context of homelessness. *Child development perspectives,* 8(4), 201-206.

Masten, A.S., & Coatsworth, J.D. (1998). The developmental context of unfavourable environments. *American Psychologist*, 53(2)*,* 205-220.

Masten, A.S., & Monn, A.R. (2015). Child and family resilience: a call for integrated science, practice and professional training. *Family Relations, 64*, 5-21.

Masten, A.S., Monn, A.R., & Supkoff, L.M. (2011). Resilience in children and adolescents. In S.M. Southwick, B.T. Litz, D. Charney & M.J. Friedman (Eds.), *Resilience and Mental Health: Challenges across the Lifespan.* (pp. 103-119). Cambridge: Cambridge University Press.

Masten, A. S., & Obradovik, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences, 1094,* 13-27.

Masten, A. S., & Obradovic, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in human development. *Ecology and Society, 13*(1)*:* 9 [online] Retrieved 10th January 2012 from: http://www.ecologyandsociety.org/vol13/iss1/art9/

Masten, A.S., & Wright, M,O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In J.W. Reich, A.J. Zautra & J.S. Hall (Eds.), *Handbook of adult resilience* (pp. 213-237). London: The Guilford Press.

Matlin, M. W. (2012). *The Psychology of Women. International Edition* (7th ed., pp. 41) London: Wadsworth.

Mead, G.H. (1934). *Mind Self and Society.* Chicago: University of Chicago Press.

McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society, 30*(3), 1771-1800.

McIvor, G., Murray, C. & Jamieson, J. (2004) 'Desistance from crime: is it different for women and girls?' in S. Maruna & R. Immarigeon (eds) *After crime and punishment: Pathways to offender reintegration* (pp.181-195). Devon: Willan.

McIvor, G., Sheehan, R. & Trotter, C. (2009). Women, resettlement and desistance. *Probation Journal, 56*(4), 347-361.

McNally, R.J., Bryant, R.A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest, 4*(2), 45-79.

McNeill, F. (2006). A desistance paradigm for offender management. *Criminology and Criminal Justice, 6*(1), 39-62.

Messina, N. Burden, W., & Prendergast, M. (2003). Assessing the needs of women in institutional therapeutic communities. *Journal of Offender Rehabilitation, 37(2),* 89-106.

Miller, J.B. (1986). *What do we mean by relationships?* Wellesley, MA: Stone Center for Developmental Services and Studies Working Paper Series.

Miller, J.B. (1990). *Connections, disconnections, and violations.* (No. 33, Working Paper Series). Wellesley, MA: Stone Centre.

Ministry of Justice (2008). Implementing services for women offenders and those 'at risk' of offending: action research with Together Women. Retrieved January 2012 from: http://webarchive.nationalarchives.gov.uk/+/http:/www.justice.gov.uk/docs/together-women.pdf

Ministry of Justice (2010).*Green Paper Evidence Report. Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders.* London: Ministry of Justice. Retrieved 29th November 2011 from: http:www.justice.gov.uk/consultations/docs/green-paper-evidence-a.pdf

Ministry of Justice (2010). Statistics on women in the Criminal Justice System

Ministry of Justice (2011) Re-offending analysis of women offenders referred to Together Women (TW) and the scope to divert from custody. Retrieved on 5th May 2012 from:http://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/women-offenders-referred-together-women.pdf

Morton, J.B. (2004). *Working with women offenders in correctional institutions.* Maryland USA: Correctional Association.

Mueser, K.T., Rosenberg, S. D., and Rosenberg, H. J. (2009). *Treatment of posttraumatic stress disorder in special populations: A cognitive restructuring program*. Washington, DC, US: American Psychological Association.

Murphy, D., Duggan, M. and Joseph, S. (2013). Relationship-based social work and its compatibility with the person-centred approach: Principled versus instrumental perspectives. *British Journal of Social Work*, 43(4), 703-719.

Nash, W.P., Steenkamp, M., Conoscenti, L., & Litz, B. (2011). The stress continuum model: a military organizational approach to resilience and recovery. In S.M. Southwick, B.T. Litz, D. Charney & M.J. Friedman (Eds.), *Resilience and mental health: challenges across the lifespan* (pp238-252). Cambridge: Cambridge University Press.

National Archives (2015) UK Government Web Archives: Criminal Justice System. Retrieved 11th July 2015 from:

http://webarchive.nationalarchives.gov.uk/20101019153126/http://www.cjsonline.gov.uk/aims_and_objectives/

National Institute of Mental Health (n.d). Post-Traumatic Stress Disorder (PTSD). Author: US Department of Health and Human Sciences. Retrieved July 8th, 2014 from: http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/nimh_ptsd_booklet_38049.pdf

National Treatment Agency (2009). *Breaking the link: The role of drug treatment in tackling crime.* Retrieved June 6, 2015, from: http://www.nta.nhs.uk/uploads/nta_criminaljustice_0809.pdf

Nelson, J. A., Onwuegbuzie, A.J., Wines, L.A. & Frels, R.K. (2013). The Therapeutic Interview Process in Qualitative Research Studies. *The Qualitative Report,* 18, Article 79, 1-17

Available online: http://www.nova.edu/ssss/QR/QR18/nelson79.pdf

NHS England (2015). Integrated care and support: National collaboration for Integrated Care and Support. Retirved 1st July 2015 from: http://www.england.nhs.uk/ourwork/part-rel/transformation-fund (Accessed 1st July 2015)

Nicolson, P. (2003). Reflexivity, 'bias' and the in-depth interview developing shared meanings. In L. Finlay & B. Gough (Eds), *Reflexivity: A practical guide for researchers in health and social science* (p133-145) Oxford: Blackwell.

National Offender Management Service (2012, March). *A distinct approach: A guide to working with women offenders*. Retrieved September 9, 2013, from:

https://www.justice.gov.uk/downloads/publications/noms/2012/guide-working-with-women-offenders.pdf

NSPCC (2013) Child sexual abuse. A NSPCC research briefing. Retrieved December 2015 from: https://www.nspcc.org.uk/

Nugent, B. & Loucks, N. (2011). Female offenders in the community: The context of female crime. (pp. 1-25). In R. Sheehan, G. McIvor & C. Trotter (2011). *Working with women offenders in the community.* Oxon: Willan.

O'Connor, S. J. (2011). Context is everything: the role of auto-ethnography, reflexivity and self-critique in establishing the credibility of qualitative research findings. *European Journal of Cancer Care, 20*(4), 421-423.

O'Leary, V.E., & Ickovics, J.R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health 1*(2), 121-142.

Oakley, A. (1981). Interviewing women: a contradiction in terms? In H. Roberts (ed.). *Doing Feminist Research* (pp.30-61). New York: Routledge.

Obradovic, J., Long, J.D., Cutuli, J., Chan, C.K., Hinz, E., Heistad, D., & Masten, A.S. (2009). Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence of risk, growth, and resilience. *Development and psychopathology, 21,* 493-518.

Olofsson, A., Zinn, J.O., Griffin, G., Cebulla, A. & Hannah-Moffat, K. (2014). Health, Risk and Society. The mutual constitution of risk and inequalities: intersectional risk theory. *Quality & Quantity: International Journal of Methodology, 41*, 233-249.

Orr, K. & Bennett, M. (2009). Reflexivity in the co-production of academic-practitioner research. *Qualitative Research in Organisations and Management: An International Journal, 4*(1), 85-102.

Oxford English Dictionary (2014). Accessed January 2015 from: http://www.oed.com/

Ozer, E. J., Best, S. R., Lipsey, T.L. & Weiss, D. S. (2003). Predictors of Posttraumatic Stress Disorder and Symptoms in Adults: A Meta-Analysis. *Psychological Bulletin, 129*(1), 52-73.

Palesh, O. G., Shaffer, T., Larson, J., Edsall, S., Chen, X., Koopman, C., Turner-Cobb, J. M., Kreshka, M. A., Graddy, K., & Parsons, R. (2006). Emotional self-efficacy, stressful life events, and satisfaction with social support in relation to mood disturbance among women living with breast cancer in rural communities. *The Breast Journal, 12*(12), 123-129.

Palmer, E.J., Jinks, M. & Hatcher, R.M. (2010). Substance use, mental health and relationships: A comparison of male and female offenders serving community sentences. *International Journal of Law and Psychiatry, 33*(2), 89-93.

Palmer, J., Fam, D., Smith, T. & Kilham, S. (2014). Ethics in fieldwork: Reflections on the unexpected. *The Qualitative Report, 19*, 1-13.

Paradis, E.K. (2000). Feminist and community psychology ethics in research with homeless women. *American Journal of Community Psychology, 28*(6), 839-858.

Patton, M. (2002). *Qualitative Research and Evaluation Methods (*3rd ed.). London: Sage.

Payne, S. (2007). Grounded Theory. In Lyons, E. & Coyle, A. (Eds), *Analysing qualitative data in psychology* (pp. 65-86). London: Sage.

Pelissier, B. & Jones, N. (2006). Differences in motivation, coping style, and self-efficacy among incarcerated male and female drug users. *Journal of substance abuse treatment*, *30*(2), 113-120.

Perrons, D. (2015). Gendering the inequality debate. *Gender and Development, 23*(2), 207-222.

Perry, B. D. (2012). Forward. In R. Rose (Ed.), *Life story therapy with traumatized children* (pp 9-11). London: Jessica Kingsley.

Pezalla, A.E., Pettigrew, J. & Miller-Day, M. (2012). Researching the researcher-as-instrument: an exercise in interviewer self-reflexivity. *Qualitative Research, 12*(2), 165-185.

Pietkiewicz, I. & Smith, J.A. (2012) Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. *Czasopismo Psychologiczne, 18*(2), 361-369. Retrieved (English translation) January 2014 from: https://www.researchgate.net/publication/263767248_A_practical_guide_to_using_Interpretative_Phenomenological_Analysis_in_qualitative_research_psychology

Pietrzak. R.H., & Southwick, S.M. (2011). Psychological resilience in OEF-OIF veterans: application of a novel classification approach and examination of demographic and psychosocial correlates. *Journal of Affective Disorders*, 133(3), 560-568.

Pillow, W. (2003). Confession, catharsis, or cure. *Qualitative Studies in Education, 16*(2), 175-196.

Pintrich, P.R., Schunk, D.H., & Meece, J.L. (2008). *Motivation in education: Theory, research and applications* (3rd ed.). Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Piquero, A.R., Farrington, D.P. & Blumstein, A. (2003). The criminal career paradigm. *Crime and Justice*, (30), 359-506

Piquero, A.R. (2004). Somewhere between persistence and desistance: the intermittency of criminal careers. In Maruna, S. & Immarigeon, R. (Eds) *After Crime and Punishment: Pathways to Offender Reintegration* (pp. 102-125). Cullompton: Willan Publishing.

Pitt, L. & Kilbride, M. (2006). Researching recovery from psychosis. *Mental Health Practice, 9*(7), 20-23.

Pittaway, E., Bartolomei, L. & Hugman, R. (2010). 'Stop stealing our stories': The ethics of research with vulnerable groups. *Journal of Human Rights Practice 2*(2), 229-251.

Prison Reform Trust: Smart Justice for Women. Retrieved 6th July 2015 from: http://www.prisonreformtrust.org.uk/ProjectsResearch/Women

Prison Reform Trust: Why focus on reducing women's imprisonment? A Prison Reform Trust briefing Retirved 10th August 2015) from:

http://www.prisonreformtrust.org.uk/Portals/0/Documents/why%20focus%20on%20reducing%20women's%20imprisonment%20BL.pdf

Prochaska, J. O. & C. C. DiClemente (1986). Toward a comprehensive model of change. In Miller, W.R. & Heather, N. (Ed.), *Addictive Behaviors*

Pulvirenti, M., & Mason, G. (2011). Resilience and survival: Refugee women and violence. *Current Issues in Criminal Justice, 23*(1) 37-52.

Pytell, T. E. (2003). Redeeming the unredeemable: Auschwitz and man's search for meaning. *Holocaust and Genocide Studies, 17*(1), 89-113.

Ramcharan, P. & Cutliffe, J.R. (2001). Judging the ethics of qualitative research: considering the 'ethics as process' model. *Health and Social Care in the Community 9*(6), 358-366.

Rashid, T., & Ostermann, R. F. (2009). Strength-based assessment in clinical practice. *Journal of Clinical Psychology, 65*(5), 488-498.

Raynor, P. (2007). Risk and need assessment in British Probation: the contribution of LSI-R. *Psychology, Crime and Law, 13*(2) 125-138.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist, 18*(1), 20-23.

Rennie, D. L. (2007). Methodical hermeneutics and humanistic psychology. *The Humanistic Psychologist*, *35*(1), 1-14.

Reynolds, F. & Prior, S. (2003). Sticking jewels in your life: Exploring women's strategies for negotiating an acceptable quality of life with multiple sclerosis. *Qualitative Health Research, 13,* 1225-1251.

Reynolds, F., & Shepherd, C. (2011). Young women's accounts of intimate partner violence during adolescence and subsequent recovery process: An interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research, and Practice, 84*(3), 314-334.

Richardson, G.E. (2002). The meta-theory of resilience and resiliency*. Journal of Clinical Psychology, 58*(3), 307-321.

Richie, B. (1996). *Compelled to crime: The gendered entrapment of battered Black women.* New York, NY: Routledge.

Riggs, S.A. & Reyome, N.D. (2010). Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. *Journal of Aggression, Maltreatment and Trauma, 19*(1), 5-51.

Robinson, G. & Crow, I (2009). *Offender Rehabilitation.* London: Sage.

Rogers, C.R. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.). In *Psychology: a study of a science* (Vol 3)(pp. 184-256). Formulations of the person and the social context. New York: McGraw Hill.

Rogers, C.R. (1961). *On becoming a person: A therapist's view of psychotherapy.* London: Constable.

Rogers, C.R. (1985). Toward a more human science of the person*. Journal of Humanistic Psychology, 25*(4), 7-24

Rogers, R. (2000). The uncritical acceptance of risk assessment in forensic practice. *Law and Human Behavior, 24*(5), 595-605.

Rosen, G. M., Lilienfeld, S. O. (2008). Posttraumatic stress disorder: An empirical evaluation of core assumptions. *Clinical Psychology Review, 28*(5), 837-868.

Rumgay, J. (2004). Scripts for safer survival: pathways out of female crime. *Howard Journal of Criminal Justice, 43*(4), 405-419.

Rutten, B. P. F., Hammels, C., Geshwind, N. Menne-Lothmann, C., Pishva, E., Schruers, K., van den Hov, D., Kenis, G., van Os, J., & Wichers, M. (2013). Resilience in mental health: linking psychological and neurobiological perspectives. *Acta Psychiatra Scandinavica, 128, 3*-20.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, *57*(3), 316-331.

Rutter, M. (1988). *Studies of psychosocial risk: the power of longitudinal data.* Cambridge: Cambridge University Press.

Rutter, M. (1999). Resilience concepts and findings: implications for family therapy. *Journal of family therapy, 21*(2), 119-144.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals New York Academy of Sciences 1094,* 1-12.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology, 24, 3*35-344.

Saleebey, D. (Ed.) (2006). *The strengths perspective in social work practice*, (4th ed.) Boston: Pearson Education.

Salem-Pickartz, J. (2007). Peer counsellor's training with refugees from Iraq: A Jordanian case study. *Intervention: International Journal of Mental Health, Psychosocial work and Counselling in areas of Armed Conflict*, *5*(3), 232-243.

Salisbury, E.J. & Van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior, 36*, 541-566.

Schetter, C. D., & Dolbier, C. (2011). Resilience in the context of chronic stress and health in adults. *Social and Personality Psychology Compass, 5*(9), 634-652.

Schuck, A.M. & Spatz Wisdom, C. (2003). Childhood Victimisation and Alcohol Symptoms in Women: An Examination of Protective Factors. *Journal of Studies on Alcohol,* 64(2), 247-256.

Seligman, M.E.P. (1975) *Helplessness: on depression, development and death.* New York, NY: WH Freeman.

Shanthakumari, R.S., Chandra, P.S., Riazantseva, E. & Stewart, D.E. (2014). 'Difficulties come to humans and not trees and they need to be faced': A study on resilience among Indian women experiencing intimate partner violence. *International Journal of Social Psychiatry* 60(7), 703-710.

Shaw, R. L. (2011). The future's bright: celebrating its achievements and preparing for the challenges ahead in IPA research. *Health Psychology Review, 5*(1), 28-33.

Sheehan, R., McIvor G. & Trotter, C. (2011). Working with women offenders in the community: What works? In R. Sheehan, G. McIvor & C. Trotter (2011). *Working with women offenders in the community.* (pp. 342-363) Oxon: Willan.

Shepherd, C., Reynolds, F. A. & Moran, J. (2010). They're battle scars, I wear them well': a phenomenological exploration of young women's experiences of building resilience following adversity in adolescence. *Journal of Youth Studies, 13*(3), 273-290.

Shields, S.A. (2008). Gender: An intersectionality perspective. *Sex Roles, 59*(5-6), 301-311.

Shih, M. (2004). Positive Stigma: examining resilience and empowerment in overcoming stigma. *Annals of the American Academy of Political and Social Science, 591,*175-185.

Simmons, A., & Yoder, L. (2013). Military resilience: A concept analysis. *Nursing Forum,* 48(1), 17-25.

Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health, 11,* 261-271.

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1(1),* 39-54.

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries and further development criteria. *Health Psychology Review, 5*(1), 55-61.

Smith, J.A. & Eatough, V. (2007). Interpretative phenomenological analysis. In Lyons, E. & Cole, A. (Eds.), *Analysing qualitative data in Psychology* (pp. 35-50). London: Sage.

Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage.

Smith, J.A., Jarman, M. & Osborn, M. (1999). Doing interpretative phenomenological analysis. In K. Chamberlain (Eds.) *Qualitative Health Psychology*.(pp. 218-240). London: Sage.

Smith, J.A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A practical guide to methods* (pp. 51-80). London: Sage.

Smith, J.A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods* (2nd ed.) (pp. 51-80). London: Sage.

Smith, J.A. & Osborn, M. (2015). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods* (3rd ed.) (pp. 25-52). London: Sage.

Smith, L.J. (2008). How ethical is ethical research? Recruiting marginalized, vulnerable groups into health services research. *Journal of Advanced Nursing, 62*(2), 248-257.

Smythe, E.A. & Spence, D.G. (2012). Reviewing the literature in hermeneutic research. *International Journal of qualitative methods, 11*(1), 12-25.

Smyth, I., & Sweetman, C. (2015). Introduction: gender and resilience. *Gender and Development,* 23(3), 405-414.

Southwick, S. M. & Charney, D.S. (2012). *Resilience: The science of mastering life's greatest challenges.* Cambridge: Cambridge University Press.

Southwick, S.M., Litz, B.T., Charney, D. & Friedman, M.J. (2011). *Resilience and mental health: Challenges across the lifespan.* Cambridge: Cambridge University Press.

Stack, C.B. (1995). Writing ethnography: feminist critical practice. In D.L. Wolf (ed.). *Feminist Dilemmas in Fieldwork* (pp. 1-19). New York: Westview Press.

Stacks, A.M. (2010). Self-protective strategies are adaptive and increasingly complex: A beginner's look at the DMM and ABCD models of attachment. *Clinical Child Psychology and Psychiatry, 15*(2) 209-214.

Stanley, P. (2011). Insights about resilience in emerging adulthood from a small longitudinal study in New Zealand. *The Australian Educational and Developmental Psychologist, 28*(1), 1-14.

Stewart, L. & Gobeil, R. (2015). *Effective interventions for women offenders: A rapid evidence assessment.* NOMS: UK Retrieved 15th June 2015 from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448859/effective-interventions-for-women-offenders.pdf

Storey, L. (207). Doing interpretative phenomenological analysis. In E. Lyons & A. Coyle (Eds.). *Analysing qualitative data in psychology* (pp. 51-64). London: Sage.

Suter, W.N. (2012). *Introduction to educational research: A critical thinking approach.* (2nd ed.). London: Sage.

Svanberg, P.O. (1998). Attachment, resilience and prevention. *Journal of Mental Health,7,* 543-578.

Taggart, L., McMillan, R., & Lawson, A. (2010). Staffs' knowledge and perceptions of working with women with intellectual disabilities and mental health problems. *Journal of Intellectual Disability Research, 54*(1), 90-100.

Taylor, C. & White, S. (2000). *Practising reflexivity in health and welfare: Making knowledge*. Buckingham: OUP.

Taylor, P., Corteen, K. & Morley, S. (2014). *A companion to Criminal Justice, Mental Health and Risk.* Bristol: Policy Press.

Taylor, S.E. (2007). Social Support. In H.S. Fiedman & R.C. Silver (Eds.), *Foundations of health psychology* (pp. 145-171). New York: Oxford University Press.

Tedeschi, R.G. & Calhoun, L.G. (1995). *Trauma and Transformation: Growing in the aftermath of suffering.* London: Sage.

Thompkins, N.E, Sheard, L. & Neale, J. (2008). Methodological Reflections on Closing Qualitative Interviews with Women Drug Users. *Methodological Innovations, 2* (3), 18-29.

Thompson, A.R. & Russo, K. (2012). Ethical dilemmas for clinical psychologists in conducting qualitative research. *Qualitative Research in Psychology*, *9*(1), 32-46.

Thompson, R.A., Flood, & M.F., Goodwin, R. (2006). Social support and developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Risk, disorder, and adaptation* (Vol 3) (2nd ed.)(pp. 1-37). Hoboken, NJ: Wiley.

Todorova, I. (2011). Explorations with interpretative phenomenological analysis in different socio-cultural contexts. *Health Psychology Review, 5*(1), 34-38.

Tong, A., Sainsbury, P. & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Healthcare, 19*(6). 349-357.

Torres, A., Southwick, S.M. & Mayes, L.C. (2011). Childhood resilience: adaptation, mastery and attachment. In S.M. Southwick, B.T. Litz, D. Charney & M.J. Friedman (pp. 307-322). *Resilience and mental health: Challenges across the lifespan.* Cambridge: Cambridge University Press.

Towl, G.J. (2010). Ethical issues in psychological policy and practice. In Towl, G.J & Crighton, D.A (Eds.), *Forensic Psychology* (pp.62-69). Chichester: BPS Blackwell.

Towl, G.J. & Crighton, D.A. (2010). Forensic Psychology. Chichester: BPS Blackwell.

Towl, G. J. (2011). Forensic psychotherapy and counselling in prisons. *European Journal of Psychotherapy and Counselling in Prisons, 13*(4), 403-407.

Ullman, S.E., Filipas, H.H., Townsend, S.M. & Starzynski, L.L. (2007). Psychosocial correlates of PTSD symptom severity in sexual assault survivors. *Journal of Traumatic Stress, 20*(5), 821-831.

Understanding resilience in children and adults: Implications for prevention and interventions. Melissa Institute for Violence prevention and treatment: Miami, Florida. Retrieved 9th December 2013 from: http://www.melissainstitute.org/documents/resilienceinchildren.pdf

Ungar, M. (2012). *The social ecology of resilience: A handbook of theory and practice.* London: Springer

Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp.13-32). London: Springer.

Ungar, M. (2013). What is resilience? (para. 2). Retrieved July 7, 2013, from the Resilience Research Centre: http://www.resilienceresearch.org/about-the-rrc/resilience/14-what-is-resilience

United Nations (2012). United Nations Women: Facts and Figures. Ending violence against women. Retrieved 17th July 2015 from: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures

Van Voorhis, P. (2012). On behalf of Women Offenders: Women's place in the science of evidence-based practice. Vollmer Award Address. *Criminology & Public Policy, 11*(2), 111-145.

Van Wormer, K. (2010). *Working with female offenders: a gender sensitive approach.* New Jersey: Wiley.

Van Wormer, K., & Davis, D. R. (2008). *Addiction treatment: A strengths perspective.* Belmont, CA: Thomson.

Vedder, B. (2002). On the meaning of metaphor in Gadamer's hermeneutics. *Research in Phenomenology, 32*(1), 196-209.

Walton, C. (2007). Doing discourse analysis. In Lyons, E. & Coyle, A. (Eds) (pp. 117-130). *Analysing qualitative data in psychology*. London: Sage.

Ward, T & Willis, G. (2010). Ethical issues in forensic and correctional research. *Aggression and Violent Behavior, 15*(6), 399-409.

Ward, T. and Maruna, S. (2007). *Rehabilitation.* London: Routledge.

Wekerle, C., Waechter, R. & Chung, R. (2012) Contexts of vulnerability and resilience: childhood maltreatment, cognitive functioning and close relationships. In M. Ungar (Ed.), *The Social ecology of resilience: A handbook of theory and practice.* (pp. 187-198). London:Springer.

Werner, E.E., Smith, R.S. (2001). *Journeys from Childhood to Midlife: Risk, Resilience and Recovery*. NY: Cornell University Press.

Werner, E.E., Smith, R.S. (1982). *Vulnerable but invincible: a longitudinal study of resilient children and youth.* London: McGraw-Hill.

Wertz, F.J. (2011). The qualitative revolution and psychology: Science, politics and ethics. *The Humanistic Psychologist, 39*(2), 77-104.

Williams, S.L. & Mickelson, K.D.(2004) The nexus of domestic violence and poverty resilience in women's anxiety. *Violence Against Women, 10*(3), 283-293.

Willig, C. (2001). *Introducing qualitative research in psychology: adventures in theory and method.* Buckingham: Open University Press.

Willis, G., & Ward, T. (2010) 'Striving for a good life: the good lives model applied to released child molesters', *Journal of Sexual aggression, 17*(3), 290-303.

Wilson, J.P. (1995). Traumatic events and PTSD prevention. In B. Raphael & E.D. Barrows (Eds.), *The Handbook of Preventative Psychiatry* (pp. 281-296). Amsterdam: Elsevier

Wilson, A., & Hodgson, P. (2012). Trust, coercion and care: researching marginalised groups. (Bk series). Ethics in social research. *Studies in Qualitative Methodology, Vol 12*, 111-128. Bingley, UK: Emerald.

Wilson, J.P., & Raphael, B. (1993). *The international handbook of traumatic stress syndromes*. New York: Plenum.

Wisdom, C.S. (1989). The cycle of violence. *Science, 244,* 160-166.

Women in prison (2015). Key facts. Retrieved 2nd August 2015 http://www.womeninprison.org.uk/research/key-facts.php

Women in the penal system: Second report on women with particular vulnerabilities in the criminal justice system (2011). Retrieved 2nd May 2012 from: http://www.howardleague.org/fileadmin/howard_league/user/pdf/Publications/Women_in_the_penal_system.pdf

World Health Organisation (2007). The cycles of violence: The relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence. Retrieved December 2015 from: http://www.euro.who.int/__data/assets/pdf_file/0008/98783/E90619.pdf

World Health Organisation (2010). Preventing intimate partner violence against women: taking action and generating evidence. Retrieved December 2015 from:

http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf

World Health Organisation (2014). Mental Health: A state of wellbeing. Retrieved August 2014 from:

http://www.who.int/features/factfiles/mental_health/en/

World Health Organisation (2015). Mental Disorders. Retrieved June 2015 from: http://www.who.int/topics/mental_disorders/en/

Worrall, A., & Gelsthorpe, L. (2009) 'What works' with women offenders; the past 30 years. *Probation Journal, 56*(4), 329-344.

Wright, M. O. (2007). The long-term impact of emotional abuse in childhood: Identifying mediating and moderating processes. *Journal of Childhood Emotional Abuse, 7*(2), 1-8.

Wright, M. O., Crawford, E., & Sebastian, K. (2007). Positive resolution of childhood sexual abuse experiences: The role of coping, benefit finding and meaning making. *Journal of Family Violence, 22*(7), 597-608.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health, 15*(2)*,* 215-228.

Yates, T. M. (2007). The developmental consequences of child emotional abuse: A neurodevelopmental perspective. *Journal of Emotional Abuse, 7*(2), 9-34.

Zautra, A.J., Arewasikporn, A., & Davis, M.C. (2010). Resilience: Promoting well-being through recovery, sustainability and growth. *Research in Human Development, 7,*(3), 221-238.

Zautra, A.J., Hall,, J.S. & Murray, K.E. (2008). Resilience: a new integrative approach to health and mental health research. *Health Psychology Review, 2*(1), 41-64.

Zautra, A.J., Hall, J.S., & Murray, K.E. (2010). Resilience: A new definition of health for people and communities. In J.W. Reich, A.J. Zautra & J.S. Hall (Eds.). *Handbook of adult resilience (pp.* 3-29). London: Guilford.

Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology - A critical review and introduction of a two component model. *Clinical Psychology Review, 26*(5)*,* 626-653.

APPENDICES

APPENDIX 1: Ethical approval letter from Durham University

TO: Rebecca Gom

FROM: Luna Centifanti, Chair, Psychology Department Ethics Committee

DATE: 18 December 2012

CC: Graham Towl

REF: 12/15 – Supporting women towards desistance: The contribution of person-centred support based approaches across a range of needs

Thank you for submitting the above application to the Psychology Department Ethics Committee. I am pleased to let you know that your application has been approved. The Committee's approval is conditional upon your meeting requirements indicated below.

You must ensure that the actual conduct of your research conforms to the ethical guidelines of the BPS (July 2004). These are posted in the Ethics Committee folder on Duo. One of the requirements is that participants should be fully informed about the nature of the proposed study. This is particularly important if any aspects of the study are likely to prove distressing to the participant.

You should also note that, according to the BPS, individual feedback to participants regarding their performance on standardised tests should *not* be given by researchers unless they have a professional qualification in psychometrics.

If you are working with children, you are advised to read the Guidelines for Research Involving Children (available on Duo). You will also need to apply for Enhanced Disclosure from the CRB. Details of applying for disclosure are given on Duo.

<u>Conditions</u>

APPENDIX 2: Ethical approval letter from Probation Trust

Ministry of JUSTICE
National Offender Management Service

London Probation Trust

UNCLASSIFIED

Your Ref: RM/E12
Our Ref: DLF/1112

Rebecca Gomm
77 Maynard Road
Walthamstow
London E17 9JE

151 Buckingham Palace Road
London
SW1W 9SZ

Tel 0300 048 0000
Fax 0300 048 0297

12th November 2012

Dear Rebecca

This is to confirm that you have permission from LPT to carry out the research outlined in your recent IRAS submission. This is subject to the proviso that all third party information is removed or redacted in advance from any client files or documents to which you request access.

Whilst we appreciate that this is some time in the future, we would like to draw your attention to the stipulation that LPT should not be identified in your final report and that results will not be published in any external arena without LPT's written permission. Could you please sign LPT's terms and conditions which accompany this letter and return them to me at the above address in order to confirm that you agree to abide by them.

I would like to take this opportunity to wish you good luck with your research.

Yours sincerely,

David L Forbes
Training and Research Manager

APPENDIX 3: Terms and conditions Probation Trust

Ministry of JUSTICE
National Offender Management Service

UNCLASSIFIED

London Probation Trust

LPT Supported External Research

Terms and Conditions

1. Applying to do research
All applications to do research within LPT have been channelled through the national IRAS system.

2. Changes to the study
Any changes to the planned methodology need to be agreed with LPT before they are implemented.

3. Informed consent
All research participants must be given information about the purpose of the research and that consent must be given freely. It will be made clear to participants both verbally and in writing that:

i. participation is voluntary
ii. they may withdraw from the research at any point and that this decision will not have an adverse impact on their contact with probation.
iii. if they do choose to withdraw from a study, they can insist that information already collected from them is deleted providing this has not already been incorporated into research findings
iv. that everything collected for research purposes will be kept confidential with the exception of Section 4 below.

4. Disclosure of information
Researchers are under a duty to disclose to probation trusts if an individual discloses information that either indicates a severe risk to themselves or others or refers to a new crime that they have committed or plan to commit. Researchers should make research participants aware of this requirement.

5. Data protection
All researchers will comply with the requirements of the Data Protection Act 1998 and the Offender Management Act 2007. All data must be stored securely and information coded in a way that ensures the confidentiality and anonymity of research participants. The researchers should abide by any data sharing conditions stipulated by the relevant data controllers. In addition, it is a requirement that all third party information is removed or redacted in advance from any files or documents to which researchers have access.

6. Dissemination of research
The researcher should provide LPT with a 3 page summary of the findings. This should:

i. summarise the research aims and approach
ii. highlight the key findings
iii. set out the implications for LPT

Version 1.0

7. Publications

No research will be published in an external arena without LPT's written agreement and LPT is to be provided with an electronic copy of any papers before they are submitted for publication. LPT should not be identified in any final report without their written permission.

Signed for LPT:.....

Signed for the researcher:.....

Date: _____/_____/_____

APPENDIX 4: Participant information sheet

Information sheet: To be discussed at meeting to arrange interview **and re-visited prior to written consent at interview stage**

Supporting Women in the Criminal Justice System – London Project

Thank you for your interest in this research

This information sheet will provide more information about the research. This will help you reach a decision on whether or not you want to become more involved.

Research Aims

The research will be used to look at the ways in which people work with women offenders, that supports, or encourages them to reduce, or stop offending. This research will be beneficial, because it is using a new approach to look at what is effective practice with women in the criminal justice system. Quite a lot of research into what stops people offending, is based on men. Your contribution will help to fill a gap in the research on women.

THE NEXT STAGES

Informed consent

This is a way of making sure that you are aware of what the research is about and the purposes and consequences of your contribution. These are detailed in this information sheet. But more importantly, this is also about ways of making sure that you have opportunities to be fully informed about the research. So this will mean that we may have follow-up discussions and I will try to link in with you through meetings, or other events, to keep you posted on the research.

Written Consent

At different points during the research, you will be asked to sign a consent form. This is a way of making sure you agree to the different stages of the research.

The Interview

An interview will be used to get your feedback on what has supported you to reduce, or stop offending. The questions are quite "open ended" and you can see them now, if you would like. You will also be able to see them and discuss them with me, prior to the interview starting.

The interview will be tape recorded and you do not have to answer ANY questions that you do not want to.

You can stop the interview at any time, without giving a reason. You can also switch off the recording device at any time.

Second Interview stage

Some individuals will be asked if they would like to become involved in a second interview. This will give more depth, or provide more information on the support themes. As with the first interview, the process will be voluntary. The processes for receiving information, being part of consent procedures and a debrief, will remain the same as for the first interview.

Debrief

A debrief sheet will be provided and discussed with you after the interview. It is a way of making sure that you have not been affected in a negative way, from the interview. It highlights that you can contact me and also provides contacts from useful services.

What will happen with the information?

The interview will remain anonymous. This means that any information that can be traced back to you as an individual, will not be made available to anyone else. The tape recording of the interview will be typed up by a professional transcriber, so that I can look at some of the support themes discussed. The transcriber has signed a confidentiality agreement to agree that no one else will access your information when it is being typed up. After the interview has been typed up, the transcriber has agreed to destroy all records of the interview and anything that relates to you. No-one else will be able to identify you from the typed document, because your name will be removed.

The typed up interview and the tape recording of the interview, **will not be made available to**: The person that introduced us (the "gatekeeper"), the police, or probation, or any other criminal justice personnel.

The typed up interview (with your name removed), will be seen by the research team. This information cannot be traced back to you as an individual. There are three people in the research team based at Durham University: Rebecca Gomm (me, the interviewer), Professor Graham Towl and Dr Mark Cresswell. We will look at the support themes from all the interviews. From this, we will see how information relates to the different needs of women, at different times in the criminal justice system.

A brief independent audit will be undertaken by someone outside of the three people in the research team. You will not be identified through this, because all names will be removed beforehand. This is to check that there has been a reasonable process from start to finish, in finding the results.

The tape recording of the interview will be destroyed, after it has been typed up and the document checked for mistakes. This will be one-month from the interview date and you will be provided with this date, at the interview.

Small parts of your interview might be printed in a journal, or a public document which can be viewed by other people. Feedback on the project will be made available to service user forums. You will not be identified from this – and great care will be taken to make sure others cannot identify you from the information.

Police and Probation information

The research aims to make a use of the experience of support and build a profile of what works to reduce, or stop offending and for whom. Because of this, you will be asked if you agree to some of your probation assessment data being used for this research. You will also be asked if you agree to have police records checked for information on your past offences.

<u>The Probation information</u> will only include the data which you have discussed with your probation officer in the past. This will include:

- Prison dates, breaches and probation order information

- Probation Assessment information, to include: Date of Assessment, Offence type, Frequency of offences, Age at first offence, Accommodation, Relationships, Lifestyle and associates, Drug misuse, Alcohol misuse, Emotional well-being, Thinking and behaviour, Attitudes, Health & other considerations, An assessment of risk of harm to self and others and a measure of change during sentence.

The Police information will include:

Offence type, date of offence, date of conviction, cautions, reprimands and final warnings.

How will my information be stored?

Your information will be securely stored, in line with the Data Protection Act (1998). Part of this secure storage has already been outlined, because your information will be made anonymous, as detailed above. It also relates to an assurance that personal information about you will be password protected and held on a computer system that is not accessible to others. Your information will also be securely "backed up", so that it is not lost.

Right to withdraw

You have the right to withdraw from the research process at any time. Although there is a time limit, if you would like me to withdraw all your information. This is one month from the date of the interview. You will be provided with this date, at the time of interview. The right to withdraw your information has a time limit, so that I trace all your records back and take all your information out of the study. This will include all your interview information and the probation and police records detailed in the information sheet. After the withdrawal time, your records will have been made anonymous (your name removed) and merged with other interviews, so I will not be able to trace all your records back. This is because they will no longer be linked to you. You can contact me at any time and do not have to provide a reason for why you would like to withdraw.

Feedback and copies of the interview

If you would like to keep a copy of the typed up interview, I can get this to you. You can let me know at the time of your interview, or you can contact me within one month of the interview. You will be provided with the date to let me know, at the time of the interview.

Questions

Please ask me any questions at all that you have about the research. You can ask me these now, or at any time. If you think of any later, or if you want to talk to me about the interview and your information, please don't hesitate to get in contact (details below).

Travel costs

You will be reimbursed with your travel costs for all the times we meet to discuss the research and also for the interview. You will be asked to sign a form to confirm that you have received the money.

What happens next?

If you agree to take part in this research, we can arrange a good time to meet up for the interview. We can arrange a date now, or we can wait until you have had more time to decide if you would like to become more involved.

The interview, or interviews will be held in the _____, which is where the "gatekeeper", or person that introduced you to me (and their organisation) is based.

Boundaries of confidentiality

During the interview, if any information is made available to me (Rebecca, the researcher), that makes me think there is a current risk of harm to a child, I will need to report this information to the police and child protection services.

If you agree, information about your past offending will be requested before an interview. You will not be asked for any detail **at all** about offending, only support you have received. Because of this, it is not likely that you will be disclosing information, not already known to the police. At no point in the interview, will you be encouraged to discuss specific offence detail. Confidentiality on specific offence

detail (not known to the police) cannot be guaranteed if a court order is presented to me, the researcher.

Concerns of Complaints

If you have any concerns at all, you can contact me directly, because most issues can be dealt with quite easily. You can contact me at any time and my contact details are given below. If, after this, you are not happy that I have addressed your concerns, please contact my Supervisor Professor Graham Towl. His details are printed at the bottom of this information sheet.

CONTACT DETAILS: Rebecca Gomm

Telephone: 07968 810410

r.m.gomm@durham.ac.uk

Main Supervisor: Professor Graham Towl.

graham.towl@durham.ac.uk

Psychology Dept. Durham University. Science Site.

South Road, Durham. DH1 3LE. Tel: 0191 33 4624

APPENDIX 5: Participant consent form

CONSENT FORM for First-stage interviews

Supporting Women in the Criminal Justice System – London Project

Name:_____

Please read through the following and tick and sign each box that you agree with. I will talk through the form and help, if needed.

Initial Interview	**Tick if this applies** ✓	**Sign if you consent (or agree with the statement)**	**Date of signature**
1. I have received a copy of the Information sheet and understand the aims and processes of the research.			
2. I consent to my Police National Computer records being made available for the purposes of this research (as listed in the information sheet).			
3. I consent to my Probation records being made available for the purposes of this research (as listed in the information sheet).			
4. I know that I can withdraw from in this research. I have been provided with a date to do this by, which is one month from the point of interview. I have been provided with contact details.			
5. I am aware that I might be approached for a Second interview, which will require an additional consent process.			
6. I am aware that small parts of my interview might be printed in a public document and that I will not be identified from this, because my name will be removed.			
7. I have received a copy of the Debrief sheet and a sheet providing local agency contacts.			
8. I am aware of the procedure for any concerns, or complaints I may have regarding this research.			

CONTACT DETAILS: Rebecca Gomm

Telephone: 07968 810410 r.m.gomm@durham.ac.uk

APPENDIX 6: Debrief sheet

Supporting Women in the Criminal Justice System – London Project

Thank you for taking part in this project.

We talked about the experience of support you have received in the criminal justice system and because of this, the research aims to be positive. However, if you have found taking part in this difficult in any way, or if you have any memories that make you feel low, please let me know, or the practitioner that introduced us. You can do this now, or you can get in contact with me later (details below). It is important that you get in contact with someone, if this is the case. I have provided an additional agency contact list that you might find useful.

How your information will be handled

The interview will remain anonymous. This means that any information that can be traced back to you as an individual, will not be made available to anyone else. The tape recording of the interview will be typed up, so that I can look at some of the support themes we discussed. No-one else will be able to identify you from the typed document, because your name will be removed.

The typed up interview and the tape recording of the interview, **will not be made available to**: The person that introduced us (the "gatekeeper"), the police, or probation, or any other criminal justice personnel.

The typed up interview (with your name removed), will be seen by the research team. This information cannot be traced back to you as an individual. There are three people in the research team based at Durham University: Rebecca Gomm (me, the interviewer), Professor Graham Towl and Dr Mark Cresswell.

The tape recording of the interview will be destroyed, after it has been typed up and the document checked for mistakes. This will be one-month from today's date, which will be on _____.

Small parts of your interview might be printed in a journal, or a public document which can be viewed by other people. You will not be identified from this – and great care will be taken to make sure others cannot identify you from the information.

Right to withdraw

If you would like to withdraw from the research, please contact me (details below), by _____, which is one month after today's date. I can then trace your records back and take all your information out of the study. This will include all your interview information and the probation and police records detailed in the information sheet. After this date, your records will have been made anonymous (your name removed) and merged with other interviews, so I will not be able to trace your records back. This is because they will no longer be linked to you. You can contact me at any time and do not have to provide a reason for why you would like to withdraw.

Feedback and copies of the interview

If you would like to keep a copy of the typed up interview, I can get this to you. Please let me know now, or you can contact me later. Please contact me by _____.

Questions

Please ask me any questions at all. Or if you think of any later, or if you want to talk to me about the interview and your information, please don't hesitate to get in contact (details below).

Concerns of Complaints

If you have any concerns at all, you can contact me directly, because most issues can be dealt with quite easily. You can contact me at any time and my contact details are given below. If, after this, you are not happy that I have addressed your concerns, please contact my Supervisor Professor Graham Towl. His details are printed at the bottom of this information sheet.

CONTACT DETAILS: Rebecca Gomm

Telephone: 07968 810410

r.m.gomm@durham.ac.uk

Main Supervisor: Professor Graham Towl.

graham.towl@durham.ac.uk

Psychology Dept. Durham University. Science Site.

South Road, Durham. DH1 3LE. Tel: 0191 33 46241

Contacts list

National and Camden and Islington specific agencies

Police (emergency service): 999	**Refuge** 24 hour National Domestic Violence helpline: 0808 2000 247 www.refuge.org.uk
Victim Support 0845 30 30 900 www.victimsupport.org.uk	**Samaritans** 24 hour helpline: 08457 90 90 90 www.samaritans.org
Islington – Drugs and Alcohol 24-hour helpline: 08000 66 55 25	**Camden – Drugs and Alcohol** 24-hour helpline: 0207 833 7971
Mental Health Crisis Phone line 5pm – 6.15am tel: 0207 226 9415	**Drayton Park** **Women's Crisis House** and Resource Centre 32 Drayton Park, London. N5 1PB. 24 hour contact: 0207 974 4444
North Islington Drug Service The service offers a variety of treatment options for any concerned drug users living in the North Camden area 0207 530 2002 592 Holloway Road, London N7	**South Islington Drug Service** The service offers a variety of treatment options for any concerned drug users living in the South Islington area 0207 530 3086 108 Hampstead Road, London NW1 2LS
10 Camden Alcohol Service Address Tel 020 3227 4950 7-8 Early Mews, Arlington Road Fax 020 3227 4959 London Email csats@candi.nhs.uk NW1 7HG camden.referrals@cri.org.uk	**5 CRI – DAIS Substance Misuse Service** Address Tel 020 7833 3440 264 Pentonville Road e-mail camden.referrals@cri.org.uk London N1 9J
Women in Prison Advice and support for women in prison and women ex-offenders. Specialist support for mothers, BME women, and women with diagnosed mental health problems in London. Tel: 020 7841 4760 Email: admin@womeninprison.org.uk Web: www.womeninprison.org.uk Address: 347-349 City Road, London, ECIV 1LR	**Emergency Duty Team Social Services** Camden: 0207 974 4444 Islington: 0207 226 0992