An exploration of the trajectory into the Criminal Justice System for individuals with Learning Disabilities

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Acknowledgements and Dedication

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This thesis is dedicated to Evelyn and Leo, work hard and you can be whoever you want to be, for this world is what you make it.

To all the individuals with LD who have and continue to struggle to have their voice heard, we must do better by you.

Abstract

This thesis explores the pathway into the Criminal Justice System (CJS) for individuals with Learning Disabilities (LD). The Systematic Review studies the risk factors relevant to adult males and females with LD convicted of offences. It identifies sparse research in this area and significant methodological flaws within the existing research base. The empirical research invites individuals to share their opinion and lived experience of what they perceive as the reasons, and thus areas of risk, which underpinned their pathway into the CJS. The empirical research utilises a novel method of communication to support the participants' in sharing their voice. Original areas of risk for individuals with LD are identified for consideration and further exploration. This is alongside a developed insight into proposed added complexities concerning what is currently understood about areas of risk relevant to individuals with LD. It is postulated that risk factors can develop and manifest uniquely for people with LD as part of a biopsychosocial context. This has significant implications from both a risk assessment and prevention approach perspective.

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Chapter One

Introduction

‘men make their own history, but they do not make it just as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past’.

Marx, 1845

1.1 Introduction

Learning Disabilities (LD) is a socially constructed concept. As Wendell (1997 p.32) tells us, “how a society defines disability and whom it recognises as disabled is of enormous psychological, social, economic and political importance, both to people who identify themselves as disabled and to those who do not but are nevertheless given the label”. How this population are defined alongside their historic experiences has resulted in individuals with LD being separated out from mainstream society. People with LD have been perceived as people to be cared for, seen as the ‘other’, disregarded and excluded (Walmsley, 2000). This is largely attributed to the condemnatory, dehumanising and disapproving semantics, definitions and labels employed to characterise LD pervasively throughout history, alongside, a complete absence of humanitarian, empowering and value descriptions.

1.1.1 Historical Context

In the United Kingdom, a reference to LD seemingly first appeared in the thirteenth century which described this population as natural fools or idiots. Both terms were considered to mean ‘non compos mentis’ (Neugebetter, 1996), a Latin legal phrase which translates to ‘of unsound mind’. Following this, a second significant contribution to the understanding of the term LD came from the development of ‘idiocy’ and ‘lunacy’ as concepts. A diagnosis of idiocy and lunacy was a legal process synonymous with whether an individual was considered to have sufficient numeracy and language skills for social functioning. The Madhouses Acts 1974, 1828 and 1832 created a commission of the Royal College of Physicians for England and Wales that were able to license asylums for ‘lunatics’. The Lunacy Act 1845 and the Country Asylums Act 1845 both permitted licenses to asylums to enable them to hold who they considered to be ‘lunatics’, ‘idiots’ and people of ‘unsound mind’, thus all people with LD. As such this meant large proportions of this population were segregated away from the community and mainstream society.

The next meaningful historic change occurred during the late nineteenth century when in the United Kingdom, among other countries, the terms ‘feeble-minded’ and ‘imbecile’ were introduced. These terms were used to describe disorders or deficiencies of the mind, and their use importantly encompassed educational and social deficiencies. The Mental Deficiency Act 1913 was the first law in the United Kingdom to legally identify people with ‘mental deficiency’ as idiots, imbeciles, feeble-minded persons and, moral imbeciles. Following this, the Mental Health Act 1959 introduced the terms ‘sub-normality’ and severe mental ‘sub-normality’ to replace ‘mental deficiency’ and abolished the term “moral imbecile”. Although ironically at this time there was an increasing growth in the stigmatisation of people with LD due to an escalating perception that these individuals were more likely to commit crime (Goddard 1912; as cited in Brown & Courtless, 1971).

In 1983, the Mental Health Act introduced and defined ‘mental impairment’ and ‘severe mental impairment’ pertaining to individuals with LD and it was not until the Mental Health Act in 2007 when the terms ‘learning disability’ and ‘severe learning disability’ were announced. The historical context highlights significantly how individuals with LD have been dehumanised and silenced throughout historical accounts of policy and practice (Ryan & Thomas, 1981). Typically, these individuals have been subject to systems and processes which label and exclude them from either a forensic or medical perspective (Gormley, 2021). Poignantly, the voices and experiences of these very people are lacking in narrative and literature, their segregation from society has meant that they have been forgotten people leading forgotten lives (Atkinson, 2010).

1.1.2 Current definitions of Learning Disabilities

The World Health Organisation (WHO) is the United Nations specialized agency for health which was the first to clarify diagnostic criteria for medical disorders. The International Classification of Diseases (ICD) is compiled and published by WHO. The ICD lists specific diagnostic criteria for all medical diseases including mental disorders. Each country can then publish its own diagnostic manual based on the ICD and modify the ICD provided, the changes do not change the intent. The Diagnostic and Statistical Manual (DSM) serves as a universal authority for psychiatric diagnosis in which America, South America, Australia, and many other European countries including the United Kingdom utilise. It is compiled by the American Psychiatric Association (APA). Historically LD has been included in both the ICD and DSM from the beginning. There have however been substantial changes to the terminology utilised, how LD is classified and defined due to an ever developing understanding of the functionality of the brain and recognition of the etiological basis of LD. Current approaches of definition form a developmental perspective and rely on both intellectual abilities and adaptive functioning (AF). Adaptive functioning refers to how well a person can cope and manage demands in their life and, how independent they are in comparison to their counterparts.

Presently, the ICD currently in its eleventh edition (ICD-11) published in 2019 (World Health Organisation, 2019) and, the Diagnostic and Statistical Manual of Mental Disorders currently in its fifth edition (DSM-V) (American Psychiatric Association, 2013) published in 2013, are the main classifications of use for LD in the United Kingdom. The ICD-11 uses the term Intellectual Disability (ID), Intellectual Disability Disorder (IDD) or general learning disability in this context currently. All of these are part of the Disorders of Intellectual Development (DID) group. They are defined by the ICD-11 as generalised neurodevelopmental disorders characterised by significantly impaired intellectual and adaptive functioning. The diagnostic criterion includes an IQ score below 70 in addition to deficits in two or more adaptive behaviours that affect every day, general living. Historically, this definition once focussed almost entirely on cognition however the definition now includes both a component relating to mental functioning and one relating to individuals' functional skills in their environments. As a result of a focus on the person's abilities in practice, a person with an unusually low IQ may now not be considered intellectually disabled.

The DSM-V (APA, 2013, p.33) utilises the term intellectual disabilities which sits under the Intellectual Developmental Disorder (IDD) group in reference to LD. Intellectual disabilities are defined as "a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains". The diagnostic criteria must include all of the following; deficits in intellectual functions, deficits in adaptive functioning which result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life. The DSM-V states "the deficits in adaptive functioning must be directly related to the intellectual impairments described in the Criteria A" (DSM-V, p.30). As it is a developmental disability, diagnosis also requires the onset of the condition to have taken place prior to the end of the developmental period, typically defined as before the age of 18 (DSM-V, 2013).

1.1.3 Similarities and differences between the ICD-11 and DSM-V

The ICD-11 and DSM-V classifications both demonstrate an acceptance of LD placement under the parent category of 'neurodevelopment disorders' to acknowledge the diverse etiological factors originating during the developmental period. The ICD-11 utilises the parent term "Disorders of Intellectual Development" (DID) which is similar to "Intellectual Developmental Disorder" (IDD) used by the DSM-V. Both the ICD-11 and DSM-V have not specified an upper age limit for the developmental period unlike earlier versions of both definitions. Both the ICD-11 and DSM-V acknowledge the importance of early and appropriate intervention in improving the impairments and suggest longitudinal assessments over the developmental trajectory for an individual, thus placing an emphasis on the dynamic nature of the condition.

The ICD-11 acknowledges the importance of both intellectual functioning and adaptive skills in specifying the degree of the DID by providing a comprehensive account of behavioural indicators that are characteristic of individuals in each subtype across different age groups. Within the ICD-11 intellectual functioning is defined in abilities across various domains such as perceptual reasoning, working memory, processing speed and verbal comprehension. It is derived from large-scale factor analysis of the Wechsler Intelligence Scale for Children (Bensen et al., 2013; Wechsler, 2008). The DSM -V defines intellectual functions more elaborately as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from instruction. This is assessed through both accounts of experience and practical understanding confirmed by both clinical assessment and standardised tests. The ICD-11 contains subtypes classified into mild, moderate, severe, and profound LD. This is based on the severity of impairments in intellectual functioning and adaptive behaviour as measured by the standardised tests or based on appropriate clinical indicators if tests are not available. The DSM- V too includes categories of mild, moderate, severe, and profound LD. However, it has taken a different approach in classification, basing it on AF alone, determined by standardised testing and clinical assessment on the grounds that AF determines the level of support and that IQ scores are not valid in lower ranges.

In sum, the ICD-11 and DSM-V are harmonised in many ways in their understanding, diagnostic criteria and defining of LD. The most significance difference between the two diagnostic manuals seemingly relates to the increased emphasis the DSM-V places on AF, although both intellectual and AF deficits have long been associated with the definition and diagnosis of LD. Whilst the ICD-11 certainly recognises and promotes equal weighting of the AF within the defining and diagnostic context of LD, the DSM-V places more emphasis on it in terms of academic, social and practical contexts (Mahour & Panday, 2015). It also utilises it exclusively to determine the severity of impairment.

Despite an acceptance that the ICD-11 and DSM-V present the main classification of use of LD, the historic use of terms and labels resulting in different connotations and definitions for LD, have and continue to result in confusion. As an illustration, LD is used by other nations, such as the United States of America, to refer to what is known as ‘specific learning difficulty’ within the United Kingdom, for example Dyslexia. In contrast to LD, specific learning difficulties as understood within the United Kingdom refer to particular aspects of learning and are independent from intellectual ability (Hardie & Tilly 2012). Examples of such are Dyspraxia and Attention Deficit Disorder. Consequently, the use of and theorisation of the term learning disability is neither globally agreed upon or indeed understood. This makes establishing a dialogue with clarity within any social, political, research or practical setting challenging. Consequently, LD is frequently misrepresented and understood and gaps of knowledge and insight remain outstanding within the research base.

1.1.4 Prevalence of Learning Disabilities

Figures calculated using LD prevalence rates from Public Health England (2016a) and population data from the Office for National Statistics (ONS, 2021) identify there are 1.5 million people with an LD in the United Kingdom. Approximately 1.2 million of those people with an LD are in England. This equates to 2.16 per cent of adults and approximately 2.5 per cent of children in the United Kingdom which are thought to have an LD.

Estimated figures for the number of people who have an LD globally are not known. This is most likely as a reflection of the absence of a universally accepted definition and theorisation of the term ‘learning disabilities’ which has implications for monitoring and tracking this population. Furthermore, it is estimated that around a fifth of adults with LD are recognised by services (Emerson, 2012); the remaining four-fifths are sometimes referred to as a ‘hidden majority’. Any estimation that does currently exist should be treated cautiously given such difficulties and complexities.

1.2 Victimisation, Co-morbidity and people with Learning Disabilities

Advancing research has demonstrated that individuals with LD possess an increased vulnerability towards emotional and mental disorders. Indeed, four out of ten individuals with LD are thought to have both mental health problems and behavioural disorders (Riches et al., 2006). People with LD are also likely to experience a higher rate of abuse, neglect and adverse environmental conditions. In keeping with this, Emerson et al., (2012) highlights how individuals with LD are thought to be more vulnerable to social exclusion, institutionalisation, deprivation, physical harm, abuse, misdiagnosis, and crime. Such experiences all potentially contribute to the quality of an individual’s emotional well- being (Putnam, 2009; Sobsey, 1994) and developmental aspects of their personality including disorder. Personality Disorder (PD) has been described by the American Psychiatric Association (2013) as “an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual’s culture and is manifested in at least two of the following areas: cognition, affectivity, interpersonal functioning or impulse control” (APA 2013, p.647). Lindsay et al., (2010) highlighted how people with LD are likely to experience developmental delay that has the potential to result in immature or a less completely developed personality which may cause them to have traits or features of a PD. This is supported also by Taylor and Morrissey (2020). Few services have however developed an understanding of the potentially traumatic origins of PD and the relevance of a model which draws on evolutionary and trauma- based responses as the foundation for PD (Taylor & Morrissey, 2020) and indeed, other manifestations of trauma which may present as co-morbid aspects for individuals with LD.

Alexander and Cooray (2003) noted a high range in variation in the diagnosis of PD in populations of individuals with LD. Within community settings this ranged from one to 91 per cent and two to 92 per cent in hospital settings. International research from the Netherlands identified that 33.6 per cent of 152 individuals who had mild LD also received a diagnosis of PD and 80.4 per cent of individuals considered to have a mild LD and PD also possessed a comorbid mental health difficulty (Wieland et al., 2015). Alexander and Cooray (2003) however concluded that the high rates of co-morbidity invited questions about the validity and reliability of diagnostic measures. As part of this they drew attention to a lack of diagnostic tools, variability in diagnostic systems and, struggles in disentangling aspects of PD from other aspects of co-morbidity. This is of particular relevance given people with PDs frequently present with co-morbid mental health difficulties such as anxiety, depression or, post-traumatic stress disorder (Alexander & Cooray, 2003). The literature suggests that there is a substantial way to go yet in developing an understanding of the presentation of LD and co-morbidity. In particular, development in this area requires an understanding of the origins and foundations of PD and other aspects of co-morbidity alongside their relationship with LD.

1.2.1 Children with Learning Disabilities

Children with LD are considered to be at an increased risk of experiencing emotional and behavioural difficulties relative to other children. Within this population, twenty one per cent of the children also meet diagnostic criteria for conduct disorder (Emerson & Hatton, 2007) compared to around four per cent if they are considered to be children without LD. A high proportion of this population are also thought to display behaviours such as aggression, damage to property or self-injury (Kiernan & Kiernan, 1994). Furthermore, such early challenging behaviours are known to be persistent in the absence of effective intervention and frequently continue into later life (Murphy et al., 2005).

1.2.2 Females and Learning Disabilities

Females with LD and the relevance of sex within this context have historically largely been ignored by the literature and to date the research field pertaining to this remains relatively scant with few exceptions such as de Vogel (1990). de Vogel evidenced that females in comparison to males must demonstrate profiles of more suppressed intelligence, be more severely impaired and present wider discrepancy between ability and achievement to receive services for LD. A second exception to the nature of the research base is a study which interviewed fifteen women with LD who had suffered domestic violence to gain an understanding of their lived experience of this. The voices of the women shared how their experiences of domestic violence were severe and frequent, impacting negatively upon their physical and psychological well-being. Their awareness of refuges and other sources of help were also generally low (McCarthy, Hunt & Milne-Skillman, 2017). It was also identified that the types of abuse experienced can be wider than the ‘usual’ physical, financial, sexual and psychological or emotional abuse (McCarthy et al., 2017). Furthermore, Peska and Wendt, (2014) found that negative childhood experiences in women with LD, combined with increased vulnerability due to low social status, often made them more likely to accept or tolerate abusive relationships. The research acknowledged that whilst domestic violence against women is well researched in the general population, it is significantly less so regarding women with LD.

Whilst some advancement in the research field has been made, the focus of the narrow research base pertaining to women with LD currently relates to a healthcare perspective. Typically, this is pregnancy and healthcare responses to this. Notably however it is the voice of the healthcare professionals as opposed to the women with LD themselves which such research is predominately based upon. As an illustration, Castella and Kroese (2016) explored the experiences of midwives caring for women with LD. The findings from this study revealed that the midwives felt unsupported to deliver sufficient care for pregnant women with LD and spoke about a lack of accessible support for these women. Consequently, they felt as though they needed to bridge a gap in the service provision.

1.2.3 Substance and alcohol abuse and people with Learning Disabilities

Within the last ten years there has been a growth globally of research that is interested in alcohol and illicit drug misuse pertaining to individuals with LD (Stavrakaki, 2002; Sturmey, Reyer, Lee & Robek, 2003; McGillicuddy, 2006). As part of this, numerous empirical studies which have offered a greater insight into the needs of such individuals have been undertaken (Taggart, McLaughlin, Quinn & McFarlane, 2007). It is currently considered that alcohol is the main substance used and misused in individuals with LD, followed by Cannabis and Stimulants (VanDerNagel, 2017). The exact prevalence rates however of individuals with LD who ‘use’ and ‘misuse’ differ often due to methodological problems typically associated with a lack of clear operational definitions of ‘use’ and ‘misuse’, as well as different understandings of the label of ‘learning disabilities’.

Research indicates that people with mild LD who use drugs or alcohol are more likely than the general population to experience difficulties in this context (Taggart et al., 2007; Public Health England 2016a). Taggart et al., (2007), suggested that there are two inter-related explanations that, taken together, they describe as ‘self-medicating against life’s negative experiences'. The first is psychological trauma caused by negative life events and the second is, 'social distance from their community', characterised by a lack of friendships and the loneliness of living alone and feelings of social isolation. A national survey of the life experiences of adults with LD in England found that over half of adults with LD had infrequent contact with their families, compared to fewer than a tenth of adults without LD. Furthermore, slightly fewer than a third of adults with LD had no contact with friends, compared to around three per cent of adults without LD (Emerson, Malam, Davies & Spencer, 2005). Boredom, loneliness and a desire to fit in and be socially included can increase the risk of people with LD socialising with peers who use drugs and alcohol (Public Health England, 2016a).

Individuals with LD are also increasingly supported to live in a variety of accommodations in the community, which means they are then more exposed to greater social stressors and consequently may use alcohol and illicit drugs as a coping mechanism (McGillicuddy & Blane, 1999; Sturmey et al., 2003; Taggart et al, 2007). Experiencing mental health difficulties such as depression and anxiety, often resultant from experiences of trauma, are risk factors for problematic substance use (Copello, Templeton, & Powell, 2009; Public Health England 2016a), as is social exclusion (Copello et al., 2009). Both of which are more prevalent amongst women and men with LD compared to the general population (Taggart et al., 2007). The people with LD who do misuse alcohol and illicit drugs however continue to receive minimal recognition from the United Kingdom's Government's mainstream alcohol and drug policies (Prime Minister's Strategy Office, 2004; NICE, 2007).

The pockets of research completed for people with LD identify numerous challenges and vulnerabilities for these individuals which ultimately have the potential to characterise and shape their life trajectory. Given the sparse and 'pocket' like nature of this research, its findings are also likely to be considered in silo. Consequently, important relationships, patterns and nuances between research findings and how they may colour the trajectory for an individual with LD remains largely unknown.

1.3 People with LD who commit offences

1.3.1 Pathways into the Criminal Justice system for people with Learning Disabilities

The present research into LD within a forensic context in the United Kingdom is both sparse (Ali & Galloway, 2016) and predominately methodologically poor (Murphy, Gardner, &

Freeman, 2017). Disability research has largely discounted the experiences of individuals with LD at a number of points within the CJS and within a forensic context for example, the context of their offending behaviour, their arrest, their court and prison experiences (Gormley, 2021). However more recently there are some examples of research focusing on individuals with LD and their pathway into prison. As an illustration, a significant research study around people with LD and their pathways into custody was conducted in New South Wales, Australia (Baldry, 2014). This research was named the ‘Mental Health Disorders and Cognitive Disabilities’ (MHDCD) project and it used comparative data to ascertain the ‘predictable and preventable’ pathways of people with LD and ‘complex needs’ (Baldry, 2014). The study incorporated lifelong administrative data pertaining to 2,731 Australians with LD and complex needs who had been in prison. This information was then utilised to look at individual pathways into custody from the first known contact with police, housing, disability support, or any other service. They demonstrated that the pathways into the CJS for people with LD are multi-factorial and multi-staged (Dowse, Baldry & Snoyman, 2009). Baldry (2014) argued that routes to prison are often confounded by the sense of being ‘betwixt and between’, where such people with LD inhabit a liminal existence. They described it as an existence which is never fully in the community and yet never out of reach of a governing institution due to many organisational disadvantages. In keeping with this perspective, Spivakovsky (2013) argued that many people with LD are at risk of receiving a ‘ticket’ to prison in the form of community-based orders or bail with special conditions as they typically find themselves between systems of care and control throughout their lives. Thus, a structural disadvantage within society for people with LD which seemingly moves them closer to incarceration has emerged thus far within the research base.

Holland (2004) described people with LD as a heterogeneous group with differing but overlapping aetiologies. Due to these different aetiologies, whilst there may be commonalities and structural disadvantages as advocated by Baldry (2014) and Spivakovsky (2013) which individuals with LD experience, there may also be different pathways and processes that lead to maladaptive behaviour including criminal behaviour in this population. This is a criticism which therefore challenges the assumption that all individuals follow a fixed route to their offending behaviour (Ward & Hudson, 1998).

The limited research pertaining to the aetiology of individuals with LD who have offended and, the trajectory which brought them into contact with the Criminal Justice System (CJS) mirrors the disadvantaged and often marginalised position of this population which historically has been observed. However, very recently important work in this regard has been completed.

1.3.2 Prevalence of people with Learning Disabilities in the Criminal Justice System

Although historically there has been an assumed association between individuals with LD and criminal behaviour, it is not known whether people with LD commit more crime than those without LD (Holland, 2004) or, whether the nature and frequency of offending by people with LD is comparatively different to a non LD population (Lindsay & Taylor, 2005). Sturmey, Taylor and Lindsay (2004) explain that there is such ambiguity in this context due predominately to the pervasive methodological problems which exist within the research base. Although the exact prevalence of LD in the Criminal Justice System (CJS) continues to be debated, it is thought to range between two and four per cent (Jones, 2007). There is a consensus however that people who have LD within the prison population are over-represented (Herrington, 2009) although statutory bodies continue not to hold official records of people with LD. Hayes, Schakell, Mottram and Lancaster (2007) identified a prevalence rate of twenty per cent of prisoners in the United Kingdom with LD. This figure is consistent with prison prevalence studies from Australia (Holland & Persson, 2011) and the United States (Petersilia, 2000).HM Inspectorate of Prisons and Probation (HMIP) noted around thirty per cent of the prison population are believed to have LD, but due to problems within systems and a lack of adequate assessments, the true figures are not known (HMIP, 2015). Hocken (2014) also highlights inconsistencies in the definition of LD as a reason for the discrepancies in reported prevalence rates and Loucks (2007) identifies that the point in which the LD screening or assessment tool is applied in the CJS also has implications for prevalence rates. The same caveats however apply to the estimated figures relating to the general prevalence of people with LD within the United Kingdom and globally, which would support the indication that individuals with LD are significantly over- represented within prison populations globally.

The term ‘learning disability and challenges’ (LDC) has now been introduced by HMPPS to describe (and include) individuals who may not have a LD but who, nevertheless, are likely to experience difficulties with aspects of the CJS. Although accurate prevalence rates continue to remain unknown, recent progress has been made by HM Prison & Probation Service (HMPPS) in this area to make steps towards this (HMPPS, 2018). Using the Offender Assessment System (OASys; Home Office 2006) research was undertaken to develop a screening tool to identify individuals who may struggle with prison or community sentences because of LD or learning challenges and, who may need additional support. This is called the Learning Screening Tool (LST; Wakeling, 2018). A second screening tool which has been developed is the Adaptive Functioning Checklist- Revised (AFC-R; Smith, 2014) which provides information specifically related to adaptive and social functioning. This is of particular importance given the classification of severity in LD is now determined by AF deficits rather than IQ within the DSM-V. The results of an individual's AFC-R will also determine the level of support they receive. The AFC-R has been updated and is now validated for use with men with sexual convictions (Smith, 2014) and men with convictions of violence (Ross, Hocken & Auty, 2020). These tools are utilised as part of a triangulated approach alongside clinical judgement to identify individuals with LD within HMPPS.

Wakeling and Ramsay (2020) explored the validity of the LST and AFC-R as screening tools to aid offending behaviour programme allocations for individuals and gain insight into whether the relevant decision makers were utilising the tools as per guidance to correctly allocate individuals to mainstream or LDC programmes. They concluded that there was evidence the LST and AFC-R were reliably measuring similar factors; their scores correlated with one another and with scores from the WAIS IV (Lichtenberger & Kaufman, 2009), indicating they were measuring what they intended to. However, whether the LST and AFC-R tools could effectively identify people with an IQ of lower than 80 reliably yielded less evidence. In terms of how the tools were being utilised, the findings indicated that for the most part the tools were being applied by decision makers as per guidance. In this context, Ramsay, Wakeling, Delcie and Gilbert (2020) also completed qualitative research to ascertain staff views of the usefulness of the screening tools for LD or LDC individuals regarding offending behaviour selection and the participants learning experience of such programmes. On balance, staff identified that they found the tools helpful. They also reported how they recognised the importance of understanding the responsivity needs of individuals as part of their decision making process for programme selection and, the benefits of working collaboratively with the individuals to gain this understanding.

Wakeling and Ramsay (2020) recommended that further exploration is needed in relation to the tools and their validity and reliability. The tools are also only validated on specific populations and further validation on wider populations is recommended (Wakeling, 2018; Ross et al., 2020). As such it is recommended that practitioners should adopt the recommended triangulation approach at all times to help safeguard against restrictions of each tool (Wakeling & Ramsay, 2020).

1.3.3 The Criminal Justice System for people with Learning Disabilities

When the behaviour of individuals with LD becomes considered as offending behaviour and they enter the CJS, they are known to be very vulnerable. In terms of CJS processes, Murphy and Clare (1998) argued that the vulnerabilities specific to those with LD can affect the outcome of their court case, as questions are raised about their memory abilities in accurate recall and sequencing of events (Murphy & Clare, 1998). Murphy and Clare (1998) explain that some people with LD may have limited communication abilities and comprehension skills such as requiring a longer time to process information; they may too be acquiescent, suggestible (Clare, 2003); and try to appease other people (Talbot & Jacobson, 2010). In contending how some people with LD believe they can go home if they answer police questions, Murphy and Clare (1998) also warn of the possibility of them giving false confessions. Finally, the ability of a person with LD to give a testimony as witnesses in court has been called to question (Gudjonsson, Murphy & Clare, 2000), along with their capacity to understand court proceedings and knowingly enter a plea as an accused person (Murphy & Clare, 1998).

Interestingly these accounts have predominately been narrated by psychological researchers as opposed to being based on the voices of these individuals. Indeed, there is very little empirical evidence which prioritises the views and experiences of people with LD themselves (Gormley, 2021), thus continuing to render them as silent and ‘unable’. Our understanding of their lives and experiences paradoxically lacks a contribution from the very people we are attempting to understand. Their perspective is key to providing deeper understandings of criminal career trajectories and imparting an important contribution to knowledge development in forensic disability studies (Pinnegar & Daynes, 2007). Where histories have remained untold, people can become objectified, seen as members of a homogenous group, with their identities imposed by others (Gilman, Swain & Heyman, 1997;

Sutcliffe & Simons, 1993). Without speaking directly with the individuals of focus, others assume their truths, experiences, and perspectives. In telling their own stories individuals can become 'expert witnesses' in the matter of their own lives (Birren & Deutchman 1991; Bjournsdottir & Svensdottir, 2008). Consequently, they then become simply not 'sources of data' to be utilised for researchers' own narratives but individuals in their own right with their individual personal story to tell (Booth & Booth, 1996). Historically and to the present day, it seems individuals who have been convicted of offences and who have an LD are a doubly disenfranchised group by virtue of having been labelled as ''criminal'' and being given little consideration of their specific knowledge about their own lives (Ellem, Wilson, Chui & Knox, 2008).

1.3.4 Prison environments for people with Learning Disabilities

Currently there is limited understanding as to what is known about how people with LD experience and make sense of prison. As such their voices remain invisible within prison policy and practice. One exception to this however is the research completed by Talbot (2008) who highlighted some of the real-world problems men with LD face within a prison environment and how they continue to be disadvantaged within this circumstance. This research particularly emphasised a lack of support for aspects of individuals' AF alongside an overall absence of a responsive approach from others to meet their needs. Talbot's (2008) findings identified difficulties for the men in understanding prison information and filling in forms, a need for support with 'daily living' such as accessing resources, misunderstanding prison rules and, a lack of understanding and knowledge regarding their liberation date. Talbot (2008) also captured the wider context of problems for individuals with LD within a prison environment in this following summary;

'Even without agreed estimates of prevalence, many offenders have Learning Difficulties or Learning Disabilities that interfere with their ability to cope within the Criminal Justice System. ………..They are targeted by other prisoners when in custody, and present numerous difficulties for the staff who work with them, especially when these staff often lack specialist training or are unfamiliar with the challenges of working with this group of people. Individuals with learning disabilities within a prison context are more likely to be depressed, anxious and bullied than other prisoners and more frequently segregated' (p.3).

In keeping with this, a joint Probation and Prison Inspectorate report (HMIPP) for England and Wales found that prison management was considerably overwhelmed by the complex social and welfare concerns of people with LD. In turn this meant that people with LD felt "extremely unsafe and neglected while in prisons with more individuals with LD segregated from the mainstream prison population, under observation for self-harm and, having received further punishment in prison for breaking the rules without, an understanding of why"(HMIPP, 2015, pg.7).

Gormley (2021) sought to address the limited research base regarding individuals with LD and their experiences within the CJS. Gormley's (2021) research sought to consider the lived experience of imprisonment in Scotland from the perspective of people with LD. The research involved qualitative interviews with 25 men and women within Scottish prisons between 2013-2014 and asked them to discuss their experiences of imprisonment and their wider understanding of the CJS.

Gormley (2021) concluded from listening to the participants that prison is disproportionately difficult to navigate for people with LD due to inherent structural, procedural, and communicative barriers that exclude, disadvantage and, oppress this group. Furthermore, Gormley (2021) argued that often these disadvantages are hidden and the harm to individuals with LD is therefore more insidious in nature and goes without recognition. Being able to understand or navigate processes was identified as having an impact on participants' daily lives in prison including access to support and development provisions such as health and education. Gormley (2021) cited however that the principal harm identified was the institutional indifference toward these individuals, rather than sufficient provision and application of reasonable adjustments to respond to their needs. In turn this means they are forced into circumstances that others are not and overlooked which then places them at further risk of harm, being over-tariff and forced into risky relationships. Such findings suggest that the historic structures of oppression, disadvantage and disregard of individuals with LD within some environments remain, albeit in a more concealed nature. Paradoxically these are environments which publicise how they intend to facilitate the rehabilitative pathway of all whom reside within them.

Whilst not a prison environment, Howard, Phipps, Clarbour and Rayner (2015) aimed to explore the experiences of LD patients in a low secure forensic service. They found negative feelings were common throughout all stages of their pathway into the forensic service. As part of this, participants expressed fear and confusion associated with being moved through the system without control, frustration at the fact that services did not share information, and those working with them did not know their backgrounds. Staff members were generally considered unsupportive, and participants felt disrespected by them, identifying staff did not make necessary adjustments for communicating with them. This said, all participants felt the healthcare system was better for them than a prison environment, based on their perceptions either with or without experience of such. As participants identified numerous negative experiences within a hospital setting and still identified this as the preferred location over a prison setting, this provides an insight into the degree and severity, or at least perceived degree and severity of unsupportiveness and harm associated with being located in a prison environment.

In December 2020, the Lord Chancellor and Secretary of State for Justice commissioned HM Inspectorate of Prisons and HM Inspectorate of Probation, with support from HM Inspectorate of Constabulary and Fire and Rescue (HMICFRS), to undertake an independent review of neurodiversity (of which LD is considered to fall under) in the CJS (CJJI, 2021). Of significance, the report highlighted how it was reasonable to expect around half of those entering the prison system to have some form of neurodivergent condition which can impact upon their ability to change (CJJI, 2021). It too made six short recommendations, including an overarching recommendation regarding coordination pertaining to how the CJS can better support individuals with neurodivergent needs.

Autism as does LD falls under the umbrella term of neurodiversity and it is of interest, in the context of this thesis, that limited research pertaining to the prison experiences of individuals with autism has also been highlighted (Vinter, Dillion & Winder, 2020). Significantly, for the purposes of completing the independent review of neurodiversity, the inspectorates worked with two service user organisations to understand service users' views; User Voice and KeyRing. They both produced reports that describe the lived experiences of those with neurodivergent conditions within the CJS to inform the review. Positively, an action plan from the CJS in response to how the review's recommendations could be taken forward was published in June 2022 (MOJ, 2022).

Whilst there is an increase in service user organisations being utilised and Howard et al., (2015), alongside Talbot (2008) and, very recently Gormely (2021), have all completed important work in this area there continues to remain a narrow research base relating to the experiences of people with LD in the CJS generally. Hynu, Hahn & McConnell (2014), declared that more research is needed to understand the experiences of people with LD in the CJS. This however becomes even more pronounced when the prevalence of people with LD in prison is thought to be disproportionally high, suggesting this is a phenomenon in itself necessitating further understanding. The implications are two-fold, research findings suggest current prison environments are not sufficiently responsive to the needs of individuals with LD, rather they are placing these individuals in unique circumstances of disadvantage and harm. Whilst of course this needs to be campaigned as an issue requiring urgent attention for the individuals who will enter and are already in the prison system, it also strengthens a real need to divert individuals with LD from the CJS.

1.3.5 Recidivism and people with Learning Disabilities

People's experience of the CJS and their 'rehabilitative' pathway is considered to impact upon future offending, and thus recidivism rates. There is some suggestion however that current prison environments and experiences do not support a reduction in recidivism (Cullen, Johnson & Nagin, 2011). However, there are very few rigorous studies which have explored how prison effects recidivism rates and, the research to date has not systematically examined the individuality of people in prison and the diverse range of prison experiences every individual may encounter (Cullen et al, 2011). In the context of all recidivism for individuals with LD, it is thought since the closures of long stay hospitals, the number of people with LD who live independently and are therefore more susceptible to unhealthy or risky lifestyles has risen (Murphy & Mason, 2014) and contributed to this. Furthermore, for those with LD, 96% leave prison with no supported living pathways in place for them (National Association for the Care and Resettlement of Offenders, 2010).

Wakeling (2022) explored the experiences of individuals, although not considered to have LD, whom had been convicted of sexual offences and completed an intervention to address their sexual offending before reoffending upon release from prison. As a key finding, Wakeling (2022) highlighted the need to focus on the transition period from prison into the community given the anxieties, stress and isolation the individual would likely experience at this time. In keeping with this, Maguire and Raynor (2006) argued that for individuals released from prison to re-settle successfully back into the community a “through care” approach is essential. This involves the establishment of a close relationship with the individual whilst they are still in prison, which is then continued upon release.

Circles of Support and Accountability (CoSA) is an international intervention used with medium to very-high-risk individuals, who have been convicted of a sexual offence, to support and enable their reintegration back into society, whilst still holding them accountable for their behaviour (Cesaroni, 2002). To provide this ‘through the gate’ support and accountability a new prison-based model CoSA was established in 2014 in the UK for those who have sexually offended (Saunders, Kitson-Boyce, & Elliott, 2014). Promisingly, this project recognises that individuals who have convictions for sexual offences and are considered elderly or LD, or indeed both, are particularly vulnerable during this transitional period (Crawley & Sparks, 2006; Cummins & Lau, 2003). Azoulay, Winder and Murphy, (2019) have reviewed the impact that CoSA has had on recidivism and concluded that the existing literature alongside, a randomised control trial by Duwe (2018) identified that CoSA is effective in reducing sexual and general recidivism.

The research pertaining to recidivism rates for individuals with LD who have offended vary substantially, but they have been reported to be generally high depending on the research setting, methodology and definition of re-offending used (Linhorst, McCutchen & Bennett, 2003). For example, in their study of 250 detained males with LD convicted of various offences in the UK, Gibbens and Robertson (1983) reported a reconviction rate of 68 per cent. Similarly, Lund (1990), in a follow up of Danish individuals with LD who had offended (varied offences) and been detained on statutory order, found a re-offending rate of 72 per cent. Linhorst et al., (2003) also reported that 25 per cent of 252 people who offended (varied offences) with developmental disabilities who engaged with a community programme were re-arrested within a six-month period following case closure. Furthermore, 43 per cent of those who dropped out of the programme were also re-arrested during the same six-month period. Outside of these studies, predominately, the research on recidivism which has been conducted focuses on sexual recidivism and male adults convicted of offences with LD. Although due to methodological differences between the studies the prevalence of sexual offending by men with LD varies. Some studies suggest that the sexual recidivism rate of people who have offended with LD is between 6.8 times and 3.5 times than that of non-disabled individuals convicted of sexual offences at two and four years follow up respectively (Craig & Hutchinson, 2005).

1.4. Introduction to Thesis

There are numerous areas within the research base relating to individuals with LD which require further understanding and exploration. Furthermore, there is an absence of research generally which enables and invites individuals with LD to share their voice. Indeed, very little consideration has been given to the insight and expert knowledge these individuals know about themselves and their lives and, how they can be best supported to share their experiences and perspectives.

Individuals with LD are considered to be significantly over-represented within prison populations and to have high recidivism rates. Ironically however there is an absence of research which relates to the trajectory of individuals with LD into the CJS to understand why this is. Areas of completed research have identified specific considerations for individuals with LD which may characterise their life pathways. As an illustration, the research undertaken in relation to children with LD identified them as at an increased risk of experiencing emotional and behavioural difficulties in comparison to their peers. These behaviours too are known to be persistent in the absence of effective intervention and will often continue into later life (Murphy et al., 2005). Thus far however, the contribution factors such as this may make in colouring the trajectory of an individual with LD into the CJS remains unknown.

Should there be a developed understanding of trajectories into the CJS for individuals with LD this knowledge could inform desistance approaches, including prevention frameworks, to help support people before they offend and thus divert them from criminal behaviour. For those individuals incarcerated it could inform risk assessment and intervention approaches thus hoped to help safeguard against future recidivism and best support the individual in managing their risk. Currently, rehabilitative practices for this population seem somewhat back to front. Until we understand the ‘why’, in terms of why an individual with LD may have a trajectory which leads them into the CJS, the ‘how’ we divert these individuals from the CJS and indeed rehabilitate those who have received convictions remains poorly informed. This has far-ranging consequences economically in terms of the cost of CJS processes and custodial pathways, for the victims of crime and all those who care for them, and certainly, for the lives of the individuals with LD.

This thesis aims to further an understanding of the trajectory into the CJS for individuals with LD and influence forensic practice and policy in this area. In its entirety the thesis consists of seven chapters including an empirical qualitative component and a Systematic Review as complimentary elements. The thesis begins with this chapter which reviews the existing literature pertaining to LD and sets the scene of the thesis for the reader. This chapter begins with a synopsis of the historical context of LD before appraising the current literature base pertaining to people with LD. A review of the literature highlights areas of research attention such as co-morbidity and LD whilst exposing areas of particular under-development. The chapter then focuses on a forensic context highlighting what is known and subsequently what is unknown regarding individuals with LD who enter the CJS and the implications of this.

Chapter Two is a Systematic Review of the research to date regarding the risk factors of offending relevant to adult males and females with LD convicted of offences. The review set out to answer this by only utilising research which adhered to the current DSM-V definition of LD to ensure consistency and a meaningful reflection and understanding of individuals with LD. No previous review of this nature had been identified within the literature.

The next stage of the thesis is the qualitative empirical research component. Whilst the Systematic Review presents what is known from the existing research base regarding the risk factors of offending associated with LD individuals convicted of offences, the empirical research invites the voices of these people as experts in their own lives to share their life experiences and thus, what they perceive contributed to their trajectory into the CJS. The empirical research consists of Chapter Three, Four and Five.

Chapter Three presents the researcher’s thinking process and thus rationale for the chosen methodological approach of the empirical research. It discusses the researcher’s chosen ontological and epistemological approach and how congruity is achieved between both them and the methodology. Interpretative frameworks are then considered. Chapter Four provides details of the process of the research design, it’s implementation and how the data will be analysed. Chapter Five offers interpretations of the findings from the data analysis process and presents Superordinate and Subordinate themes.

Chapter Six interprets and presents the conclusions and implications of the thesis based on a consideration of the findings from the empirical research piece, alongside and in context of, the findings from the Systematic Review.

Finally, Chapter Seven is a presentation of the key learning and reflections from the researcher's Individual Learning Plan (ILP). A full copy of the researcher's ILP is presented in Appendix One. The ILP documents the researcher's developing competence and journey as a practitioner researching and forensic psychologist.

1.4.1 Aims of the thesis

The aims of this thesis are as follows:

- To identify and explore the life experiences of individuals with LD who have offended and understand how these brought them into the contact with the CJS.
- To systematically review the literature to identify and develop clarification regarding the risk factors associated with male and female adults convicted of offences with LD, considering the relevance of sex as part of this.
- To provide a voice to individuals with LD who have offended.
- To progress a field of research which is historically under researched and ignored and promote an increased dialogue within the area to aid advancement.

During the process of data collection the term utilised by Her Majesty's Prison and Probation Service (HMPPS) was Learning Disabilities (this then changed to Learning Disabilities / Difficulties and Challenges). Thus, those individuals located within custodial settings and therefore the participants for this study were most likely to have some level of familiarity with the term learning disability as opposed to other interchangeable language including intellectual disability. As such, for reasons of clarification, whilst this thesis adheres to the DSM-V definition of intellectual disability the term Learning Disability (LD) will be used in replacement of this throughout this thesis.

Chapter Two

What are the Risk Factors associated with Adult Male and Females Convicted of Offences with a Learning Disability? Is sex relevant?

A Mixed Methods Systematic Review.

Registration: This study is registered with PROSPERO CRD4201913600

2.1 Abstract

Introduction: Despite some important exceptions there has been little development in relation to the specific risk factors of individuals convicted of offences with a learning disability (LD). Consequently, it is often supposed people with LD convicted of offences will share the same risk factors as their peers. Such assumptions then inform a number of areas such as the rehabilitative pathways for these individuals and how their risk is assessed.

Aims: The aim was to synthesise research pertaining to the risk factors associated with male and female adults with LD convicted of offences by only utilising research which adhered to the DSM-V definition of LD. A second aim was to explore the relevance of sex in this context.

Method: Searches were conducted using PsycINFO, Web of Science and, Applied Social Sciences Index and Abstracts (ASSIA). Searches were also conducted using an internet search engine, and reference lists were reviewed. Experts were contacted for further information. Specific inclusion and exclusion criteria were applied using a PICOS framework. Data was extracted from studies which met the inclusion criteria and evaluated using a quality assessment tool designed specifically to capture the nuances of LD in this context. Data was synthesised through a narrative analysis.

Results: Of a total of 3105 potential hits, 1498 were duplicates, and 910 studies were obtained in full. The final 19 papers included one qualitative paper. The 18 quantitative papers utilised a breadth of designs including; retrospective case notes and analysis, comparison t-test and chi-square tests, psychometric evaluation, pseudo-prospective case notes, and quasi-experimental design.

Conclusions: Despite LD being defined in the two core diagnostic manuals; the DSM- V (2013) and ICD-11 (2017) as needing both IQ and AF deficits, no research studies identified by the review discussed and included AF. The review also found how inconsistent or ambiguous definitions of LD continued to be applied within a research context and, a pattern of reporting and describing LD and its diagnosis in a way which no longer dovetails with official diagnostic criteria. As such, the review was unable to be the first of its nature to identify and only utilise research which adhered to the DSM-V definition of LD. Consequently, it was not considered possible to synthesis the research in a meaningful way to identify and develop clarification regarding the risk factors associated with adult males and females convicted of offences with LD and, the relevance of sex in this context. Significantly, it was the first-time information of

this nature had been gathered within a review which subsequently exposed and documented numerous inadequacies requiring immediate attention within the research field.

2.2 Introduction

2.2.1 Risk factors of offending for people with Learning Disabilities

Chapter One highlights research which challenges the assumption that all individuals with convictions follow a fixed route to offending (Ward & Hudson, 1998). Furthermore, it acknowledges limited research pertaining to individuals with LD, including, the aetiology of individuals with LD who have offended and their trajectory which brought them into contact with the CJS. Consequently, further clarity is needed regarding the risk factors associated with offending behaviour which have contributed to a pathway into the CJS for this group (Camilleri & Quinsey, 2011). Many of the studies to date have simply described the characteristics common to individuals who offend with LD (Holland, Clare & Mukhopadhyay, 2002). The literature which is in existence indicates that in comparison with their counterparts not considered to have LD, people with LD whose behaviour is considered illegal or antisocial will typically be young; and overwhelmingly men (Thompson, 1997). Additionally, it is identified that their histories will be characterised by severe psychosocial disadvantage; and/or offending by other family members (Day, 1988; Richardson, Koller & Katz, 1985; Winter, Holland & Collins, 1997).

Furthermore, in keeping with the conclusions from Farrington’s study (2000), a very high percentage of this population will have, from their early childhood, self-reported behavioural problems (Day, 1988; Winter et al., 1997); and in adulthood high rates of unemployment (Murphy et al., 1995; Simons, 2000). It also appears that many have mental health needs (Day 1988; Murphy, Holland, Fowler & Reep, 1991; Noble & Conley ,1992; Winter et al., 1997). A small body of research regarding the forensic LD and PD population highlights how the prevalence of people with LD and PD in forensic settings is considerably higher than other settings (Coid, Yang, Tyrer, Roberts & Ullrich, 2006). Moran and Mooney (2002) report a rate of 60 per cent of male prisoners and Fazel and Danesh (2002) report a rate of around 42 per cent for male and female individuals who offend in this context although, exact figures are not known. Interestingly, Alexander et al., (2010) also found that 33 per cent of the LD and PD population had two to five previous convictions, the highest in comparison to LD and PD groups by themselves. It is perhaps unsurprising to see the presence of childhood behavioural problems and aspects of co-morbidity including mental health needs and PD within this context given the disability research base more generally highlights these as of particular relevance to individuals with LD.

Individuals with LD convicted of sexual offences and their associated risk has received the most attention in this area. With regard to this population there is some support for poor problem solving (Nezu, Greenberg & Nezu, 2005) as being a relevant risk factor for individuals who offend and, the identification of a strong correlation between poor problem solving and sexually aggressive behaviour (Nezu, Nezu & Dudek, 1998). Low self-esteem has also been found to correlate with re-offending in a sample of LD individuals who have committed a sexual offence (Lindsay, Elliot & Astell, 2004). Rice, Harris, Lang and Chaplin (2008) reported that men with LD who had committed sexual offences were more likely to have offended against a male victim and a victim younger than 5 years old. The largest area of focus however relates to the exploration of attitudes which support sex with children or rape. The findings are in keeping with the general sex offender literature in suggesting that these types of beliefs are present in individuals with LD. As an illustration, a greater proportion of men with LD convicted of offences than their non offending control counterparts demonstrate offence-supportive beliefs (Broxholme & Lindsay, 2003; Lindsay, Whitefield & Carson, 2007; Langdon & Talbot, 2006). Predominately, the focus has been on a specific and narrow type of offending behaviour, namely sex offences (Lofthouse et al., 2014). However, Murphy and Mason (1999) concluded that offences by people with LD show the same range as the general population. Furthermore, whilst sex offences for the LD population have historically received more focus than other offence types the research in this area nevertheless remains sparse, methodologically weak on occasions, and demonstrating mixed results. Moreover, a number of identified areas relevant to risk have been considered as strongly associated with lower IQ only, thus ignoring the crucial aspects of AF and meaning that the sample the results are based on do not necessarily meet the criteria for an LD diagnosis.

Understanding the theoretical link between LD and offending behaviour may help to identify new risks unique to this population (Lindsay et al., 2008). As these individuals are not considered to be a homogenous group, identification of specific risk factors unique to people with LD and how these factors can present uniquely (Hocken, 2014) is also needed. For example, whilst similar factors related to offending behaviour may be shared with other non -

learning disabled groups, there are thought to be extra factors related to disadvantaged social and psychological circumstances and, some of these factors may present differently (Hocken, 2014). In support of this, Holland et al., (2002) highlighted that intellectual disadvantage seems to increase the risk of illegal or antisocial behaviour, particularly in the context of social disadvantage in childhood and adulthood, substance abuse, and a background of familial offending. There is also a suggestion that the ”counterfeit deviance hypothesis” (Hingsberger, Griffiths & Quinsey, 1991) is relevant to individuals with LD who offend as they possess limited sexual knowledge. There is however research which has found the opposite (Michie et al., 1996) and thus this is an area which requires further exploration. Finally, Hocken et al., (2013) highlighted how individuals with LD may score higher on risk assessments due to limitations in how responsive the style of the assessment and communication style of the interviewer is in relation to their individual needs. As an illustration, Dualany and Ellis (1997) identified how individuals with LD may find it particularly challenging to think in an abstract and hypothetical manner which may hinder their ability to ‘show’ their understanding of their risk verbally. It is this which may rather contribute to an assessment and over-estimation of their risk.

Within this context there is also a need for a developed understanding of how a ‘risk factor’ can be interpreted differently in separate spheres. To illustrate, how is a ‘care’ need defined and responded to in comparison to a ‘criminogenic’ need for this population and how does this distinction consequently influence the trajectory and service provision provided for the person. To enable a comprehensive understanding of this area individuals with LD should be supported to share their voice which would provide a valuable insight into what support is needed and how this relates to ‘risk’ (Hall & Duperouzel, 2011). Hall and Duperouzel (2011) found that allowing people with LD who have offended to work collaboratively in their risk assessment aided their understanding and consequently they felt more empowered to manage their risks and make progress. This also fits with basic principles of collaborative and motivational working (McMurran, 2002). Consequently, there is a growing argument for the active involvement of people with LD who have committed offences in their rehabilitative pathways and, to listen to their interpretation of their needs and abilities rather than imposing decisions upon them. A developed knowledge and understanding in this area could inform service provision to prevent and support this population in desistance from offending. In support of this, Holland et al., (2002) argue that research needs to move from descriptive studies to investigating the processes which determine movement in and out the CJS for this population.

2.2.2 Risk factors and recidivism

Literature on risk factors for recidivism in people who offend with LD is inconsistent and inconclusive compared to the field of mainstream criminality (Gray, Fitzgerald, Taylor, MacCulloch & Snowden, 2007). Indeed, there is a lack of research studies that have examined the relationship between risk factors and recidivism in those convicted of offences with LD. Indeed, Alexander et al., (2006); Lindsay et al., (2004) and, Lindsay, Steele, Smith, Quinn & Allan (2006) are the only studies that have related the risk factors common to individuals convicted of offences with LD to the likelihood of re-offending in this population. Alexander et al., (2006) identified the presence of a personality disorder, a history of theft or burglary and a young age all increased the risk of reconviction. Lindsay et al., (2004) identified an older age and the presence of mental illness. Both research studies identified that arson was not overly represented as an offence and there was a higher rate of reoffending in individuals who had not convicted a sexual offence which persisted up to seven years. Lindsay et al., (2006) found males with convictions for sexual offending had fewer problems with anger and aggression and alcohol abuse but a higher level of daily living problems and relationship problems. Although variable, the relatively high prevalence and recidivism rates of people who offend with LD suggests that research on appraising their risk is currently an important priority (Inett, Wright, Roberts & Sheeran, 2014).

2.2.3 Risk assessment and LD

The significance of appropriate risk assessment and the identification of those needs that are related to offending behaviour is described in some detail in the Risk-Need-Responsivity Model (Andrews & Bonta, 2007) that has helped to shape the design and delivery of forensic services for the last two decades. Within the context of risk assessment, risk is defined in empirical terms as those individuals who are at greatest risk of reoffending and, is often classified into either ‘static’ or ‘dynamic’ variables. Static variables are fixed items which are part of the individual’s history for example experiences from their childhood, as well as demographic characteristics that are not considered to have the potential to change or, will change in only one direction, for example age. The conceptualisation of risk however as dynamic requires an understanding of the individual’s psychological and behavioural characteristics that are amenable to change (Hanson & Morton-Bourgon, 2009), over a short- to medium term time frame such as impulsivity (Harris & Hanson 2010). Historically, an assessment of risk based on dynamic risk factors has been considered to address some of the limitations of static risk measures. For example, static risk measures cannot reflect changes in the individual’s presentation (Douglas & Kropp 2002).

Several authors have however begun to question the suitability of the terms static and dynamic to differentiate between risk factors. To illustrate, Beech and Ward (2004) and Mann, Hanson and Thornton (2010) suggest it does not make psychological sense to conceptualise risk and risk assessment in this manner. These authors propose that both static and dynamic risk factors are better understood as psychologically meaningful risk factors or propensities (Mann et al., 2010) based on the notion that they are measuring enduring characteristics of those convicted of offences similar in concept to traits. The research field relating to risk assessment for the mainstream prison population continues to make strides, encourage debates and maintain its momentum with the evolution of a variety of risk assessment tools to capture the different complexities and nuances of offending behaviour.

The risk factors associated with individuals with LD who have offended highlight how little development has been made in relation to identifying the specific criminogenic needs and risk factors of this population, particularly, when in comparison with the advancements made in this field regarding the mainstream prison population. Indeed, Johnston (2002) concluded in their review of the literature base pertaining to this that there was very limited evidence for this specific population. This is compounded by, as presented in Chapter One, the problematic and inconsistent terms, theorisations, and definitions of LD, with numerous words falling within these parameters. Some of which hold shared meanings and are used interchangeably, some of which are not. As it stands, in terms of assessments of risk, predominately services are using risk assessment tools developed for a ‘non-LD population’ and have adapted these tools using broad principles of risk assessment (Taylor & Halstead, 2001; Turner, 2000), however, their applicability to this population is not fully known and understood (Williams & Hocken, 2014). Despite this, the information derived from these approaches and frameworks informs significant decisions regarding the lives of these individuals, including their assessed level of risk, risk management plans and subsequent rehabilitative pathways.

More recently there is a growing awareness that such applications of risk assessment frameworks should be completed with caution and in conjunction with guidelines and a level of evaluation for an LD population. Some risk assessment tools and their appropriateness for use with individuals with LD has been evaluated. This includes the Historical- Clinical- Risk Management-20 (HCR-20) violence risk assessment scheme (Webster, Douglas, Eaves & Hart, 1997), the Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Quinsey, 1993), and the Risk for Sexual Violence Protocol (Hart et al., 2003). Other notable areas of work include, Taylor's (2014) Treatment Need Matrix (TNM), which is not a risk assessment per se rather, but rather an experimental framework for identifying needs in individuals with LD and personality disorder convicted of offences. Furthermore, Hocken (2014) undertook an exploration of the effectiveness of the Structured Assessment of Risk and Need (SARN) for individuals with LD convicted of sexual offences. The SARN (Thornton, 2002) has now evolved to the Structured Assessment of Risk, Need and Responsivity (SARNR) following the recognition of the importance of working in a responsive way within a risk assessment context.

Essentially, the SARNR is a framework which enables practitioners to evaluate treatment need and change in non-LD individuals who have committed sexual offences utilised by Her Majesty's Prison and Probation Service (HMPPS). It is thought that the theoretical framework which underpins the risk items within it is likely to be relevant to individuals with LD (Williams & Hocken, 2014). Fitzgerald, Gray, Taylor, and Snowden (2011) summarised that the research on men with LD convicted of sexual offences highlighted that their risk factors are similar to the risk factors reported for individuals without LD who have offended. Williams and Hocken (2014) however conclude that very little research on the assessment of risk specific to individuals with LD has been completed or subjected to the same level of empirical testing for individuals with LD. They also argue how there are considerations and added complexities regarding elements of the risk factors in the SARNR framework for individuals with LD, including differences in how the risk factors may present for individuals with LD, if the risk factor is an aspect of LD and, the individual's access to opportunities to evidence a factor, for example individuals with LD tend to have more limited long-lasting relationships (Williams & Hocken, 2014). Furthermore, the pocket of existing research offers conflicting outcomes and methodological flaws within the research designs. Consequently, Willams and Hocken (2014) developed guidance for practitioners when applying the SARNR to individuals with LD. As part of this, practical advice and guidance to enhance responsivity within the assessment interview was also provided following recognition of how the interview process for an individual with LD and their experience of it could impact upon the accuracy of the risk assessment. Similarly, specialist guidance has been developed to help assessors use the Sexual Violence Risk-20 with individuals who have committed sexual offences with LD (Boer et al., 2010).

Singh, Grann and Fazel (2011) completed a systematic review and meta-analysis of violence risk assessments. As a result, they concluded that the tools which performed the best were those that were developed for specific client groups and recommended that future research should develop risk tools for specific populations. The development of these however remains rare with only the following few exceptions in an LD context. The Assessment of Risk Manageability for Intellectually Disabled Individuals who Offend, (ARMIDILO-S; Boer, Tough & Haaven, 2004) is designed specifically for use with people who have committed sexual offences with an LD. The ARMIDILO-S is a structured clinical judgement tool designed to assess dynamic risk factors for sexual offending. The ARMIDILO-S includes acute and stable risk items and recent research suggests it has good predictive validity for sexual offending (Blacker, Beech, Wilcox & Boer 2011; Lofthouse et al., 2013).The ARMIDILO-S possesses unique aspects in that it focuses on environmental variables including supervisory aspects and an increased reliance on support which typically characterises populations with LD. Secondly, the Dynamic Risk Assessment and Management System (DRAMS) which is an assessment of Immediate Risk of Violence for Individuals with Offending and Challenging Behaviour (Lindsay et al., 2004) has also been designed specifically for the LD population. Although four items were considered to have achieved high reliability through the field testing of this tool; mood, psychotic symptoms, self-regulation and compliance with routine, conclusions remain tentative meaning it can only be said that the tool may be predictive of aggressive incidents in residential settings. Finally, Lindsay et al., (2007) developed the Questionnaire on the Attitudes Consistent with Sexual Offending (QACSO). Although the QACSO resembles a number of mainstream cognitive distortions, its items and psychometric properties were developed from men with LD. The QACSO can therefore provide some insight into the thinking patterns present in the offence chain for people with LD.

As Camilleri and Quinsey (2011) have suggested, in order to address the specific criminogenic needs of those with LD, risk assessments should include the unique characteristics arising from LD that both lead to and maintain offending behaviours. However, very little attention has been given to issues that are perhaps unique to this population of individuals, despite them being considered a high-risk sample. Furthermore, as presented in Chapter One within this thesis there currently remains little consensus in the literature as to what the risk factors associated with offending behaviour for individuals with LD are and, significant areas of ambiguity in this context. As it stands, the applicability of current risk assessment frameworks to people with LD is generally assumed not established and, methods of risk assessment of future offending (Barron, Hassiotis & Barnes, 2004; Johnston, 2002) have also largely been ignored within the literature.

2.2.4 Strengths- Based Programmes for individuals with LD who have offended.

Despite limitations and gaps of knowledge relating to risk for individuals with LD who have offended, to provide an opportunity for risk reduction for this population, four programmes are available for them to engage with either in custody or following their release into the community. This includes Becoming New Me Plus (BNM+), New Me Strengths (NMS), Living as New Me (LNM) and the Healthy Sex Programme (HSP). Aside from HSP, all of these programmes can be accessed by men who have committed a range of offences, not only those of a sexual nature. To date however, these programmes have not undergone sufficient evaluation although plans to do this are underway (Ramsay, 2020). This would provide knowledge as to whether the programmes are effective in reducing recidivism and as part of this are targeting relevant risk factors. Ramsay (2020) highlights how this is particularly important for individuals with LD due to the limited attention they have received compared to the ‘mainstream’ population. This said, they are not the only population believed to have received limited attention in comparison to what is considered the ‘mainstream’ population.

2.2.5 The relevance of sex within a risk context

The United Kingdom has one of the highest rates of imprisonment in Western Europe and there are thought to be around 3703 women in prison currently (Ministry of Justice, 2020). For many years, it was assumed that what is known about male individuals convicted of offences applied equally to female individuals convicted of offences (de Vogel, Bruggeman & Lancel, 2019). Whilst predictors of male offending are relatively well-established, this is not the case for females convicted of offences and, measures of risk and need remain male orientated (HMPPS, 2022).To illustrate, the same version of the Offender Assessment System (OASys) is used for both male and females convicted of offences despite the OASys being based on criminogenic needs identified solely for males convicted of offences. HMPPS (2022) acknowledged significant gaps in the evidence base which relates to how different risk assessments work for minority groups and identified few risk assessment tool validation studies with women as part of this.

There is a developing research base identifying how women who offend, differ greatly from men who offend. To illustrate, differences have been identified between males and females with regards to their history of substance misuse and its relationship with offending behaviour. Over half of all women in a UK prison have stated they had committed their offences to support someone else's drug use, compared to just over a fifth of men (Light et al., 2013). Typically, females are also much less likely to commit an offence whilst under the influence of alcohol (de Vogel, Stam, Bouman, Ter Horst & Lancel, 2022) in comparison to males.

Significantly, mental illness has also been found to be more prevalent among women who commit violent offences than males (Stewart & Gobeil, 2015). Females are thought to be twice as likely to present with symptoms of psychosis and present with more co-morbidities than males, exhibiting a high level of multiple and complex unmet needs (MOJ, 2018). The rate of self-harm for females is also considered to be five times higher in a prison setting than for their male counterparts (MOJ, 2018b).

In comparison to males, the nature of the offending behaviour of females is usually less serious and typically perceived as low-level offending, for example, theft (MOJ, 2018c). Females are also much less likely to be convicted of a violent offence (de Vogel & Louppen, 2017) although, it is identified (de Vogel, 2005) that violence against partners and children is more likely to lead to death when perpetrated by a woman.

Interestingly, Spenser, Bull, Betts and Winder (2022) explored differences in theory of mind, empathetic understanding and moral reasoning between people who had offended and those who had not, as well as between the sexes. They identified significant differences in theory of mind, empathetic understanding and moral reasoning between the population who had offended and the population who had not, with the offending group demonstrating lower levels in each. Moreover, they also identified that males scored lower than females in most areas regardless of whether they had offended or not. It is also of interest in this context that psychopathy in females convicted of offences may manifest in a less obvious and physically violent way than males (de Vogel et al., 2019).

Although males and females may also share certain criminogenic factors, the level of importance and the nature of association may be different (de Vogel et al., 2019). Supporting this, Salisbury, Boppre and Kelly (2016) suggest that many of the factors leading offending behaviour in males also hold true for women, but the trajectory regarding how the two sexes may go on to perpetrate offending behaviour can differ significantly and for females this often relates to traumatic experiences and mental health issues. For example, salient risk factors for female violence include relationships with others (particularly partners), being a victim of domestic abuse, substance abuse, and being a single parent with a pressure to provide financially for their children (Hammon & Talbot, 2018). Whilst these are also relevant to males, the manifestation and function of these risk factors for future violence in females may be unique. In support of this, (de Vogel et al., 2019) concluded that further research was needed to examine whether the tools in risk assessments are adequately capturing risk factors for females convicted of offences, particularly as the ways in which risk factors are expressed may be different. Moreover, whilst there may be some overlap in term of presence of the same need, this does not necessarily equate to the same level of presence. To illustrate, it has been found that there are higher levels of need for female individuals convicted of offences than for males in areas of relationships and well-being (MOJ, 2018). Moreover, prostitution, pregnancy at a young age and self-harm (MOJ, 2018) are also considered to be unique risk factors for violent offending perpetrated by women. It is therefore a sensible conclusion that the life history and thus the needs of females convicted of offences are consequently different from their male counterparts. However, there remains an absence of understanding of the sex specific nature of their criminogenic needs and how their risk is therefore most appropriately and accurately assessed.

In terms of recidivism, Travers and Mann (2018) identified binge drinking, poor temper control and a lack of closeness with family members as particular drivers for women’s reoffending. Furthermore, Barnett and Wakeling (2021) evaluated a brief intervention for women serving short prison sentences and its potential impact upon reducing rates of proven reoffending over a year follow up. In conclusion, Barnett and Wakeling (2021) identified how the structural disadvantages women especially may face could counterbalance any cognitive transformation they may have made as a consequence of their engagement with interventions. Consequently, the vital need for helpful and accessible services in accommodation, family support and substance abuse starting i2n prison and continuing into release was highlighted as particularly necessary to support desistance for women. As part of this context, Farmer (2019) also described family ties as “utterly indispensable” to women to desist from crime.

In June 2018, the Ministry of Justice developed its first Female Offender Strategy for women convicted of offences. The strategy acknowledged a higher prevalence of needs, including mental health problems, self-harm, and high levels of experiences of chaotic lifestyles including abuse, trauma and domestic abuse. As such, the strategy identified the need for a tailored, sex-specific approach to meeting the needs of women who offend and a shift in focus from custody to community sentencing (MOJ, 2018). This marks a significant step forward in recognising the necessity to address needs which fall outside what constitutes the traditional adult male ‘mainstream’ population. Whilst this is significantly progressive and should be celebrated, the strategy however made no specific reference to women with LD who had offended (it is also of note that current LD screening tools within HMPPS, the LST and AFC-R as discussed in Chapter One have not yet been validated on a female population).

2.2.6 The relevance of sex and LD within a risk context

Important differences have been identified between women and men with LD in relation to risk. Indeed, Hellenbauch (2017) postulated how women with LD and forensic needs require specific research attention given their different biopsychosocial profiles. Green, Flash and Reiss (2019) discuss the importance of sex when exploring varying psychiatric disorders and LD and, highlight how co-morbidities such as depression and anxiety disorders are almost twice as common for females. In support of this, Buckley et al., (2020) highlight how mental health and psychiatric comorbidities are more prevalent amongst people with LD and those who are female. Therefore, if an individual is a female with LD, intersectionality (Crenshaw, 1989) may be of particular relevance. Interestingly, McDermott and Langdon (2016) also found females with LD who have offended exhibit higher levels of both verbal and physical aggressive behaviour.

Cambridge et al., (2011) identified that women made up two thirds of all victims of sexual abuse. DeVodel and Didden (2022) identified female forensic patients with mild intellectual disability (MID) and borderline intellectual functioning (BIF) displayed a more multifaceted psychopathology and had experienced more mistreatment and trauma than men with MID-BIF. Such negative childhood experiences, alongside a devalued status in society, can make it more likely that this population will engage and stay in abusive relationships (Pestka & Wendt, 2014). The abusive partners can manipulate this vulnerability to limit the female's ability to leave the relationship or challenge the behaviour of their partner (Ballin & Fryer, 2012), which may include coercive behaviours such as commencing substance abuse (Hammond & Talbot, 2018). Hammond and Talbot (2018) found the trauma experiences of women with LD who have offended, such as domestic abuse, can also result in self-medicating behaviour utilising drugs and/ or alcohol. Furthermore, McCarthy et al., (2017) identified women with LD (in comparison to women without LD) are often less aware of the help available to them, such as refuges or other support services, for example to help with substance misuse. Hammond and Talbot (2018) highlighted the offending behaviour of females with LD, in comparison to their male counterparts, was often driven by substance misuse or an overwhelming singular pressure to provide financially for their children as the only parental figure.

Hammond and Talbot's (2018) identified how females with LD had undergone adverse life experiences with a significant lack of support from the community particularly, in relation to health and social care requirements. These women voiced how they seemed invisible to services with ironically, the CJS acting as a first 'gateway' for many to access specialist support services. Barnett and Wakeling's (2021) evaluation of a brief intervention for women and its impact upon recidivism highlighted the absolute necessity for females to have access to support services, particularly accommodation and substance misuse to help support them in maintaining an offence free life. Although LD was not a characteristic which was identified in the sample, the researcher postulates how it is reasonable to assume the findings from Barnett and Wakeling's (2021) research would be of increased relevance in supporting desistance for females with LD given, the added vulnerabilities and obstacles they are likely to face.

The most up to to date systematic review of the available interventions in a psychological context for women with LD and forensic care needs by Hellenbach, Brown, Karatzias and Robinson in 2015, identified a noteworthy lack of evidence relating to women with LD. In total, Hellenbach et al., (2015) highlighted four publications that report on the value and meaningfulness of psychological therapies for women with LD who have committed offences. Only two of these focused singularly on females however (Allen, Lindsay, Macleod, & Smith, 2001; Taylor, Novaco, Gillmer, Robertson, & Thorne, 2005), with samples consisting of male adults in all other studies. Three accredited interventions have been developed for men with LD within HMPPS. However, none as of yet have been designed with the intention of specifically meeting the needs of women with LD who have offended (HMPPS, 2022). A small study of women prisoners serving indeterminate sentences for public protection identified their LD as a potential obstruction to their release. They described it as a 'a most troubling internal barrier' highlighting, someone with a cognitive impairment may be unable to engage with interventions which are necessary if a person is to be considered fit for release (Smart, 2019).

The significantly limited research in this area mirrors the disadvantaged and often marginalised position of this population, more so seemingly than males with LD, who ironically are perceived anyway to have been overlooked within the research field. Hammond and Talbot, (2018) identified how LD adds further level of difficulty to an already susceptible and ostracised female population. From an intersectional perspective, the negative and debilitating labels carried by this population, likely contribute to a cycle of vulnerability for women with LD who have offended. In this context, Bones (2013) highlights when a person's sex interrelates with a disability status, it increases the individuals vulnerability of being a victim of sexual crime, in the same vein as how a mental health diagnosis when added to an LD diagnosis also increases the chances of that individual being maltreated and discriminated against (Thomas et al., 2019). In the researcher's opinion, this specific population carry at least three incapacitating labels of 'female', 'LD' and, 'offender' which all interrelate to considerably increase their vulnerability to victimisation and stigmatisation.

2.3 Systematic Reviews of individuals convicted of offences with LD

A manual search of Systematic Reviews pertaining to LD in adult male and female individuals convicted of offences revealed only three papers; Taylor (2014) 'The Criminogenic Needs of Offenders with an Intellectual Disability and Personality Disorder: A Systematic literature Review', Hocken (2014)'A Systematic Review of the risk and protective factors for men with an intellectual disability who have been convicted of a sexual offence, and, Hounsome, Whittington, Brown, Greenhill and McGuire, (2018) 'The Structured Assessment of

Violence in Adults with Intellectual Disability: A Systematic Review. Whilst Taylor (2014) did review the criminogenic needs associated with individuals convicted of offences with LD this was not the original intention and rather a consequence of the limited literature related to the area of interest. As such, whilst the results section therefore relates to identifying the criminogenic needs associated with male and females convicted of offences with LD the overarching focus of the Systematic Review pertains to individuals convicted of offences with LD *and* Personality Disorders. Furthermore, within this work no distinction was made in terms of the sex of the individuals as part of the process. This was also the case for the Hounsome et al., (2018) review. Females were not included within Hocken's (2014) Systematic Review. Furthermore, all three Systematic Reviews were limited by the search terms they utilised given, they did not include AF or words synonymous with this. Moreover, it is unknown what definition and understanding of LD was ascribed to by the Systematic Reviews and, or, how consistently this was considered by each paper. For example, the Hounsome et al., (2018) review states how not all studies clearly reported their definition of intellectual disability but, where stated, the International Classification of Diseases version 10 (ICD 10) and Wechsler Adult Intelligence Scale (WAIS) IQ definitions were used.

2.4 Rationale

The aim of this Systematic Review is to explore and synthesise the current research base to identify and develop clarification regarding the risk factors associated with male and female adults convicted of offences with LD. This will include a consideration of the relevance of sex within this context. Given the long-standing difficulties and ambiguities with how LD is defined and theorised, to ensure results are reflective of the targeted population and therefore meaningful, only papers which explicitly define their understanding of LD in terms of the DSM-V classification to recruit participants will be utilised. To the researcher's knowledge, the relevance of sex has not previously been explored in this context by a Systematic Review process, nor has the application of an explicit definition of LD to ensure all participants within the research stringently meet this one understanding of LD.

2.5 Objectives

- Review research which only understands LD as in keeping with the DSM-V definition of it, to identify and develop clarification regarding the risk factors associated with male and female adults with LD convicted of offences.

- To explore the relevance of sex within a risk factor context for individuals convicted of offences with LD.
- Construct a comprehensive, inclusive review of all the available evidence, irrespective of research methods employed.
- Develop a field of research which is historically under researched and promote an increased dialogue to encourage the need for advancement and development in this field.

2.6 Method

2.6.1 Prospero Registration.

The Cochrane Database, PROSPERO, Campbell Collaboration and The Joanna Briggs Institute were searched for registered Systematic Reviews pertaining to screening. These searches concluded that there were no exiting Systematic Reviews of this exact nature and therefore the Review has been registered with Prospero with the following reference number CRD42019136009.

2.6.2 The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA).

There are a number of guidelines outlining how to report Systematic Reviews, including many that are methodology specific. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) is the most widely applicable across different research areas. PRISMA was developed to address the problem of poor standards in reporting and to provide consistent guidance for reviewers (Moher et al., 2009). The PRISMA statement is a 27-item checklist that reviewers can use in order to increase the quality of reporting in their Systematic Review. This Systematic Review adheres to the PRISMA standards, please see Appendix Two which identifies which section of the Systematic Review corresponds with each checklist item. In addition, during the process of completing the Systematic Review a critical appraisal tool was used to assess the quality of the Systematic Review. The critical appraisal tool utilised was the AMSTAR 2(Shea et al., 2017) and is presented in Appendix Seven.

2.6.3 Participants.

In terms of the Systematic Review the research question was formulated utilising the PICO approach to ensure a robust and focussed review question (Booth & Fry-Smith, 2004). This is presented within Table 1.

Table 1

PICO

2.6.4 Inclusion and Exclusion criteria

Scoping searches were completed to achieve a level of confidence that certain search terms would yield the best results to answer the review question. This process involved adaptions of search terms and how they were combined. Please see Appendix Five for an example of a search strategy.

The following outlines the development and rationale for the inclusion and exclusion parameters of the review. Only research which stated it understood LD as in keeping with the DSM-V definition, in terms of the three components required to meet it were included (diagnosis requires onset to have typically taken place prior to the end of the developmental period, usually, before 18, along with, the presence of intellectual functional and AF deficits). Participants were excluded if they were under the age of 18 given developmental considerations unique to this population (Olver, Stockdale & Wormith, 2009) and in keeping with the DSM-V criteria for LD. This ensured any conclusions drawn were relevant to the population of interest.

A key aim of the review is to ensure the participants within the research samples met all three components of the DSM-V definition of LD. As such, a ‘cut off’ date for research papers was not introduced as all three components have long been associated with the definition and diagnosis of LD, although the DSM-V now specifically places more emphasis on the importance of AF. It is hoped the emphasis of the need for all three diagnostic components will help move the field forward in terms of encouraging others to understand the importance of adaptive functioning as part of the defining process of LD whilst, supporting a move away from an over-reliance and inaccurate focus on IQ as the overshadowing defining factor of LD. Furthermore, it is hoped to encourage others to utilise one globally accepted definition of LD and be explicit in sharing this to avoid the ambiguities and inconsistencies which continue to exist relating to how LD is defined.

Female and male participants were included to enable an exploration of the relevance of sex in this context. As the review seeks to synthesis what the literature identifies about risk factors associated with offending, only participants with a conviction were included. Complexities within this context have been acknowledged, for example there may be participants awaiting trial, or, not found guilty due to diminished responsibility as two illustrations. However, for the scope of this review only participants with convictions were included to enable conclusions to be drawn which are unreservedly known to be relevant to a specific population. The term risk factor was inclusive of both static and dynamic risk factors.

Only primary evidence was included. Opinion based and research which did not contain original data, data analysis or data testing was excluded given it was not thought it would advance the empirical evidence base. Historically, the evidence yielded within Systematic Reviews has excluded qualitative papers (Dixon-Woods, 2010). However, different types of research questions require different types of research and it is now strongly argued that qualitative research findings have much to offer evidence-based practice (Green & Britten, 1998; Popay, Rogers & Williams, 1998). Qualitative work can investigate perspectives, experiences, attitudes and beliefs. In the researcher’s opinion a decision to exclude qualitative papers as part of the inclusion and exclusion process would risk neglecting potentially rich information and evidence. The researcher’s perspective is that it is short-sighted to believe an area of research can only be understood through a quantitative perspective and in order to complete a comprehensive review of all the relevant empirical work all methods of data collection were therefore included.

In terms of country of origin, the researcher did not want to limit the research to only the boundaries of the UK as precluding international research could mean areas of empirical findings were overlooked and this Systematic Review would therefore not be fully informed by the global picture. As such, global research which was accessible (i.e. written or which could be translated in English) was included. Table 2 provides a synopsis of the inclusion and exclusion criteria.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Female and male adults	Pre-adult – under 18 years of age
Formal diagnosis of Intellectual Disability (as defined and understood by the DSM-V definition). Extends to 'mild', 'moderate' or 'severe' learning disability.	No diagnosis of Learning Disability/ Intellectual Disability as defined by other source other than DSM-V/ Learning Difficulty
Convicted of an offence	No conviction history/ people awaiting conviction/ court hearings
Qualitative and Quantitative studies	No exclusion criteria
Written in English	Only written in a foreign language
Risk factors relevant to offending	No focus on factors related to offending behaviour
Not to exclude non- Learning Disability individuals convicted of offences / outcomes	Not to exclude non- Learning Disability individuals convicted of offences / outcomes
Primary evidence	Non-primary evidence such as series study or expert opinion without critical appraisal.

2.6.5 Search Terms.

To date gaining clarification around what defines LD remains problematic and inconsistent. In this way the term LD is regarded as somewhat of an umbrella term with numerous words falling within this, some of which hold shared meanings and are used interchangeably, some however hold different meanings. Even within this thesis, for consistency the term LD is utilised in all chapters as this is the term most likely to be familiar to the participants within the empirical research, yet the DSM-V term for the definition which this research adheres to is Intellectual Disability. Consequently, a breadth of different terminology was considered regarding the search terms to explore individuals with LD convicted of offences, their offending behaviour and risk factors. Given the lack of standardisation, search strategies were frequently refined through an iterative process whereby the studies identified from first searches were examined for other useful lay words. Secondly, the ordering of words and use of Boolean operators proved important as part of this process. As an example, learning difficulty within the UK refers to specific difficulties such as dyslexia whereas, disability whether preceded by learning or intellectual, refers to LD as defined by the DSM-V. Therefore, placing disability first as an example in the search terms placed an emphasis on results being produced which would likely relate to LD as in keeping with the DSM-V definition. Given globally learning difficulty is not understood as the equivalent to a specific learning difficulty these terms still needed to be included. This approach ensured that whilst a focussed systematic review could be undertaken, relevant research was not overlooked and excluded. All final papers were screened to ensure however that they related to learning disability and not specific learning difficulties.

Table three below shows the LD identified and chosen search terms. Search terms were combined using Boolean operators (AND, OR, NOT) and truncation was used by an asterisk (*) to detect words with various endings (e.g. offen* is used to capture offend, offence, offense, offending, offender). Please refer to Appendix Five for an example search syntax.

Table 3

Identified and Chosen Search Terms

Question part	**Question term**	**Synonyms**	**Chosen Search Terms**
Population	Learning Disability	Learning/ Intellectual deficit, Learning/ Intellectual defect, learning/ Intellectual disorder, learning / intellectual impairment, development, retardation, cognitive functioning, mental IQ, handicap, impediment, imbecile	Learning disab*, learning deficit, learning defect, learning difficult*, learning development, cogniti* function*, cogniti* impair, intellect* disab*, intellect* ability, intellect* development IQ, handicap responsivity, “adaptive functioning”.
Study factor	Risk factors	Risk, criminogenic need, danger,	risk factors”, “static risk”, “dynamic risk”,“treatment needs”, “criminogenic needs”, risk*, trigger*

		possibility, hazard, deficit, deficiency, inadequacy, treatment need area, trigger	
Outcome	Offending	Offender, prisoner, offend, convict, felon, crook, transgressor, criminal, lawbreaker, jailbird, wrongdoer, culprit, suspect, malefactor, guilty party, prisoner, delinquent, con, sinner, guilty person, perpetrator, captive, hostage, convict, incarcerated.	Offend*, convict*, prison*, perpetrat*, felon, incarcerate*

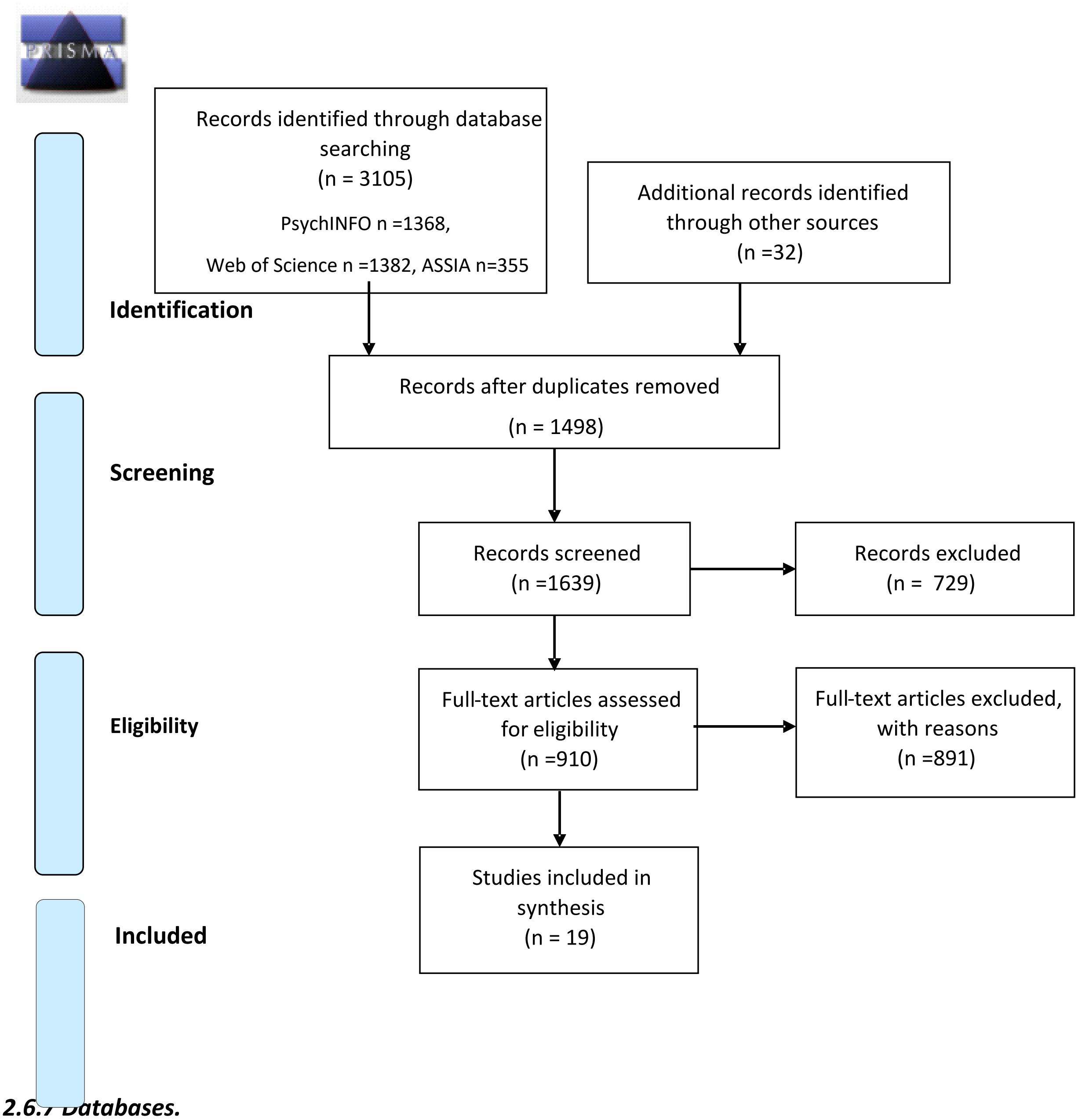
2.6.6 PRISMA Flow diagram

The following Figure 1 is a PRISMA flow diagram illustrating the numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage;

Figure 1 Permission to reproduce this diagram has been granted by David Moher.

Identification

*PRISMA Flow Diagra*m



2.6.7 Databases.

The electronic databases PsycINFO, Applied Social Sciences Index and Abstracts (ASSIA), and the Web of Science, which includes MEDLINE to allow for overlapping disciplines given the nature of the research area, were searched using the search terms detailed in Table 3. Initially titles and abstracts were read with any relevant papers screened in. Additionally, the reference sections of review papers, books and LD identified articles were reviewed for citations of primary research. Following this, full text articles were assessed for eligibility which resulted in 19 being retained. After the initial searching date, alerts were set up on a weekly basis which would provide notification of any new papers to the field. At the time of final submission of this review no alerts had highlighted further papers of relevance to this review.

2.6.8 Grey literature and experts in the field.

A biased impression of the literature could potentially lead to inappropriate conclusions, with potentially serious practical and policy implications (Chalmers, 2007). There is a wealth of research which is not published, and a phenomenon known as 'publication bias' (Higgins et al., 2011) in connection to this. Unpublished manuscripts are often thought to be of low quality and are therefore excluded from systematic reviews. Cooper , Hedges and Valentine (2003) have discussed this issue and its complexities in depth and warned against making this assumption given how this could lead to important evidence being overlooked. Therefore, it is generally accepted practice that rigorous research syntheses include both published and unpublished research that meets relevant inclusion criteria (Cooper et al., 2019; Higgins & Green, 2011). In order to avoid publication bias, experts in the field from different settings, for example hospital and prison settings were contacted to identify any unpublished research. Grey literature was also searched non-systematically in Google Scholar, Opengrey, Thesis and Dissertations, governmental publications and websites such as the National Offender Management Service, the National Guidelines for Clinical Excellence (NICE) and, the Department of Health. This process also involved hand searching, targeted searches on specific authors and, citations found in individual articles and perusing reference lists. This process identified five additional papers that met the screening and inclusion criteria. Although these papers were not found via the systematic process, it is the researcher's opinion that it was appropriate to include them to create an accurate view of the literature currently available with regards to the review question.

2.6.9 Excluded studies

Research papers were deemed inappropriate and to be disregarded if they did not explore the areas of interest and/or meet the inclusion criteria, duplicate papers were also excluded. Research papers were categorised into the reason for their exclusion (age, no LD context, no conviction, not accessible in English, no risk factor context, not primary research, the author's understanding of LD is not in line with the DSM-V definition or not defined).

Research papers where either relevance or aspects of inclusion and exclusion criteria were not clear were retained for full text screening. Eight hundred and ninety-one irrelevant studies were excluded after full text screening because they did not meet inclusion criteria.

2.6.10 Data extraction

Information was extracted from the research papers regarding the author information, date, publication status, sample size, country of study, nature and number of variables, characteristics of the participants (e.g. offence type, setting, study design, characteristics of control populations) and the results. Extracted data was held on a Microsoft Excel spreadsheet and is detailed in Appendix Six.

2.6.11 Development of the Quality Assessment Framework.

It is a PRISMA specification that the quality of the Systematic Review is established. A quality assessment process was therefore applied to the final 19 papers. The exact meaning however of the term 'quality' in quality assessment protocols used in systematic reviews is not commonly well defined (Higgins et al., 2011). Furthermore, quality assessments can vary across studies but typically include assessments of study precision, method, risk of bias and clarity of reporting. Debates about how to quality assess research studies using qualitative methods, or a combination of qualitative and quantitative methods are ongoing. The researcher therefore considered how a set of quality assessments could be established which were comparable. As part of this, the researcher reflected upon the existing specific tools designed to assess either qualitative or quantitative research, each with their own particular guidance. The researcher then thought about the meaningfulness of comparing differing research approaches utilising two different quality assessment tools relevant to each and, the appropriateness and usefulness of such a comparison. Ultimately, the researcher concluded it would be akin to comparing 'apples with pears' figuratively speaking. Alternatively, the researcher reflected upon how a single use tool could rather be employed. As an illustration, Hawker, Payne, Kerr, Hardey and Powell (2002) adopted a pro-active and innovative approach and developed a quality assessment tool to enable them to review research across different paradigms (quantitative and qualitative research). This was a novel and original advance which could enable a quality assessment of both quantitative and qualitative papers to be achieved utilising the same criteria. The researcher considered the advantages of utilising a single tool like this and how comparisons could be drawn across qualitative and quantitative papers on a single set of principles and measures. This said, the researcher also recognised shortcomings in this approach in that the criteria would be limited in its ability to capture nuances specific to qualitative and quantitative research. Consequently, the researcher decided to instead consider what factors contribute to a trustworthy quality qualitative, and quantitative paper, based on tools designed specifically for each which the researcher could then use to inform a broader evaluation using a single tool.

The researcher piloted this approach by applying the Hawker et al., (2002) quality assessment tool to three of the papers which met inclusion criteria to conduct a quality assessment process. Whilst the Hawker et al., (2002) tool was the overarching method of assessment, the researcher also utilised the National Institute for Health and Care Excellence (NICE; 2018) guidelines to inform the quality assessment for all qualitative papers and, the Effective Public Health Practice Project (Thomas, Ciliska, Dobbins & Micucci, 2004), alongside its accompanying Dictionary, to inform the quality assessment for the quantitative papers. As part of the pilot process two experts in the field of LD and established University researchers adopted the same approach with the same three papers. Once the two LD experts and the researcher had applied this assessment process independently, they then met to discuss the outcomes and learning from the process. It was concluded that the Hawker et al., (2002) tool for this Systematic Review was not fit for purpose within this context. Key concerns highlighted were; the tool seemed to focus on how well an aspect was described rather than aspects of methodology or bias and, how well the methodology is described does not reflect how robust the methodology is. It was also concluded the tool also appeared ‘too generic’ and therefore did not capture the intricacies of the research field the researcher was exploring. To illustrate, there were no questions relating to how LD is measured and defined, an absence of details regarding ethical considerations such as how informed consent was gained, how responsivity issues were addressed and, how the research process conducted was appropriate and considered for this population, including, whether the researchers had experience working with an LD population. As a consequence of this pilot process, the researcher considered the merit and appropriateness of developing their own quality assessment. As part of this, they remained mindful that a key feature of a Systematic Review is that it needs to be replicable, consequently, as the researcher developed a quality assessment, they also developed guidelines to help add some standardisation. A number of items were developed from the NICE (2018) and the EPHPP (Thomas et al., 2004) guidelines and the items considered of value and relevance from the Hawker et al., (2002) tool. Additionally, Hocken (2014) designed quality checklists specifically for research concerning individuals with intellectual disability. This work was pioneering in its field and each checklist varied dependent on the type of research design. As such, the researcher built upon Hocken's (2014) quality assessment frameworks to develop a quality assessment specifically for individuals with LD convicted of offences. Further areas for consideration were added which included, confounders, ethics, intervention integrity, implications and usefulness and, funding. Further nuances and areas of developed understanding and consideration were also included to existing categories such as participants both in the quality assessment and it's accompanying guidelines. Experts in the field were also asked for their opinion on markers of quality. Ultimately, given the complexities of the LD research field, the researcher ensured specific items which were uniquely relevant to LD were captured. As examples, whether the definition of LD utilised, and characteristics of the participants were consistent with the DSM-V definition and whether the measure of adaptive functioning had been reported.

Several articles have discussed the limitations of examining study quality and drawn attention to the complexities involved. For instance, calculating a summary score may involve assigning weights to the different items that make up a measure of study quality, and it may be difficult to justify the weights assigned. Furthermore, given the great variation in what researchers perceive constitutes quality some study quality scales have been shown to be unreliable assessments of validity (Valentine & Cooper, 2008). Consequently, the use of scales for assessing quality or risk of bias is explicitly discouraged in Cochrane reviews (Higgins et al., 2011). Scoring criteria and weightings were therefore not applied as part of the quality assessment process. Furthermore, the quality assessment and its accompanying guidance were used as a framework, allowing for other considerations of quality to be included dependent on the context of each individual research paper. This also helped safeguard against the pre-determined guidelines being the only questions to be asked to determine quality. The researcher then evaluated by drawing out the strengths and limitations of each paper the quality of the research within an LD specific context.

2.6.12 Application of the Quality Assessment Framework.

Key themes from the application of the Quality Checklist to the final cohort of papers are detailed in the Data Extraction Table presented in Appendix Six. Research papers can be excluded if deemed not of a sufficient standard of quality according to PRISMA guidelines (Moher et al., 2009). However, during the application of the quality assessment process significant concerns were identified for each of the 19 papers. Most surprisingly, it was identified that not one of the final papers had explicitly stated or demonstrated how their sample was in keeping with the DSM-V definition of LD including sharing what assessment measures and tools had been used to define and diagnose all three components necessary to meet the criteria of LD. Rather than exclude all 19 papers, the researcher chose to maintain them to enable a discussion. Part of this discussion provides in-depth descriptions of the short comings in the field which are linked to the outcomes of the quality assessment process. To the researcher's knowledge this was the first-time information of this nature had been gathered which subsequently exposed and identified numerous inadequacies requiring immediate attention within the research field.

2.7 Results

Discrepancies in methodological approaches across the final pool of cohort papers rendered conducting a meta-analysis or synthesis impractical. Indeed, there were such significant methodological flaws in each of the final papers of such importance that they overshadowed and thwart any meaningful comparisons of results and conclusions across papers. This included; the sample not being consistent with the DSM-V criteria for LD, for example only recording IQ as a measure of LD and, or, a complete absence of information regarding how a diagnosis of LD was reached and measured; differences between comparison and control groups, limitations relating to the standardisation, validity and reliability of the data collection tools for an LD population, confounders not being accounted for, a lack of distinction between male and females, small sample sizes and lack of normative data, more generalised limited participant information and, problematic and ambiguous definitions in terms of whether problematic behaviour had received a criminal conviction. Ethical considerations including those specific to an LD population had also not been accounted for.

This included key issues such as confidentiality, sensitivity and informed consent, no information regarding how and if the research process was conducted appropriately and, in a considered way for this unique population, including the design and process of conducting interviews, an absence of information regarding ethical approval process or outcome and, an absence of discussion or acknowledgement pertaining to the consequences of the research.

The results therefore detailed below are couched within the context of methodological limitations and caveats and the researcher recommends should only be considered in this context. That said, they remain research papers which have made efforts to understand and develop the field for the LD population which remains admirable. Given the sparse nature of the field, a synopsis of the final papers and their findings are now reported upon despite the synthesisation of findings not being possible. To the researcher's knowledge, in this context it is the first-time information of this nature had been gathered within a review to subsequently expose and document inadequacies which require immediate attention with the view to prompting progression in the field.

Despite LD being defined in the core diagnostic manual the DSM- V (2013) as needing both IQ and adaptive functioning deficits, no studies out of the total of 3105 originally identified through the Systematic Review process explicitly described how their participant sample met all parameters of the DSM- V definition of LD. Of the 19 final papers, 11 overtly described that their sample was consistent with how the authors defined LD i.e., in keeping with the DSM-V definition, however not one of the 19 papers shared all the measures necessary and needed to diagnosis LD which their samples had been subject to. Predominately this linked to an absence of discussion and inclusion of AF with, a number of papers making reference to how IQ was measured. Whilst one paper made explicit reference to measures for AF having been utilised, not one paper stated what specific measures had been adopted to assess AF. Similarly, not one paper detailed how the onset of LD before eighteen years of age had been determined. As such, there was incomprehensive information available relating to how the participants within the sample had come to receive their diagnosis.

Whilst nine of the 19 papers included female participants (this does not include the papers which did not identify the sex of their participants within their sample) Lunsky et al., (2011), was the only paper to make a distinction in terms of sex. This was however in the context of clinical profiles in which they identified that inpatients with LD and forensic involvement were more likely to be male. The significance of sex in the context of risk of offending for individuals with LD was however not explored.

A predominant theme shared by the final papers was an exploration of the predictive validity of risk assessment tools, which mainly had been adapted from tools utilised for mainstream populations not considered to be LD. Results suggest some evidence that dynamic variables are useful in predicting violent and sexual behaviour for this population, although further evidence and demonstration of statistical significance is a necessity. Furthermore, these findings need to be treated with caution given the context of the quality assessment process, in particular due to the problematic nature of the samples and how they may not be a true reflection of an exclusively LD sample as is understood within the parameters of the DSM-V definition.

Fitzgerald et al., (2011) sought to test the efficacy of three risk assessment instruments (VRAG, PLC-SV and the HCR-20) to predict violent and general recidivism in mentally disordered individuals who had committed an offence with a diagnosis of LD. They found that all three instruments were able to predict violent recidivism over a five- year period with large effect sizes and a similar pattern of results was also identified for general offending. They concluded that the efficacy of all the instruments was at least as good in the LD population as it was in a control sample of individuals without a diagnosis of LD (in which the efficacy of these instruments is well established). O'Shea, Picchioni, McCarthy and Dickens (2015) found that the HCR-20 total score is a statistically significant predictor of inpatient aggression for people with LD. Overall however, they found that the predictive validity of the HCR-20 did not significantly differ between an LD and non- LD comparison group. Verbugge, Goodman-Delahunty & Frize (2011) found the predictive validity of a HCR-20 LD supplement to be generally good, although statistical significance could not be determined. Fitzgerald et al.,(2011) explored the predictive efficacy of the Offender Group Reconviction Scale (OGRS) with individuals who had committed offences with LD in their second study. They found that this criminogenic risk assessment instrument designed for use with individuals within the 'mainstream population' who had committed offences, was highly effective at predicting who, within a population of people with LD, who had also offended, were at a higher risk of both general and violent offending.

Cookman (2010) conducted a study to determine whether the ARMLDILO-S which is specifically designed for LD and, or, developmentally disabled individuals with problematic sexual behaviour is useful to a community- based population. The study compared the ARMLDILO-S to tools that are designed for the general sex offender population (STABLE- 2007 and ACUTE-2007). This was to examine the relative validity of the ARMLDILO-S for assessing the risk management needs of the population. A significant positive correlation between the two measures indicated concurrent validity of the ARMLDILO-S leading to the possibility that it is an appropriate assessment tool for LD. Furniss (2017) investigated the predictive ability of the HCR-20 for violent incidents across the mental health pathways within a high and low forensic setting. The results demonstrated that the HCR-20 v2 and HCR-20 v3 demonstrated good levels of predictiveness across high and low secure settings, regardless of diagnosis or directorate, for any institutional violence (verbal, attempted or actual assault), although the results were not significant at a p ‹ 0.05 level.

Outside of the context of specific risk assessment tools, the following is a synopsis of the remaining singular findings from the final cohort of papers. Plant, McDermott, Chester and Alexander (2011) found that a high prevalence of substance abuse makes it an important risk factor for the LD forensic population. Wheeler, Clare and Holland (2014) found statistical support for increased consideration of the impact of relevant social and environmental circumstances within a risk factor context. They highlighted how men and women in the community who were not engaged with structured routine activities were statistically 30 times more likely to be in the active- offender group. Furthermore Wheeler et al., (2014) identified that individuals who had friends who were abusive, anti-social, or had been in contact with the CJS, and those experiencing significant family conflict were also, respectively, 12 and 13 times more likely to be actively involved in offending behaviour. The research identified how the absence of any regular commitments to voluntary or paid work, or to any activity, and the presence of troubled proximal relationships was significantly more likely amongst people who were actively offending than those who were not (Wheeler et al., 2014).

Fogden, Thomas, Daffern and Ogloff (2016) highlighted that people with LD had a statistically significant increased risk of sexual and violent victimisation and, violent and sexual offending, although they did not explicitly state ‘LD’ itself was a risk factor. The presence of comorbid mental illness was also highlighted as aggravating the risk of offending and victimisation within this population. Lunskey et al., (2011) postulated patients with LD and who have had contact with the CJS present with a unique demographic and clinical profile. To illustrate, they identified that inpatients with LD and forensic involvement were younger, more often male, had greater lengths of stay, were more likely to have a personality disorder diagnosis and less likely to have a mood disorder. Lunskey et al., (2011) also considered these individuals to exhibit more acute symptoms, have limited resources, and a higher recommended level of care than other forensic patients.

Fitzgerald et al., (2011) explored the relationship between recidivism and criminal history and deviant lifestyle variables in individuals with LD who had offended. They identified that a number of previous offences, previous acquisitive offences, previous drug offences and the number of bail offences, as well as a history of substance abuse were all significantly related to general reconvictions in individuals who had offended and who had LD. Only one qualitative paper Courtney, Rose and Mason (2006) was, included within the final selection of research papers. This paper explored any commonalities that characterise the offence process of individuals with LD who have committed crimes of a sexual nature with, a view of generating a model of the offence process. The findings informed a model which highlighted the importance of an individual's attitudes and beliefs and the impact they have at all stages of the offence process. It raised issues concerning the variation in the process that is seen within and between offences and, how there is in this population an inability to empathise with society's view of sexual offending. A clear implication was that thorough assessment and formulation are likely to be key to successful and appropriate intervention for this population, emphasising the importance of considering people as individuals each with their unique formulation.

2.8 Discussion

This Systematic Review completed a comprehensive and exhaustive search of the literature to answer what are the risk factors related to offending behaviour associated with adult male and females with LD convicted of offences and, what is the relevance of sex in this context? The Systematic Review concludes that neither question can be answered due to the limited research in this area and, the significant methodological flaws which exist within it .As part of this, it could not be said with certainty that any research paper within the final selection adhered only to the DSM- V definition of LD which had been a fundamental purpose of the review. As such an impasse was met in relation to making direct and meaningful comparisons between research studies. The methodological limitations and application of inconsistent and ambiguous definitions of LD throughout the existing research was therefore inadvertently the most significant finding of the review.

Despite LD being defined in the two core diagnostic manuals; the DSM- V (2013) and ICD-11 (2017) as needing both IQ and adaptive functioning deficits, no studies included within this review discussed and included AF. This is in keeping with the findings of Uzieblo et al., (2012) and is symptomatic of a general failure within the literature to only accurately measure and report IQ when classifying samples as LD (Simpson & Hogg, 2001). Although the DSM- V now places a greater focus on AF in diagnosing LD and has removed the IQ levels from the diagnostic criteria, this change continues not to be reflected within the current research field or even acknowledged. Inconsistent and ambiguous definitions of LD remain, as does a pattern of reporting and describing LD and its diagnosis in a way which no longer dovetails with official diagnostic criteria and context.

Intellectual functioning can affect various aspects of functioning that will impact on performance in interview. More specifically, poor memory (Clare, 1993; Stenfert Kroese, 1997), deficits in language skills, reading skills and cognitive processes may lead to difficulties in the comprehension of complex language and concepts (Boer, Gauthier, Watson, Dorward, & Kolton, 1995; Clare, 1993). This population may also have difficulty discriminating responses (Charman & Clare, 1992), and may be more susceptible to both acquiescence (Sigelman, Budd, Winer, & Schoenrock, 1982) and to socially desirable responding (Boer et al., 1995; Clare & Gudjonsson, 1993).Research suggests that individuals with LD benefit when material is presented using multi modal communication methods (Hurley, DesNoyers, Daniel, & Pfadt, 1998), such as Visual, Auditory, Reading and Kinaesthetic (VARK, Fleming 2001; Fleming and Mills, 1992) approaches alongside a reading approach. As an overview, visual methods may include showing or presenting information utilising images or drawing information or experiences to communicate thoughts, feelings, behaviours and situations. An auditory approach typically involves sound and how this can be adapted to be responsive to a person’s needs. As an illustration, music or the different tones and paces which can be applied to a person’s voice. Kinaesthetic methods are typically considered ‘doing’ and active techniques such as utilising role plays, playing games and movement. Combining VARK modes for learning is key to the brain-friendly approach (Carter, Williams & Mann, 2012) which can help support the communication needs of people. However, the quality assessment process identified that all the final cohort of selected research papers was a complete absence of detail relating to responsivity and ethical measures for LD participants. For example, how were adjustments made to ensure informed consent was obtained, how was a VARK approach considered and applied? It could therefore be concluded that the research field is also not advancing in terms of learning how to communicate effectively with this population, or at the very least it is not detailing and demonstrating the efforts made to be responsive to participants' needs and support communication channels.

Only one qualitative research paper was included within the final cohort of papers highlighting, an absence of research presenting what individuals with LD perceive their risk factors associated with offending to be. This is indicative of how the current field is largely dominated by a quantitative approach to understanding this area. Ironically, history informs us that vulnerable populations such as this are overlooked and not provided with a 'voice' (Ryan & Thomas, 1981). As such, there is a sense of parallel processing when statistics rather than experiences and voices of participants are predominately reflected as findings within the research field.

For people with LD an understanding of their experiences including the complex situational, biological, social and psychological factors which may have interplayed and contributed to their offending behaviour is vital in order to provide suitable support and treatment for them and, identify when this provision is most likely to be most effective. Aside from the papers relating to specific risk assessment tools, this Systematic Review identified two other papers relevant in this context. Wheeler et al., (2014) found statistical support for an increased consideration of the impact of relevant and environmental circumstance. This paper highlights the importance of a lack of engagement with structured routines, friends who were abusive and anti-social, experiencing serious family conflict and, the presence of troubled proximal relationships as all increasing risk. Again, methodological concerns were highlighted through the quality assessment process for this paper resulting in caution needing to be applied to the interpretation and usefulness of the findings. A summary of these are provided in Appendix Six.

Fogden et al., (2016) highlighted that people with LD are at increased risk of victimisation and offending. This finding is worthy of consideration within the context of a victim- offending cycle, although again, caution must be applied to the interpretation and usefulness of this given concerns identified through the quality assessment process for this paper also (these are presented in Appendix Six). Retrospective studies of individuals convicted of offences in the UK and prospective studies of communities within the United States indicate that a history of maltreatment is a significant risk factor for criminal behaviour. Although the results from this Systematic Review present a singular finding linked to this, which is perhaps more a reflection of the limited research in this area rather than the weight that should be placed on this finding, this could be a consideration of relevance within a risk assessment context. However, aside from the LD forensic population specifically, generally there appears to be little recognition within the UK CJS policy of the extent of the impact of maltreatment at both an individual and a community level in respect to its relationship with subsequent offending behaviour in adolescence and adulthood (Falshaw, 2005). Falshaw (2005) recommends that including a history of abuse as a risk factor within risk assessment tools could be one approach to ensure the contribution of victimisation is captured and understood within a risk factor context. Given only two papers of this nature were selected into the final cohort and the methodological shortcomings then raised through the quality assessment process, the need of urgent development and consideration of the LD population in this context is particularly stressed.

A key overall finding from the final cohort of papers was that there has been some success in using currently available risk assessment tools with an LD population. This was highlighted in the case of several different risk assessments (Fitzgerald et al., 2011; Furniss, 2017; O’Shea, 2015; Verbugge, Goodman-Delahunty & Frize, 2011). Whilst this area needs further exploration to gain empirical support (indeed in some incidences statistical significance could not be determined), these initial findings are encouraging as they strengthen the notion that some risk factors relevant to offending behaviour for what is considered the ‘mainstream population’, may also hold relevance to individuals with LD.

However, a second significant theme identified from the analysis process of the final papers suggested that whilst individuals with LD may share some risk factors of offending behaviour in common with their non-LD counterparts, their relevance and the nature of their relationship in the commissioning of the offending behaviour may differ (Fogden et al., 2016; Plant et al., 2011; Wheeler et al., 2014). For example, attention is drawn to substance abuse particularly across several papers in the final cohort as being a significant contributor to the commissioning of offending behaviour and recidivism for people with LD (Plant et al., 2011). Therefore, whilst substance misuse is established as a risk factor of offending for non-LD populations, its relationship in terms of the significance it plays in the commissioning of offending behaviour for individuals with LD may vary.

As a second example, the impact of relevant social and environmental circumstances within a risk factor context is highlighted as holding a particularly weighty role especially, regarding an absence of regular commitments for people with LD, including employment and resources (Wheeler et al., 2014).

Finally, as a third illustration, although 'LD' itself has not been explicitly identified as a risk factor for offending behaviour, attention has been drawn to how people with LD have been found to have a statistically significant increased risk of being victims of sexual and violent crimes perpetrated by others (Fogden et al., 2016). Therefore, how risk factors of criminal behaviour differ in terms of their weightings and the significance of the role they play in offending behaviour for people with LD, in comparison to the 'mainstream' population, continues to require further exploration, despite previous calls for this by Hocken (2014).

In a similar vein, it is of interest that within the final papers, there was evidence of a need to design risk assessments specifically for individuals with LD (Cookman, 2010; Courtney, Rose & Mason, 2006; Fogden et al., 2016; Lunskey et al., 2011; Plant et al., 2011, Wheeler et al., 2014). This approach highlights the importance of including unique risk factors for this population whilst also including previously established risk factors of offending for people not considered LD. As an illustration, in an LD specific risk assessment, the risk assessor is asked to particularly consider the features that may affect an individual's vulnerability for offending within an LD context, for example to explore and reflect upon deficits in self-efficacy for the individual(Cookman, 2010). Furthermore, the notion of people with LD possessing and presenting with distinct demographic qualities such as age and sex, alongside specific clinical characteristics, is also postulated within the final cohort of papers which further highlights the merit of exploring the need to develop tailored risk assessment tools for specific populations (Lunskey et al., 2011).

The one qualitative paper (Courtney, Rose & Mason, 2006) which was included in the final cohort perhaps captures a fundamental principle and aspect of risk assessment which can be underestimated, the importance of the voices of the individuals. The voices of the people with LD who have offended present their individuality as a crucial point. Therefore, in conclusion, the final cohort of papers suggest a risk assessment tool is required to be attuned to the nuances relevant to an LD population *and* the shared commonalities of criminogenic factors outside of this specific population, whilst equally, being sufficiently far-reaching to capture the spectrum of individuality from a biopsychosocial perspective. Furthermore, all the papers in the final cohort were united by the commonality that unfortunately none of them shared how communication styles were adapted by the professional (where relevant) in relation to the individual needs of the person considered to have LD. This is despite Hocken's (2014) recommendations some years ago for this to be addressed. This too is a crucial part of the future development of risk assessment tools, particularly if tailored risk assessments are to be pursued, to ensure it is 'risk' which is being measured as opposed to other aspects such as a person's verbal and memory abilities (Hocken, Winder & Grayson, 2013).

As noted, nine of the nineteen papers included female participants and two did not distinguish sex within their samples. Notably however, female participants were only included together with male participants. No research papers were identified that included an exclusive female population or explored comparisons between males and females. This is in keeping with previous findings such as Hellenbach et al., (2015) who found a dearth of research related to females who had convictions of offences. Furthermore, within the context of this review there were no distinctions or considerations between male and female participants within a risk factor context rather, male, and female participants were treated as one singular population. Therefore, opportunities to explore how sex is important in the context of risk for LD males and females has seemingly been overlooked. Furthermore, the research studies included within the background section of this review that highlight the relevance of sex within a risk factor context did not meet the inclusion criteria for this review. Whilst this paper presents an argument for the need to distinguish between male and female participants, it is acknowledged that this argument may be too simplistic given sex is not a binary concept. To only categorise participants into 'male' and 'female' ignores the potential nuances and fluidity of gender and gender identification. An awareness of such complexities is perhaps the context to which any further work to progress this field should adhere to rather than seeking to explore the influence only of ‘male versus female’.

As part of the inclusion and exclusion criteria a detailed decision-making process was utilised to try and maintain a ‘pure’ sample and ensure the findings and conclusions of the research papers were unequivocally relevant to the target population. However, a methodological concern which related to a number of research papers selected into the final cohort was a limited consideration if not entire absence of information relating to confounding variables. Identification and consideration of confounds is vital as part of an assessment of how meaningful research findings and conclusions are. Furthermore, there is a high degree of comorbidity with LD (Carr & O’Reilly, 2016) which could be considered to also potentially ‘act’ as a confounding variable. Whilst some of the research papers identified issues of co-morbidity, others did not. Furthermore, although some papers did discuss co-morbidity at some level, this does not mean all co-morbidity considerations had been identified and exhausted or, a certainty could be provided as to which is the presenting diagnosis across different times and contexts. Upon reflection, the researcher considered that whilst there needs to be inclusion and exclusion criteria to enable conclusions to be drawn, to take the view that ‘neat’ and ‘undiluted’ samples can ever be entirely achieved is a naive and a flawed perspective to adopt. As such, whilst the researcher maintains that an important and outstanding aim of this review was to establish and synthesise empirical findings utilising baselines and parameters such as only utilising research containing samples which adhere to the DSM-V definition of LD, the researcher also acknowledges the complexities of humans such as co-morbidity and how the establishment of some baselines may be inappropriate and too simplistic in nature.

It is worthy of note that a significant amount of behaviours which are technically criminal go unreported to the police and unprocessed by the CJS or are dealt with through LD services, for example those for challenging behaviour (Lyall, Holland & Collins, 1995). This can be defined as ‘behaviour which could be interpreted as an offence’ or ‘suspected offending’ (Morrissey, Geach, Alexander, Chester, Devapriam, Duggan, Langdon, Lindsay, McCarthy and Walker, 2017). Consequently, this means that an unknown quantity of otherwise relevant data, for example on the aetiology of offending behaviour, will not have been identified by the search strategies adopted within this Systematic Review. In general terms there are significant difficulties in obtaining a true picture of forensic involvement which furthermore impacts upon offending research generally and the theoretical and evidence-based underpinnings of the CJS.

In conclusion, a continued lack of detail regarding the definition of LD, how this diagnosis was reached, and utilising which assessment tools, creates major methodological problems when attempts are made to evaluate and synthesis this existing research base. There is also no adequate consideration of sex in this context as a variable which too is a likely reflection of the infancy of this field. Furthermore, it appears researchers are for the most part trying to ‘quantify’ this field, whilst overlooking information which could be shared if LD individuals convicted of offences, who are the experts in their own lives, were asked for their perspectives and contributions.

2.9 Implications for future research

There are a number of important implications for future research and practice that emerge from this review. Primarily, the DSM-V classification system of LD (termed in DSM-V as Intellectual Disability) should be universally adopted in all future research in this field, to ensure research is in keeping with advancements with how LD is understood and defined. This too should involve steps towards adopting consistent language to describe and theorise LD. This will enable a greater confidence in findings as they will be known to be unreservedly related to an LD population. Predominately the focus remains within the research on IQ and the tools utilised to measure this are routinely reported. In light of the changes to the DSM-V definition of LD, where adaptive functioning received a greater focus, it would now be useful if all measures and information regarding all three components of LD were recorded and communicated. This in turn will improve methodological coherency and allow for comparability of findings across studies. It is only through a consistent approach and universal agreement of what defines LD that this field can advance. Only then will the research community gain a better understanding of the adjustments required to improve the quality of the rehabilitative and care pathways for prisoners with LD. The research community can then also gain a better understanding of how to safeguard this population from a trajectory into the CJS.

There are fundamental differences between female and males convicted of offences, yet within the context of this Systematic Review sex as a variable and its relationship with risk is not considered. This gap in the literature needs to be urgently addressed. Furthermore, it would be helpful to go beyond categories of ‘male’ and ‘female’ and utilise qualitative research to provided individuals with a voice and a move away from a categorical and quantitative approach in this field.

Methods papers detailing best practice and, or effective communication methods with LD participants to support the self-efficacy of others in completing research in this area would be helpful. This helps to break down historic perceptions that this population were ‘unable’ to participate in research. This too is likely to promote discussions within the research field and open a dialogue between researchers which may in turn inspire future research. As part of this, specific details about applied responsivity and ethical procedures unique to this population should be included.

Given the complex interplay of risk factors, an understanding and consideration of risk including the complex biological, social, situational and psychological factors which may have contributed to the offending behaviour is now needed. This in turn should inform the development of risk assessment tools specifically for this population. Whilst this is of the upmost importance in developing an understanding of offending behaviour, a holistic approach to rehabilitation would also include a consideration of protective factors in line with the Good Lives Model (GLM; Ward & Gannon, 2006; Ward & Stewart, 2003) and how they can safeguard against a trajectory of offending behaviour and desistance. Protective factors are factors that enable or assist desistance from offending. Typically, a protective factor is a feature of a person (internal) and, or, their environment that lowers the risk of reoffending (Andrews & Bonta, 2007). Like risk, these can be both static and unchangeable factors, such as secure attachment in childhood and, those that are behavioural or otherwise potentially changeable, such as attitudes. To understand an individual, their offending behaviour and rehabilitation pathway, consideration needs to be given to both risk and protective factors.

Finally, whilst the aforementioned implications can be considered as stand-alone recommendations specific to this chapter, they are also synthesised with the empirical research findings and presented within the Discussions and Implications chapter of this thesis.

2.10 Funding

The researcher self-funded the first year of this Doctorate and received full funding the remaining years from HMPPS. To my understanding there is no conflict of interest.

Chapter Three

Methodology

3.1 Introduction

This chapter presents the researcher's thinking process underpinning the chosen methodological approach of the empirical research. Chapter One highlights fundamental challenges individuals with LD face and, Chapter Two develops this argument by highlighting a need for a unique consideration within a forensic context of individuals with LD and, what has individually influenced their trajectory into the CJS. Chapter One and Two highlight this population as being marginalised, overlooked or silenced resulting in a current limited research base. Yet, the research which does exist unifies the chapters in their recognition of a necessity to consider the specific needs of individuals with LD. The researcher utilises this learning to inform the decision-making process which supports the methodology of this research piece alongside, the researcher's exploration of their values and philosophical positions.

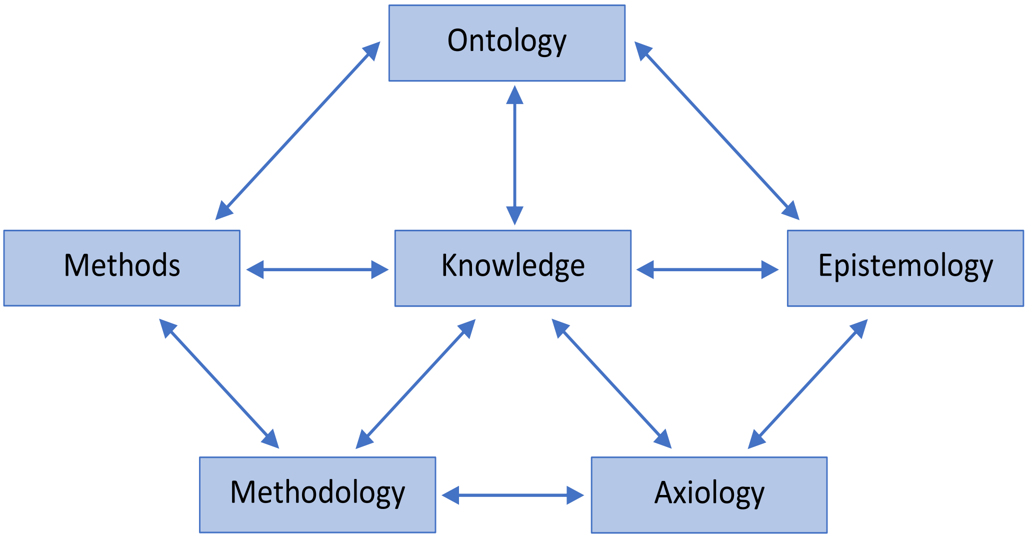
The research paradigm sets the overarching context for any research project (Ponterotto, 2005). Kuhn (1962) provides a description of a paradigm as a basic set of beliefs or assumptions embraced by a scientific community which define the nature of the world and the position of people within it. Within the context of qualitative research these 'basic set of beliefs' are summarised by interconnected ontological, epistemological, axiological and methodological questions (Denzin & Lincoln, 1995). These are fundamentally the four major philosophical assumptions which underpin qualitative research: ontology (what is reality?), epistemology (how is reality known?), axiology (how are the values of research expressed?), and methodology (how is the research conducted?).

This chapter details the process of how the researcher chose the methodology to best address the aims of the research, principally enabling the voices of the participants. The "Nothing About Us Without US" is a slogan utilised to communicate the notion that no policy should be decided by any representative without the full and direct participation of members of the group (s) affected by that policy and resonates with the philosophy and history of the disability rights movement. In its modern context this can often involve national, ethnic, disability-based, or other groups that are often marginalised from political, social, and economic opportunities (Charlton, 2000).

Proctor (1998) argues how it is critical for researchers to present the philosophical and methodological decisions for their chosen research, with particular reference to ontological, epistemological and methodological levels of enquiry. This is because, these underlying ways of viewing the reality of the world influence the decisions relating to how the research is designed, for example which data collection tools are employed. In sum, it is imperative there is congruence between the ontological, epistemological and methodological levels of research design as they in turn inform choices regarding the data collection methods and analytic framework. The interconnection between levels is illustrated in Figure 2. This in turn helps to ensure a quality and consistent research piece.

Figure 2 Permission to reproduce this figure has been granted by Sage.

The Aetiology of Knowledge (O'Reilly & Kiyimba, 2015)



Consequently, the researcher engaged in a process of prospective planning, meaning that from the outset the researcher would consider and ensure compatibility in all phases of the research conceptualisation and design. In considering the research design the researcher considered five interlocking choices relating to; ontology, epistemology, methodology, the data gathering method and finally, the data analysis approach. As part of this process, the researcher recognised the need to identify their research philosophy, ontological and epistemological positions and demonstrate these reflexively and transparently for integrity. The process of identifying their ontological and epistemological positions required a process of self-reflection together with a careful consideration of the nature and aims of their research. For example, what philosophical underpinnings does the researcher subscribe to in terms of how they see the world and how do they translate these into their research? The choice of methodology also involved a process of self-reflection, for example, how can the researcher conduct research and discuss issues of disability without imposing their own preconceptions and view? What theories best reflect the researcher's own belief in research and how this can be completed as collaboratively as possible, whilst recognising and balancing a power differential between their many positions (researcher, Doctorate Student, Clinician, and, employee of HMPPS) and, the position of the participants?

3.2 Reflexivity and Axiology

The researcher's philosophical beliefs, values and the morals they subscribe to will affect their view of the world and how they think about and subsequently approach any research they complete. All of which will influence and underpin the researcher's ontological and epistemological positions. This process is defined in a research context as axiology (Ponterotto, 2005). In order to identify the beliefs, values and morals they hold, the researcher must engage with a process of self-evaluation termed reflexivity which Shaw (2010) argues this is integral to any experiential qualitative research in psychology.

3.2.1 Personal background

Throughout the researcher's childhood their Mother was a LD teacher in a primary school and then a carer for children with LD who required respite care for various reasons. This is therefore an important area of consideration as part of the researcher's reflexivity process. Through growing up observing their mother as an LD teacher the researcher formed a belief that people can acquire knowledge but, a person needs to adapt to their needs and communication style to support this process. When the researcher's mother became a foster carer the children she would care for resided within the researcher's family home therefore the researcher knew a number of these children personally. Outside of their label of LD, the researcher became familiar with the children, their own personalities and likes. The researcher believes through this experience they developed a perception of people with LD as uniquely different rather than them being part of a one size fits all population. The researcher knew them and thought of them by their names not, as a ‘person with LD’. As a result of this and observing public reactions the researcher developed a belief that society generally viewed these children with LD as a problem, but not their problem, indicated the researcher perceived, by their lack of interaction. The researcher recognises within them that this did and still does produce feelings of sympathy towards individuals with LD generally which, the researcher will need to remain mindful of through this research process. In terms of values, the researcher is of the opinion these experiences and observations instilled values of fairness and equality within them and a viewpoint that morally everyone should be treated as humans of equal standing.

The researcher also observed and developed a perception of how each of these children was an individual with very different experiences and presentations of LD which impacted on them in varied ways. The researcher saw how often they were placed into respite care as their caregivers felt unable to meet their needs which in turn meant periodically, they felt unable to cope. The children often had numerous respite placements which they were moved between frequently alongside care system placements. The researcher remembers how typically their placements with the researcher’s mother were considered an ‘emergency’ because the children had nowhere else to go. The researcher recognised that this did and continues to generate feelings of sadness within them. Chapter Four and Appendix 23 presents more information regarding the researcher’s engagement with the self-reflexivity process and how they approached and managed their thoughts and feelings throughout the research design.

The researcher has not been provided with a diagnosis of LD.

3.2.2 Professional background

The researcher’s interest in individuals who have offended with LD has developed over their thirteen years of practice as a Forensic Psychologist. Key observations from their experiences include how this group can appear marginalised and oppressed and how other people ‘talk for them’ rather than they are encouraged or enabled to find their voice. One of the researcher’s values is everyone should be heard, consequently, one of the aims of this research is to support participants in having their voice heard.

A significant part of the researcher's role as a Psychologist has involved delivering offending behaviour programmes. This has included the Extended programme which is underpinned by the principal of schemas. Within the cognitive therapy literature, schemas have been defined in a variety of ways including a cognitive structure for screening, coding, and evaluating the stimuli, as such our schemas bias our interpretations in a consistent manner (Beck, 1967). Young (1994) alternatively describes schemas as extremely stable and enduring themes that develop during childhood and are elaborated upon throughout an individual's lifetime. These schemas then serve as templates which process an individual's later experiences. The concept of schemas, or deep-rooted thinking patterns which colour our interpretation of the world and our experiences within it is a theory which the researcher has belief in and which has shaped their perspective regarding interpretations of reality. Essentially at the heart of this perspective is the researcher's belief that there are different interpretations of realities which are coloured by our own individual past experiences and thus the 'lens' through which we see the world. Therefore, how one individual interprets an experience could be in complete contrast to how another individual interprets the same experience. As with the researcher's personal background, the researcher recognises that both their interest and experience in the forensic field will inform their thoughts and feelings within the research process. Consequently, the researcher's thoughts, feelings and assumptions relating to their professional background have been documented as part of a reflexive process and are presented in Appendix 23.

3.3 Philosophical position

3.3.1 Epistemological position

The researcher's viewpoint regarding how knowledge can be produced, in other words their epistemological position, will ultimately shape their thoughts and perspective of the participant during the research process and determine how they communicate the research and its process (Carter & Little, 2007). This includes how the research is disseminated and impacts upon society (Schwandt, 2001). The Systematic Review as presented in Chapter Two highlighted that much of the research on LD thus far has been within an empirical positivist paradigm. This is a viewpoint which is based on the principal that knowledge of the world can only be obtained through scientific fact, considered to be objective. It is therefore typically associated with quantitative research. The researcher's position however is one of rationalism as they believe humans can develop their knowledge through experiences which are subjective and not necessarily scientifically measurable. In sum, the researcher perceives the interaction with the participant as the primary vehicle of knowledge production.

3.3.2 Ontological position

How the researcher considers the nature of reality and how existence is conceptualised (O'Reilly & Kiyimba, 2015) will consequently influence the approach they adopt to their research and how it is actualised. In this context the researcher does not believe there is a single reality which can be researched exclusively through the application of scientific methodology and without human interpretations. Rather, the researcher is of the view that whilst a single reality may exist, we can only access our representation of it, which will be a different representation of reality to another individual.

The overarching aim of the empirical aspect of this research is to explore the participants' lived experiences of LD as part of their trajectory into the CJS from their perspective. It is an opportunity for their reality to be heard. Given the emphasis on the participant's perspectives and realities and, the researcher's belief in the importance and validation of this, the researcher considers themselves to hold a relativist ontological position.

3.3.3 Objectivism and Subjectivism

There are also ontological and epistemological questions regarding objective and subjective knowing and whether the researcher takes an objectivism or subjectivism position as part of this. Objectivism advocates scientific methods which can produce replicable facts. Subjectivism however considers different viewpoints as alternative ways of approaching things (Ratner, 2002) and is typically concerned with what is unique to humans (Diesing, 1965). As such it is subjectivism which the researcher subscribes to as a philosophical outlook given the researcher's belief in different realities and the individuality of these realities.

3.4 Interpretative and Theoretical Frameworks

Denzin and Lincoln (1994) consider that the philosophical assumptions, ontology, epistemology, axiology, and methodology are all key premises that are folded into interpretative frameworks utilised in qualitative research to guide its conceptualisation.

An aim of the empirical research component is to enable individuals with LD to share their voice. Chapter One details how historically individuals with LD have been silenced. Through listening to the participant's voices, the researcher believes in the importance of achieving an understanding of the participant's worlds from their perspective. It is their reality and how they make sense of their world which the researcher aims to explore. The research seeks to understand the life experiences of individuals with LD who have offended and understand how these brought them into contact with the CJS. Working from a phenomenological perspective would support these aims as its intention as an approach is to contribute to a greater understanding of the lived experiences of individuals (Starks & Brown Trindad, 2007). It is also hoped that developing an understanding of this would progress a field of research which is historically under researched and, promote an increased dialogue within the area to aid advancement.

A Transformative Framework emphasises the purpose of knowledge construction as being fundamental to aiding people to improve society, particularly marginalised groups. It emphasises that the issues facing these marginalized groups are of paramount importance to study in order to affect positive change for them. As is hoped with this research, a Transformative Framework considers that if issues are studied and exposed, the researchers can also provide a voice to the participants facing the issues to further reveal areas which require improvement.

Similarly, Critical theory is also largely concerned with empowering individuals to overcome the social circumstances that historically and currently continue to constrain them, covering a number of specific movements including the social model of disability (Ormston, Spencer, Barnard & Snape, 2014). Chapter One in particular presents the historical context of how individuals with LD have been segregated from society and defined largely with dehumanising and disapproving labels and semantics. The researcher argues the importance of hearing the voices of the people who throughout history have been silenced as a means of challenging remaining legacies from this historical context and thus seeking to empower these individuals.

The following Chapter, Chapter Four, Research design, Implementation and Process of Analysis, presents how consideration was given to how communication and responsivity approaches could be adapted to enable participants to share their voices. Consequently, it is hoped that this will enable the individuals with LD to be participate with the research and in a way which supports their self-efficacy rather than having research ‘done to them’. Researchers using a disability interpretative lens focus on disability as a dimension of human difference and not as a defect. (Mertens, 2010). This approach promotes how viewing individuals with LD as different should be reflected in the research process, such as in the types of questions asked, the labels applied to those individuals, considerations of how the data and research process will benefit the individuals, the appropriateness of communication methods and, how the data is reported in a way that is respectful to power relationships. Mertens, Sullivan, and Stace (2011) have also linked critical disability theory with transformative frameworks because of its use as an intersection for many sources of disability.

3.5 Methodological Position

3.5.1 Qualitative Research

As part of the decision making process to inform a research design Patton (2002), suggested reflecting on the purpose of the exploration and the nature of the answers the researcher wishes to gain. It is appropriate to use qualitative research when a more developed and detailed understanding of an issue or phenomenon is sought after, when an aim is to empower individuals, or when the researcher wishes to develop a theory. On balance, qualitative literature tends to celebrate the variety of perspectives and places the emphasis on giving a voice to the research participants (Patton, 2002).

In support of a qualitative approach as oppose to a quantitative for this research is the dearth of research exploring the experiences, feelings and opinions of the individuals with LD convicted of offences themselves (Ellem, 2012).The research which has been conducted has for the most part overlooked opportunities to provide a voice to this population (Ellem, 2012). However, it has been identified that providing a voice to this group can provide valuable insight into what support is needed and how this relates to their trajectory into the CJS (Hall and Duperouzel, 2011). This research therefore takes the view that the use of quantitative methods to explore LD and the experiences of participants with LD would be limited in terms of being able to adequately capture the participants’ expression of meaning, and the meaningfulness of their experiences. This research aims to contribute to this field by providing a voice to these individuals and focussing on their subjective and experiential accounts of LD and contact with the CJS. Providing a voice to empower people is a key consideration and championed in each of the highlighted interpretative frameworks which the researcher aligns themselves with. The transformative framework specifically emphasises how providing a voice to participants enhances an understanding of the issues marginalised people, such as individuals with LD face. Furthermore, the phenomenological interpretative framework supports how providing a voice to the participants means a greater understanding of their lived experience is captured and validated. As such, the researcher considered how the values of the research are best and most appropriately expressed through a qualitative approach.

3.5.2 Qualitative Approaches

Within qualitative research there are numerous approaches which offer different theoretical and methodological perspectives. As Smith (2004) states, qualitative methodologies do not present a 'homogenous entity' and the researcher needs to understand a variety of qualitative research methods thoroughly in order to make appropriate choices. Creswell and Poth (2016) identifies the five key qualitative traditions as; narrative research, phenomenology, grounded theory, ethnography and case study, although it is recognised these are not the only qualitative approaches. All of these were approaches were given careful consideration and formed discussion points with the researcher's supervisory team as part of this process. Within these discussions, the researcher developed a more thorough understanding of how qualitative approaches do not exist exclusively of one another, indeed elements and principles can be drawn into one another and, overlaps do exist between the methodologies. The researcher also developed a deepened understanding of how each one of these approaches could potentially use any of the interpretative frameworks, however there are elements within each which could lend themselves more to a particular framework. Essentially however, the different methodological approaches are informed by different ontological and epistemological foundations which fundamentally influence everything about how the research is conceptualised, realised and analysed. Stubblefield and Murray (2000) highlight how a problem with many qualitative studies is the absence of linkage between the method used and a clear understanding of the philosophical and underpinnings that should guide the method. Implementing a method without an examination of its philosophical basis can result in research that is ambiguous in its purpose, structure and findings. This is why an aim of this chapter is to demonstrate the links between the philosophical underpinnings and positions of the researcher and the chosen methodological approach.

3.6 Phenomenology

Whereas a narrative study reports the stories of experiences of a single individual or several individuals, a phenomenological study describes the common meaning for several individuals of lived experiences of a concept or a phenomenon. Phenomenologists focus on describing what all participants have in common as they experience a phenomenon. The focus of this research is the life experiences of individuals with LD which has brought them into contact with the CJS and resulted in their incarceration. Within prison this population is considered to be a significantly overrepresented population (Herrington, 2009) which is potentially part of the context of this phenomenon. The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence (a “grasp of the very nature of the thing”, van Manen, 1990, p.177). In this context, qualitative researchers identify a phenomenon, an “object” of human experience (van Manen, 1990, p.163). Whilst an aim of this research is to recognise each participant as an individual, bringing together the common meaning for all participants means, as in keeping with a Transformative Framework, the findings can inform an agenda to champion change to help to improve the quality of life for the participants.

There is more than one philosophical school of phenomenology and the two main approaches evident in the literature are descriptive (eidetic) phenomenology and interpretation (hermeneutic) phenomenology (Cohen & Omery, 1994).

3.6.1. Interpretative Phenomenological Analysis and rationale for approach

Interpretative Phenomenological Analysis (IPA) relates to phenomenology in the sense that it has a core concern with the individual’s perceptions of objects or events, and it is hermeneutic in that it is interested in how the participant makes sense of their personal and social world (Smith, 2004). In this way the approach aligns itself, in a way in which a descriptive approach does not, with relativist positions from both an ontological and epistemological perspective by supporting the notion that there are different truths of reality and different interpretations of these realities. As such, an IPA approach also aligns itself with a subjective epistemological position in that everyone has a different interpretation of reality. The fundamental epistemological position of IPA is that the knowledge gained through the research process should reflect the participant’s perspective on how they make sense of their world and is seen as more important than the researcher’s understanding of their experience.

It lays emphasis on hearing the participants voice and in this way also supports the researcher's epistemological position of rationalism in that humans can gain knowledge from others. The philosophical basis of IPA is informed by concepts and debates from three areas of the theory of knowledge: phenomenology, hermeneutics and idiography.

3.6.2 Phenomenology

Husserl states the "phenomenological intention is to describe how the world is formed and experienced through consciousness. This intention is often understood as a "stripping away" of our preconceptions and biases, such as those from science and common-sense, exposing the taken- for-granted and revealing the core of the phenomenon" (Husserl, 1989, p.30). Husserl provides an explanation of this as not the individual train journey we experience from our singular perspective point but rather "what all train journeys have in common, their *whatness,* and in this way what makes a train journey a train journey rather than a boat or car journey" (Husserl, 1989, p.22).

Similarly, IPA is committed to clarifying and illuminating a phenomenon, whether that is an event, process or relationship, but its interest is specifically in how this process provides insight into experiences as they are lived by a living human within a social and historical context. IPA aims to grasp the texture and qualities of an experience as it is lived by the subject who is experiencing it. The primary interest is the person's experience of the phenomenon and the sense they make of their experience rather than the structure of the phenomenon itself. In sum, "IPA has the more modest ambition of attempting to capture particular experiences as experienced for particular people" (Smith, Flowers & Larkin, 2009, p.16).

3.6.3 Hermeneutics

In IPA research, there is an interaction between the researcher and participant as well as recognition that the researcher plays a fundamental role in the interpreting and making sense of the participant's reflections on an experience. The interpretative element of IPA originates from theorist, Heidegger. Heidegger (1962) had a notion of 'Dasein' which when translated means 'being in the world' and emphasises that it is not possible to be fully objective, as experience, judgements and pre-conceptions cannot be suspended. Heidegger argued that our access to lived engagement with the world is always through interpretation (Smith et al., 2009). Consequently, the importance of the researcher engaging and committing to a process of self-reflexivity, as the researcher has endeavoured, is critical to ensuring the integrity of the research.

3.6.4 Idiography

The third significant influence pertaining to IPA is idiography, which is concerned with the particular as opposed to making claims at the group or the population level. IPA is committed to understanding how a particular event has been understood from the perspective of the particular person. Consequently, the sample size will be small and purposively selected to find a reasonably homogenous group. This means the IPA researcher can then examine convergence and divergence in some detail (Smith et al., 2009). In this way, participants can be recognised and respected as individuals whilst also the opportunity is provided to identify commonalities of experiences between them. Identification of commonalities will in turn enable an understanding of a phenomenon that they all share, such a developed understanding can then be utilised to galvanise change where thought necessary.

3.6.5 Rational for IPA approach

- A significant amount of research related to LD historically is from an empirical paradigm however, the researcher holds epistemological and ontological perspectives which place emphasis on individuals, their experiences and their interpretations of realities. This is therefore conducive to an IPA approach and in this way the personal perspectives and epistemological and ontological positions of the researcher have influenced the choice of methodology. In keeping with this, another aspect of the researcher's philosophical position is one of subjectivism, which as IPA advocates considers different viewpoints and the unique characteristics of human behaviour. These philosophical assumptions then fold into interpretative frameworks. A Transformative Framework linked with Disability Theory both emphasise the issues faced by marginalised groups and view a key role of the researcher as providing a voice to these people. This too is fitting with Critical Theory which is concerned with empowering individuals, for example by encouraging them to share their voice, and overcome the social circumstances that constrain them;
- The outcome the researcher wishes to accomplish is an exploration of the meaning of lived experiences of individuals who are part of the same phenomenon, they are

individuals with LD who are part of a population of thought to be over -represented individuals with convictions in prison;

- Whilst the lives of the individuals are of interest which typically lends itself to a narrative qualitative and thus ‘life story’ approach, the overarching goal is to understand the essence of a phenomenon. It is the lived experiences of individuals with LD and their trajectory into the CJS specifically which is the research focus as opposed to their life stories more generally (IPA is akin to a narrative approach in that it also views the participant as a story-teller not a respondent with respect to the topic of interest);
- The research hopes to promote awareness and create dialogues which challenge the ‘one size fits all’ perspective/ approach to individuals with LD. Whilst an aim such as this is also in keeping with a narrative approach, IPA studies also do not want to lose sight of the particularities of individual lives, whilst emphasising how the divergence across these lives is more captivating when they arise from an individual approach. Smith, Jarman and Osborn (1999) argue that from an idiographic perspective, it is important to complete analysis which enables the identification of patterns across individuals, whilst still recognising the particularities of each person. This enables phenomena’s to be understood and the opportunity to recognise how some individuals with shared aspects are united by such phenomena. Furthermore, most research which utilises IPA does not aim to achieve a representative sample in terms of population or probability. In this way, IPA’s idiographic commitment to the analysis of each individual experience allows every participant to be part of the final research report (Smith et al., 2009). In support of this, Pringle, Drummond, Mclafferty and Hendry (2011), highlight how limitations and criticisms of the IPA approach often state how generalisations are largely not feasible. Whilst this can be presented as a criticism, for some participant ‘groups’, such as individuals with LD this can be considered a positive as it is a move away from a ‘one size fits all approach’ and assumptions that one person’s LD is the same experience as another;
- A review of the literature as presented within Chapter Two’s Systematic Review has identified very few research studies relating to the lived experiences of individuals with LD who have convictions.

3.6.6. Considerations and Limitations of an IPA Approach

Within the IPA field, Giorgi (2010) is a prominent critique of the IPA approach which has included critiquing IPA's originator Jonathan Smith. As part of this critique Giorgi (2010) raised some significant questions predominantly regarding the relationship between certain practices being labelled 'phenomenological' which were performed by Psychologists and, whether they sufficiently met the criteria of science. To illustrate Giorgi (2010) stated "the theory and practice he [Jonathan Smith] recommends has little to do with continental philosophical phenomenology" (p.4). Smith (2010) replied to this stating how IPA clearly had theoretical underpinnings in phenomenology and hermeneutics, providing examples of where this relationship was discussed (e.g. Eatough & Smith; Smith, 2004; 2007; Larkin, Watts & Clifton, 2006).

A second significant claim Giorgi (2010) raised related to his perception of the unscientific nature of IPA "it seems to me that many of the practices being advocated by those recommending IPA are not scientifically sound" (p.6). In response, Smith (2010) stated that whilst IPA does and should endeavour to be scientific it is not appropriate or meaningful to evaluate it based on quantitative 'scientific' criteria such as replicability. Despite Smith's (2010) responses, Giorgi (2011) maintained his original position that IPA has little to do with current phenomenological philosophy and its methodological procedures do not meet the criteria of good scientific practices. The theoretical underpinnings of IPA in phenomenology are presented within this chapter and how this research sought to demonstrate validity through the data collection and analysis processes is presented within chapter four. Giorgi's (2010, 2011) criticisms are acknowledged however, and it is recognised that schools of thought conducive with Giorgi's perspective in this context may disagree that research of this nature meets the criteria of sufficient scientific practice from their perspective.

Smith and Osborn (2007) describe semi-structured interviews as the exemplary method for IPA and most of the work published using IPA adheres to this. Interview questions are generally described as open-ended and the interview style as non-directive. This however creates considerations for applying this approach with populations with different responsivity needs, such as individuals with LD.

Hocken, Winder and Grayson (2013) considered traditional approaches to interviews and how able people with LD could engage in this process and meet the aims of the interview.

Specifically, they draw attention to the process of interviewing a prisoner for a risk assessment and highlight how traditionally this is restricted to a verbal style of communication, typically a question-and answer format. They highlight how this style therefore relies on the recall ability of the prisoner in terms of what they are able to remember and hypothesise that utilising this style of interview for individuals with LD, may mean it is cognitive ability and verbal fluency rather than 'risk' which is actually being assessed. Recommendations from the work by Hocken et al., (2013) include a move away in interviews from a reliance on verbal abilities. Visual and kinaesthetic methods were instead recommended to assess learning. Examples of these included asking people to express themselves using pictures and actions, such as drawings or demonstrating through role-play how they may react and manage their risk in different situations.

Throughout the IPA literature, particularly the literature pertaining to the methodology of the IPA approach, there is an absence of information concerning how to adapt interview schedules or indeed apply a more responsive approach with populations who have significant cognitive and responsivity considerations. As Haaven and Coleman (2000) state, "an intellectually disabled person may be more hampered by the therapist's old fashioned and inept teaching methods than his own intellectual deficits" (p. 203). This therefore is also considered relevant to the IPA researcher. As traditionally, IPA express a desire to use the interview schedule to facilitate the participant's ability to tell their own story in their own words and this is a central premise of the approach (Smith, Flowers & Osborn, 1997), it is therefore key that the researcher provides the 'tools' and applies responsivity strategies to enable the participant to do this in a way which enables the most meaningful data to be uncovered. Even if this moves away from the tradition vehicles of communication historically utilised.

3.7 Visual Methods and Rationale for Approach

Barbour (2014) highlights how visual methodologies are used to understand and interpret images and can include a range of methods such as graffiti, photography, film and artwork. They are considered a novel approach to qualitative research however there is a growing enthusiasm for their use (Barbour, 2014) given, they have the potential to add value and a different perspective to existing methods (Balmer, Griffiths, & Dunn, 2015).

A literature review conducted by Pain (2012) that evaluated the use of visual methodologies found that together with enhancing the richness of data, they also help with the relationship between the researcher and participant. Data enhancement was achieved because it facilitated communication, enhanced rapport building, enabled the expression of emotions and tacit knowledge (the unspoken or unexpressed), and encouraged reflection. Pain (2012) identifies it as an approach which acknowledges participants as experts in their own lives, facilitates empowerment, and allows for collaboration. In turn, utilising visual methods to facilitate and enrich communication enriches the data and produces data which is of a different ilk to that produced solely through verbal interview (Pain, 2012).

The aims of visual methods are to elicit as much valuable information as possible which aligns well with the phenomenological ethos of IPA. Furthermore, at the crux of both of these approaches is trying to understand ‘what it is like’ from the participant’s point of view. Elmi-Glennan and Mercer (2018) argue that lived experiences are often more complex, multi-layered and potentially difficult to recall or articulate within an interview. They highlight that the presentation of visual, symbolic and abstract pictures can prompt disclosures at a much deeper level. In support of this, Iantaffi (2012) identified how many of the experiences of the participants may not be readily available through language to the participants since their stories may have remained untouched and invisible (Blackwell- Stratton, Breslin, Mayerson & Bailey, 2009; Matthews 1994; Cornwall, 1995; Potts & Price, 1995). This is supported by Chaplin (1994) who notes that using visual methods can provide a gateway into new knowledge and, access knowledge that otherwise would remain unknown. This approach seems of particular relevance for participants with LD given the limitations they may encounter in their ability to express themselves in verbal interviews. As such, visual methods could be utilised as a way of opening and supporting participants’ communication channels given their responsivity considerations and would provide opportunities outside of a traditional verbal interview to potentially express themselves more ably and freely. One of the aims of IPA is to illustrate and identify themes by anchoring findings in direct quotes from the participants. If verbal descriptions and expressions are more difficult for participants to access and potentially not their preferred method of communication and, the traditional question and answer interview is the only method of communication available, it becomes questionable how effective this can be in terms of truly capturing and communicating meanings as the participant intends? Without supporting participants in expressing themselves, is it logical to presume that some of the participants' 'meaning' will be either absent or 'lost in translation'. Collier and Collier (1986) highlight how nobody knows the situation of the research participants better than the research participants themselves therefore they should be supported in every way available to have their voice heard. This perspective is particularly in line with a Transformative Framework which views individuals as different and champions this in the research process by emphasising the importance of utilising appropriate communication methods fitting to the needs of the participants.

Finally, Parker (2009) highlights how participatory visual methods do offer a way of transferring power and authority from the 'researcher' to the 'participant' thus seeking to empower them. For example, the participants can define the research agenda in a way through the discussion of the images and visuals they have chosen to include (Collier & Collier, 1986). Rather than asking direct, narrow, predefined questions, the points of research inquiry are rather generated by the issues brought up in the visual representations generated by the participants (Collier & Collier 1986; Parker, 2009). This focus on disability as a difference not a defect and empowering the participants in this context is supported by Critical Theory, and the Transformative and Disability theory interpretative frameworks.

3.7.1 Considerations and Limitations of a Visual Methods Approach

Many issues, such as that of whose 'voice' is heard in the data, are common to other research, but the introduction of visual data can increase the complexity as particular care is needed to authentically represent the participant's intentions through both analysis and in the presentation of the findings. Often explanatory words to accompany an image so that it is understood in the way its author intended will be needed, otherwise the aim of giving a 'voice' to a participant is compromised (Morrow, 2001). This of course brings considerations for an LD population within the context of this research, as the use of visual methods is intended to enable the participants an avenue to express themselves in a way which does not rely on verbal communication. Therefore, enabling a 'true' and meaningful representation of their lives from their experiences. It is hoped that the use of visual methods can help guide and lead the identification of the most meaningful language to accompany it where necessary and, the participants can choose to lead with their visual representations in terms of deciding how to present information visually and whether to accompany the visual information with words. Throughout the research process the researcher will engage with a process of reflexivity and structured analysis process to ensure participants accounts are interpreted as authentically as possible. Finally, the application of visual methods has the potential to transcend or dilute the need for language and provide information which otherwise may remain absent if the participant did not have access to the language to share it otherwise. This is in keeping with the proverbial sentence ‘a picture is worth a thousand words’ meaning an artwork or an image can convey meanings more effectively than descriptions.

Visual methods can be utilised to facilitate expression of emotion and communicate more personal or sensitive topics, as such participants may reveal more than they expected or planned to share. Consequently, revisiting discussions pertaining to consent may be needed with participants, given potentially thoughts, feelings and emotions which may be left outstanding from communication of this nature (Meo, 2010).

Finally, it can also be challenging to assess the contribution of visual methods. There can be a difficulty in separating the influence the visual method makes from those of verbal communications, and the researcher’s interpretative approach. As such it is crucial the researcher applies a structured analytical process and engages in a reflexive approach remaining committed to this throughout the research process.

3.8 Reflexivity in the Context of Chosen Methodological Approach

The importance of a reflective approach has been demonstrated throughout this chapter. Its necessity is also emphasised by the chosen methodology of the research. Visual based research requires the incorporation of other elements of reflexivity which are not dependent on verbal explication. For example, Pink (2001) advocates a reflexive approach towards the collection and analysis of visual data which does not depend on translating ‘visual evidence’ into ‘verbal knowledge’ but rather depends on ensuring an explanation of the relationship is provided. This research approach emphasises the need to support participants in their communication to enable them to express themselves. Furthermore, Biggerstaff and Thompson (2008) state that a paradox is created with IPA for whilst the participant is positioned at the centre of the research it is acknowledged that the researcher plays a significant part in the process of interpretation and analysis. Nagell (1974) stated that there is no such thing as ‘a view from nowhere’. Therefore, reflection within IPA research is considered central (Oxley, 2016) and must be incorporated at each stage (Biggerstaff & Thompson, 1998). IPA recognises the significance of the researcher’s presuppositions and that they can both hinder and enhance the interpretation of another's lived experience. The resultant dialogue between the researcher and researched is described as a double hermeneutic, "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn 2008, p. 53).

Consequently, in terms of this research, the following were considered as part of a committed and systematic reflexivity approach; the researcher's position and their professional role (chapter three), awareness of the views the researcher holds regarding the nature of LD (chapter three), awareness of prior knowledge of existing literature (chapter three), ensuring themes were not in effect pre-constructed prior to analysis by revisiting the data, grounding the analysis within the participants accounts and visual representations (chapter five), explaining relationships between visual evidence and verbal knowledge (chapter five), and, ensuring the transparency of the analysis by keeping a record of emerging themes and how these developed (see Chapter Four and Appendices).To ensure trustworthiness of the research, the researcher produced a record of thoughts, preconceptions and any potential biases (Carlson, 2010; Roberts, 2013) throughout the process. These are referred to further in Chapter Four with examples provided within Appendix 23.

Whilst a commitment to reflexivity is demonstrated throughout the research process, the researcher aimed to find a balance regarding this as Finlay and Gough (2003) caution, it must be remembered the goal is to understand the nature of human experience in the various ways in which it is lived, and, not to lose sight of this. Finlay and Gough (2003) advised that although reflexivity is dominant in making the researcher's interpretation process transparent, it should not be the objective of research; rather, reflexivity can be seen as a way of 'being' of completing researching that enhances the process.

3.9 Concluding Comments

The methodology at the crux of any research design should be informed by the researcher's philosophical positions and their values, identified through a process of reflexivity. These are key premises that are then folded into interpretative frameworks and inform how data is collected and analysed. This chapter presents how a visual methodology as part of a wider IPA framework were identified as a result of this process with specific consideration given to how best support participants with LD and progress the research field for these individuals.

Chapter Four

Research Design, Implementation and Process of Analysis

4.1 Introduction

The previous chapter, Chapter Three, set the foundation for the research design and its implementation through sharing the researcher's values and philosophical perspectives which were considered alongside the learning taken from the researcher's exploration of the current research base to inform the choice of methodology. This chapter expands upon this further by detailing the mechanics of the chosen methodologies, their implementation, and the validity of this process. In sum, whilst the previous chapter presents the 'why', this chapter presents the 'how'.

4.2 Research Question

There is no specific hypothesis to be tested given the nature of this research, but rather the following research question to be addressed:

What are the life experiences of individuals with Learning Disabilities, and how have these experiences shaped their trajectory into the Criminal Justice System?

4.3 Setting

Data was collected from Her Majesty's Prison Service X (HMP X). HMP X is a Category A and B male prison in England, holding approximately 600 individuals convicted of offences. The prison's primary aim is to hold individuals convicted of offences in conditions of high security, some of the most are regarded as the most difficult and dangerous criminals in the country. HMP X will not normally accept prisoners who have been sentenced to less than four years, or who have less than twelve months left to serve.

4.4 Participants

4.4.1 Process for Recruiting Participants

Interpretative Phenomenological Analysis (IPA) researchers aim to explore in detail how participants perceive and make sense of phenomena personal to them. For this research, less is considered more (Reid, Flowers & Larkin, 2005), and IPA studies are usually conducted on small sample sizes. McCoy (2017) identifies that typically between six to eight participants are an appropriate number of participants for an IPA design. However, for professional doctorates, between six and ten interviews are recommended, although the level of flexibility in terms of what is appropriate for a doctorate is acknowledged (Smith, Flowers & Larkin, 2021). IPA research undertakes purposive sampling to identify a closely defined homogenous group for whom the research question will be meaningful (Smith & Osbourn, 2015).

Consistent with the orientations of IPA, a purposive sampling method was utilised to select participants (Smith et al., 2021). All participants were prisoners residing at HM Prison X. Demographic data and potential participants were identified using information from their Psychology Files. Participants were approached directly by the researcher.

4.4.2 Participant Demographics

Homogeneity was defined in terms of all participants having received a formal diagnosis of LD as in keeping with the DSM-V definition cited in this thesis. The demographics of the participants are detailed within Table 4.

Table 4

Participant Demographics

Participant	Participant One	Participant Two	Participant Three	Participant Four	Participant Five	Participant Six
Age at interview	40s	40s	40s	50s	40s	40s
Gender	Transgender	Transgender	Male	Male	Male	Male
Age at Diagnosis	8	7	15	31	29	11
Measure used to indicate DSM-V Criteria had been met?	AF- Adaptive behaviour interview and observation	AF-Adaptive behaviour interview and observation	AF-Adaptive Behaviour Checklist	AF-Functional Living Scale	AF- Functional Living Scale	AF- Adaptive Behaviour Checklist
	IQ- Binet- Simon	IQ- Binet- Simon	IQ-Ravens Progressive Matrices	IQ-WAIS III	IQ- WAIS III	IQ- Ravens Progressive Matrices
	Agreement onset prior to 18 years of age.	Agreement onset prior to 18 years of age.	Agreement onset prior to 18 years of age.	Agreement onset prior to 18 years of age.	Agreement onset prior to 18 years of age.	Agreement onset prior to 18 years of age.
Ethnicity	B2	W1	W1	W1	W1	W9
Other diagnosis	Borderline Personality Disorder	Severe Personality Disorder with Psychopathic Disorder	N/A	N/A	N/A	N/A
Type of school attended	Mainstream	Mainstream and changed to Special needs school at 7	Mainstream	Mainstream	Mainstream	Mainstream
Index Offence	11.07.1998	04.04.2003	21.12.1994	17.04.2007	17.04.2007	12.04.2006

Category Status	B	A	B	A	A	B
Index Offence	Rape of a female child under 13 by a male	Murder	Unlawful sexual intercourse with a girl under 13.	Murder	Murder	Threats, conspiracy or incitement to murder
Tariff Expiry Date	2007	2024	2010	2021	2021	2036

4.5 Materials

The materials utilised as part of this research process were:

- Information sheet and Consent form (see Appendix Eight)
- Interview Room
- Dictaphone
- Semi-structured Interview including prompts (see Appendix Nine)
- Paper for River of Experience
- Coloured pens and crayons
- Stop Card
- Debrief schedule (see Appendix Ten)

4.6 Research Design

4.6.1 Incorporation of Visual Approach

The merits of a visual approach entwined within an IPA framework are presented within Chapter Three. In terms of a specific approach, The Rivers of Experience is a visual technique which is a powerful way of inviting people to connect threads of their life stories. The term is developed from the 'snake technique' utilised by Denicolo and Pope (1990) to explore participants' career stories;

"They [the participants] were asked to reflect in private, visualising and drawing their lives as a winding snake in which each 'twist' in its body represented a change in direction of, or intention for, their career. Brief annotations were to be included, for each twist, about the experience or incident which precipitated the change. No instruction was given about when in their lives to start considering whether experiences influenced career". Denicolo and Pope (1990, p.158-159).

Iantaffi (2012) utilised and developed this approach in his 'Travelling along Rivers of Experience' research and highlighted how many experiences of people may not be readily available due to the language they can access. Therefore, what these experiences meant to the individuals can remain largely untouched and unarticulated (Blackwell- Stratton et al., 1988; Matthews, 1994; Cornwall, 1995, Potts & Price, 1995). As part of this, Iantaffi (2012) recognised how verbal language can actually be limiting to both the researcher and participant when trying to reach a common understanding of the topic explored. He therefore argued how a ‘River of Experience’ approach could alternatively be particularly empowering for participants. Iantaffi (2012) wanted to ensure he did not constrain his participants within a path so narrow by only considering a verbal approach that they might miss what they were not planning or expecting to find. He illuminated how by using the metaphor of a river, he as a researcher can invite participants to reflect on their drawings and not just the main flow of the river, but the nuances and uniqueness of them, for example what currents may be present in different parts of the river. Furthermore, he highlighted how participants would be able to imagine their own river, which could include waterfalls, rapids and other features which they perceived as relevant and representative of their experiences. As examples, descriptions could bring to life periods of time in participants’ lives where they felt they were ‘swimming alone’ or perhaps being ‘swept along’. Furthermore, Iantaffi (2012) added how participants can choose where they start, set the pace and extent of the dialogue. He added how it also provides an opportunity for the participants to communicate their experiences in their own way, using their own words and imagery rather than consistently being promoted by the researcher. Figure 3 presents an example of Iantaffi’s River of Experience.

Figure 3

Example of a 'River Experience' (Iantaffi, 2012)

4.6.2 Semi- Structured Interviews

Whilst the River of Experience as a visual approach is being utilised as a basis for the participants to share their life experiences, a general interview format including an introduction to the River of Experience and, semi- structured interview schedule to ensure key areas are explored, were utilised to establish a level of consistency and richness of information across participants.

4.6.3 Constructing the Interview Schedule

As a semi-structured interview approach was considered in keeping with the spirit of the research and its focus on empowering and providing a voice to the participants there was a need to develop an interview schedule.

Brocki and Weardon (2006) completed a systematic review of research papers which utilised IPA and found that whilst all the papers reviewed expressed a want to provide an interview schedule, very few described the process or provided copies of that schedule. Brocki and Weardon (2006) argue that this makes it difficult for others to judge the quality of the interview and any levels of influence on the data obtained. Smith et al., (2009) advise approximately six to ten open questions with prompts to elicit further information (although this recommendation is not for participants with LD specifically in mind). The interview schedule for this research incorporates five areas of exploration following a review of the literature. Table 5 details this further.

Table 5

Topic Construction

Topics identified	Observations from literature	Example Prompts/ Question
The nature of the participant's Learning Disability.	Very sparse. This is a research field which is significantly overshadowed and understood through a quantitative lens. Although there are some limited examples of qualitative research which links to this area for example; Karande, S., Mahajan, V., & Kulkarni, M. (2009). Recollections of learning-disabled adolescents of their schooling experiences: A qualitative study. *Indian Journal of Medical Sciences, 61,*398-406. Iantaffi, A. (2012). Travelling along "rivers of experience": Personal construct psychology and visual metaphors in research. In P. Reavey (Ed.), *Visual methods in psychology: Using and interpreting images in qualitative research* (pp. 271–283). Routledge. Neither of these research pieces however include the voices of individuals with convictions.	Can you tell me about a Learning Disability? What is it? How would you describe it? What images or words do you associate with it? How do you know Learning Disability is in your life?
Diagnosis of the Learning Disability.	Research is sparse however predominately the literature which does exist highlights conflict and inconsistency in this area. Additionally, reactions to diagnosis have most commonly been explored from the perspectives of parental figures and	Who noticed the Learning Disability? What did you/ they notice?

	professionals within this context. Ironically, there is limited research in this area which relates to asking those with a Learning Disability themselves to share their experiences. A key paper which is considered an exception to this context however is; Kenyon, E., Beail, N., & Jackson, T. (2014). Learning disability: Experience of diagnosis. *British Journal of Learning Disabilities, 42*(4), 257-263. A review of the literature suggests this is a stand-alone paper rather than a reflection of this as a growing area of interest within the research base currently.	
Mapping the effects and recognising the participant as a human and individual.	Very limited which is a likely consequence of the quantitative approach which has been applied historically. Although oral and life history research is now used in the Learning Disability field, it is a recent development and remains relatively scarce.	What has it been like having Learning Disability in your life? Has it made you feel different from other people in your life? How? Is there something which you have done which was really hard to do but you did it?
Interventions and Support.	A significant piece of work within the very limited research development in this area is; Atkinson, D. (2004). Research and empowerment: involving people with learning difficulties in oral and life history research. *Disability & Society*, *19*(7), 691-702. This is however an absence of research relating to individuals with convictions within this context.	What help and support have you had during your life for your Learning Disability? Who from? What help did you want? How much support have you received from health and medical services across your life?

	The research is again narrow and the focus is from a Healthcare Paradigm. For example; Guinea, S. M. (2001). Parents with a learning disability and their views on support received: A preliminary study. *Journal of Learning Disabilities*, *5*(1), 43-56. The adult population who have offended are again not included within this.	
Offending Behaviour.	A review of the literature highlights offending behaviour and its associated risk factors are predominately understood through a quantitative perspective. Chapter Two of this thesis presents a Systematic Review of the risk factors related to adult male and females with a Learning Disability convicted of offending behaviour and, the relevance of gender within this context. However, the review concluded that neither of these aims could be answered due to the limited research in this area, and the significant methodological flaws. The review recommends that given the complex interplay of risk factors, an understanding and consideration of risk including the complex biological, social, situational and psychological factors which may have contributed to the offending behaviour are now needed. Ironically, history informs us that vulnerable populations such as this are overlooked and not provided	When did you first come into contact with the police/ law? Why? Please share all the times you had contact with the police and why? Tell me about your offending? When and how did it start? How much did you view it as offending behaviour? How would you describe this behaviour? Was this behaviour different from previous behaviour? Why?

with a ‘voice’ and therefore there is a sense of parallel processing when this too is reflected in the nature and approach of the research.

Questions pertaining to these areas formed the content for the semi-structured interview. A Socratic questioning style was adopted to ensure an open format. The questions were constructed utilising 'externalising language' to situate LD outside of the person who had received the diagnosis. As an example, 'how do you know Learning Disability is in your life?' 'Externalising' or separating people from a diagnosis is considered helpful in creating distance between the person's identity and the problem (White & Epson, 1990). In this way the researcher endeavoured to ensure that their questioning did not add to a belief that any problems the participants with LD were experiencing were 'characteristic of their identity'.

The interview schedule primarily included a number of more general questions designed to help build and establish rapport in the first instance. This is important for all participants although it could be argued it is particularly important for individuals with LD given the higher levels of anxiety (Raghavan, 1998) and low self- esteem (Evans & Allez, 2018) they are thought to experience. These thus proceeded and helped to establish the foundation for the exploration of more sensitive and challenging areas. This is detailed further within the rapport building section of this chapter. A number of prompts were also included within the interview schedule designed to help support the communication channels of the participant. These were both verbal and visual, for example the use of a colour chart to help the participant identify and indicate the strength of their feelings. As an illustration, identifying or reexperiencing a smell or a piece of music can both serve as powerful triggers and pathways of access to an individual's autobiographical memories and associated memories (Janata, Tomic & Rakowski, 2007). Potentially this then enables the participants to access aspects of their lived experiences which otherwise, a purely verbal approach may not have achieved. A copy of the Interview Schedule is presented in Appendix Nine.

4.6.4 Visual, Auditory, Reading, and Kinaesthetic (VARK) Approach

A VARK approach, developed by Fleming (2001; Fleming & Mills, 1992) standing for Visual (V), Auditory (A), Read (R) and Kinaesthetic (K) as the four main classifications of learning preferences, was applied as an overarching framework for the interview process (emphasis was not placed on the reading element of the model due to the nature of the population). Whilst the use of the 'River of Experience' is a VARK approach in itself, other VARK approaches were identified as part of the research design to provide further communication opportunities for the participants and be responsive to their needs. This approach was particularly informed by guidelines developed by Williams and Hocken (2014) regarding how to enhance the responsivity of an interview for individuals with LD by considering how to aid communication by adopting a VARK approach. Examples of these are as follows; in terms of visual elements, to help the participant describe the intensity or strength of a feeling, a visual representation such as feelings scale (1 2 3 4 5) where 1 is a low intensity feeling and 5 is a very strong feeling. An example of an auditory method could mean the use of sounds including music or a concerted effort to safeguard against some styles and features of communication being utilised. For example, ensuring sarcasm, clichés or dry humour are avoided, along with abstract and hypothetical discussions, language is kept simple and, is familiar as possible to the individual participant. Finally, kinaesthetic methods include; making appropriate use of gestures to support a verbal message such as thumbs up or down for OK or Not Ok, using "show me" as a way of getting the participant up to show how they would behave or did behave and, Stepping stones. Stepping stones are a series of papers on the floor to help the participant talk through aspects of their life as they move from 'stone' to 'stone' with each stone representing an experience of significance for them.

4.7 Researcher's Pilot Process

The researcher designed their pilot process to involve internal testing, expert assessment and field testing. In terms of internal testing, the researcher sought feedback regarding the research design, and predominantly the interview schedule from their Supervisory Team, given they could be considered as investigators within the research team. In terms of expert assessment, the researcher requested guidance and feedback from a PhD researcher (based at Nottingham Trent University) who has a background in researching life stories with Autistic individuals serving life sentences for sexual convictions. This enabled exposure of the research design to a specialist. The researcher provided this expert with a copy of the interview schedule to request feedback regarding the accessibility and comprehensiveness of the questions for participants in relation to the aims of the research. The final step was then to complete a field test by conducting a preliminary interview with a potential research participant. The following is an overview of key changes made as a consequence of each stage of testing.

4.7.1 Internal Testing

This stage identified the need to provide more of an introduction prior to any interview questions to encourage a more holistic perspective of the methodologies and how they dovetail together. The researcher therefore created the following introduction within the interview schedule; ''Whilst the River of Experience is being utilised as a basis for participants to share their life story, a general interview format, including an introduction to the River of Experience and, semi- structured interview schedule, to ensure key areas are explored, will be utilised to establish a level of consistency and richness of information across participants''.

4.7.2 Expert Testing

The following feedback was received through the expert assessment process that the researcher then applied to the research design. *"A number of the life questions are quite broad, therefore it would be beneficial to break these areas down further".* For example, whilst initially there were categories such as relationships and school built into the interview schedule, these were then broken down further into primary and secondary school and, romantic and friendship relationships, to help make these questions more accessible to the participants. The expert assessment also recommended some wording changes. As an illustration, replacing 'big' with 'important' to help safeguard against the word 'big' being understood in literal terms by the participant. Furthermore, the expert assessment process suggested some reframing of questions. For example, 'before you came into prison' was reworded with 'in life outside of prison' to make this more specific and thus again accessible for the participants. Engaging with this process also prompted further reflections regarding how the researcher had used the phrase 'offending behaviour'. The researcher therefore considered sensitivities around this phrase, particularly for example if participants were appealing or in denial of their offending behaviour and aspects of it. Finally, as part of a VARK approach the researcher had designed a number of faces with different emotional expressions to help aid understanding and communication for the participants, it was however highlighted that it may be difficult for some participants to read these expressions. The researcher therefore considered how different descriptors alongside the associated feelings could be utilised.

4.7.3 Field Testing

From this process the researcher reflected and learnt that some questions felt too 'big' and 'too long a time ago'. As such, the participant felt a sense of 'they did not know where to start' or they were 'unable to access these experiences.' This seemed particularly relevant to being able to access memories. The researcher reflected how the ability to access memories is fundamental to the researcher being able to elicit the participants' varied perceptions and experiences. This area was therefore given further consideration, and as an illustration, one strategy the researcher identified was how they could use prompts linked to the senses to provoke and stimulate memories.

4.7.4 Key reflections from the Pilot Process

Whilst the researcher recognised it is good practice to pilot an interview schedule and seek feedback, the researcher also recognised it is not in keeping with the ethos of this research to adopt a one size fits all approach and believe that these modifications will be appropriate for each participant. Traditionally, there has been “a tendency to link pilots with more positivist approaches in social sciences” (Sampson, 2004 p.383) which is not in line with the philosophical underpinnings of this research. Therefore, the researcher remained mindful of how any questions and adaptations to these questions and their design may increase their accessibility and meaningfulness to one participant, but not necessarily another. The design of this research was also not to strive to achieve a homogenous group. As such, whilst three stages of piloting were adhered to and resulted in changes to the research design, the researchers own reflections and engagement with a process of reflexivity, which considered the responsivity needs of each participant, played a crucial role in adaptions made to the interview process as it evolved for each participant.

4.8 Procedure

4.8.1 Rapport Building

A rapport building approach was adopted to help the participants feel psychologically safe and comfortable to share their narrative. Rapport developments and a trusting relationship are key to facilitating discussion of sensitive topics and makes the establishment of a trusting relationship with the researcher especially important (Murray, 2003). The researcher therefore applied a rapport-building approach underpinned by the Motivational Interviewing (MI) principals (Miller & Rollnick, 2012), given their emphasis on the importance of creating an atmosphere of acceptance, safety and compassion. In this way, the researcher strove to develop a therapeutic relationship with each participant starting within their initial meeting with them. This was to aid the creation of an atmosphere where the participant could feel able to open up to an exploration of difficult realities and memories and, potentially overcome emotions such as shame (Murray, 2003) as part of this process. Consequently, the researcher consistently practiced active listening skills and sought to understand the participant’s experiences without judgement, criticism or blame. The researcher also demonstrated compassion as compassion is vital in the ability to efficiently and authentically express empathy (Hocken & Taylor, 2021). To achieve this, the researcher applied skills such as expressing genuine interest, empathy and concern, as in the researcher's experience this can help the person feel as though the person cares and has some level of understanding of their feelings. Secondary to this it can help the individual interact more openly and honestly. The researcher also utilised different levels of reflective listening including repeating, rephrasing, paraphrasing and reflection of feeling. Within the research design the researcher had also developed questions aimed at building rapport within the interview schedule, for example how has your day been, how are you finding life on the wing? The researcher made efforts to assume a non-judgemental respectful approach and show that they had invested in the participants through means such as being prepared for the interview, having an awareness of them and their file information. Finally, the researcher also sought to support their self-efficacy for example by offering specific praise for example and communicating a belief in their abilities (Miller & Rollnick, 2012). The researcher has had 13 years' experience of interviewing and developing this skill case as a Forensic Psychologist.

Although there is a focus on rapport building stage within the initial stages of the research process and as such they are detailed within this section, it is worthy of note that these skills were consistently applied throughout the interview process for each participant to strengthen a rapport and contribute to a therapeutic atmosphere.

4.8.2 Consent

At least several meetings solely for the purposes of building rapport took place prior to seeking informed consent. Gaining informed consent places emphasis on a process whereby the participant must receive and comprehend information sufficiently and appropriately to ensure they can make a decision independently (Jefford & Moore, 2008). As there is a developing body of literature which supports the notion that individuals with LD characteristically are likely to take longer to complete timed tasks, require a longer time for processing information and, may experience working memory deficits (Bell & Perfetti, 1994; Benedetto-Nash & Tannock, 1999; Frauenheim & Heckerl, 1983; Geary & Brown, 1990; Hayes, Hynd & Wisenbaker, 1986; Huges & Smith, 1990; Wolff, Michel, Ovrut & Drake, 1990), the consent process was designed with these responsivity needs in mind.

As part of this design, participants were each given an Information Sheet and Informed Consent form (please see Appendix Eight) which was written in an easy-read format and contained visual representations of the information. This detailed the nature, purpose, anonymity, confidentiality, dissemination, data storage and risks in taking part. The content was discussed using accessible language with each participant so as not to rely on the participants' reading skills. Informed consent was checked by asking participants to share their understanding of each of the key points which formed the content of the Information Sheet and Consent form. Given suggestibility is considered to be elevated in people with LD (White & Willner, 2005), accessing the participants understanding of the research as part of the consent process was essential to determine their authentic perspective. Positive indicators of consent were also considered such as the participant's level of engagement in terms of eye contact and body language and, positive non-verbal responses such as nodding. Participants were able to choose who would be the witness to the provision of their consent. If unable to provide written consent participants were given the choice to provide verbal consent which was audio-recorded. Gaining informed consent was considered a dynamic process rather than an isolated event. Therefore, whilst two specific meetings were designed for this (particularly to enable a time gap to support the participants in processing information) and, participants were asked to provide consent following these meetings, a discussion relating to consent was also revisited within each interview to gage the participant's current understanding of consent and keenness to engage.

4.8.3 Conducting the Interview

The researcher met with each participant on five separate occasions to conduct their interviews, following the rapport building and informed consent focussed phase. Each interview was planned to last between a minimum of thirty minutes to a maximum of an hour and thirty minutes if breaks were included within it. Smith and Osborn (2015) deem an hour to be an appropriate length of time for a semi-structured interview however the researcher wished to achieve a balance whereby the participants were encouraged and felt empowered to make the decision as to when was the most appropriate time for them to stop or pause their interview. This was balanced with the responsibility the researcher held to ensure the participants took a break or finished the interview at a time which was suitable for them. Furthermore, as the interview process involved Visual Methods, the format of the interview was not consistent with a traditional semi-structured interview as is the context in which Smith and Osborn (2015) provide their guidance regarding interview length. The researcher had reflected upon how barriers may exist in respect to whether the participants felt as though they were able to ask for the interview to stop or for a break. For example, if they wanted to please or 'do well' they may not request a break. Consequently, whilst participants were encouraged to decide for themselves when to finish the interview or have a break, boundaries were set in terms of a maximum time limit for the interview. Furthermore, when considered necessary the researcher would take the decision to stop the interview or provide the opportunity for a break in order to be responsive to the participants needs and learning style. For example, if they were showing signs of tiring and lapses in concentration.

For each interview, the same process applied, at the beginning of the interview the Information Sheet and Consent Form were revisited and then the interview schedule was applied alongside the River of Experience. As such, the interview schedule was used flexibly as a guide to facilitate meaningful discussion. All interviews were audio-recorded to enable transcription of the verbal content.

4.8.4 Location

One feature of the communication process between the researcher and the participant which can be neglected is the environment in which the interview takes place. Aspects of the environment and its surroundings can influence an individual's behaviour and how they then communicate (Ignatius & Kokkonen, 2007; Knapp, Hall & Horgan, 2013). Furthermore, it is recommended that interviews should always be conducted at a place and time selected by the participant (Doody & Noonan, 2013). Given the custodial environment, participants had a limited choice of location however the researcher considered it still appropriate and important that a choice was presented. Consequently, participants were able to choose from either an interview room within the workshops or a room on a residential wing. As far as possible within the restrictive environment, aspects conducive to a comfortable learning environment were included. This encompassed; spaciousness (particularly important for kinaesthetic approaches), effective and natural lighting, plants and comfortable chairs. Finally, as far as was realistically able, noise and interruptions were avoided.

4.8.5 Responsivity

Inglis and Cook’s (2011) ten principles for effectively engaging people with LD in research was utilised as a framework to underpin the responsivity strategy for the participants. As stated, an overarching VARK approach was applied in every interview and built into the interview schedule as part of this. Throughout the process, the researcher remained mindful that no participant would present with the same responsivity needs and no interview, whether with the same participant or not would be the same. The researcher therefore accepted that different methods would work for different people and therefore the researcher needed to be flexible, adopt an individualised approach, and utilise a variety of different methods to best meet each participants individual needs.

Smith et al., (2009) caution that interviewers should not make assumptions without asking further questions to ‘expose the obvious’. As such during the interview process with each participant the researcher asked for clarification and endeavoured not to make any assumptions to ensure it was their voice which was heard. This was of particular importance given the high levels of acquiescence in individuals with LD (Sigelman et al.,1982). The researcher also took pro-active steps towards creating a context which would support the participants in talking openly, for example, the researcher explained how there is no right or wrong way, and utilised meaningful language including, the participant’s language where possible. It was also vital the researcher supported participants self-efficacy and self-esteem (Inglis & Cook, 2011) and communicated a belief in their abilities to share their voice. The researcher endeavoured to do this by utilising skills such as offering specific praise. The researcher ensured the interview process was participant led rather than researcher led, positioning the participants as experiential experts on the phenomenon of LD and their experiences with the CJS. Verbal and non- verbal probing techniques were used as follow up questions to elicit further information and increase its richness. Examples of verbal probes included repeating the participants point and expressing interest with verbal agreement (Whiting, 2008). Non- verbal probing refers to concepts such as remaining silent and allowing the participant to think aloud (Whiting, 2008). As noted in section 4.6.3, a number of prompts utilising a VARK approach had been designed as part of the interview schedule and were utilised as part of a responsive approach with the specific needs of individuals with LD in mind. Aside from the overall maximum interview time limit, no other time limits were imposed enabling participants to access responses and process information within their timeframes. Where a participant felt unable to respond this was respected, validated and an understanding communicated.

4.8.6 Boundaries

Given participants were asked to share the life experiences which they believed influenced their trajectory into the CJS, the research process did evoke emotions for the participants. Birch and Millar (2000) highlight how despite the potential for participants' upset or distress, cathartic disclosure can be a revelation or prompt a new understanding of past or recent events (Birch & Millar, 2000). How researchers deal with distress and emotional situations is based on personal style. (Ashton, 2014; Hewitt, 2007; Walls, Parahoo, Fleming, & McCaughan, 2010). Mitchell (2011) encourages acknowledging the participant's upset by maintaining eye contact and attempting to talk through the issue. In keeping with this, Ashton (2014) advocates how researchers should create a space in which a participant can relive difficult emotions, providing relief and reinforcement of participants experiences (Ashton, 2014). These approaches resonated with the researcher's ethical framework as a Forensic Psychologist. The researcher's experience in expressing empathy, recognising signs of distress and being responsive to this was therefore incorporated into the interviews. This was balanced with providing clear boundaries which as Murray (2003) identifies, help to safeguard against a facilitator or counsellor approach. As Hennick, Huttler and Bailey (2011) state, while researchers must be empathic to the participants' needs, they should remember that they are researchers and not counsellors. The researcher's approach to this was a continuous area of reflection and reflexivity throughout the process.

Walker (2007) states how assessing participants for signs of distress during research of a sensitive nature and identifying strategies for minimizing discomfort are fundamental to good ethical practice. Therefore, alongside the application of the researcher's interview skills, the participants were also provided with a 'STOP' card which they were empowered to utilise at any point during the interview. Furthermore, a Debrief Schedule (see Appendix Ten) was developed for all participants and is detailed in the proceeding section.

4.8.7 Concluding the Interview

Participants’ involvement in research may have lasting effects on them, particularly after discussing sensitive topics. Participants should therefore be afforded the opportunity for feedback and discussion of their feelings on completion of an interview (Murray, 2003). In keeping with this, Scerri, Abela and Vetere (2012, p. 107) also advocated debriefing with participants on completion of sensitive interviews, to “help the participant back to a normal state of arousal from the intensity of the interview.” As part of this the researcher is also responsible for identifying additional support needs and providing contact details on sources of support as required (Murray, 2003). Whilst personal and emotive content was shared within a number of interviews for each participant, it was important the researcher remained mindful that even when not verbalised, sensitive and emotional information may be being processed and considered by the participant at a subconscious level. As such, a debrief sheet was discussed and referred to at the end of every interview. It was predominately used as a framework to support a debrief discussion regarding the main points contained within it. This included information relating to what will happen after participants have engaged with the interview process and, stressed the importance of participants not keeping any concerns or worries about anything upsetting to themselves. The debrief sheet also identified where support can be sourced from, for example, Samaritans, Key Worker, Offender Supervisor alongside the researcher’s contact details. Additionally, professionals central to the participant’s care and management plan, such as their Personal Officer were made aware of their engagement with the research so they could ‘check in’ with the participant.

4.8.8 Data Storage

All anonymised life stories, interview notes, consent forms and audio- recordings of consent were kept in a locked cabinet. The recordings from the interviews were written up and saved on a computer. All information on the computer was anonymised and kept in a password protected file that only the researcher could use. All data will be kept for up to five years for the researcher’s Psychology qualification and potentially further publication.

4.9 Ethical Considerations

As part of the research design, due consideration and adherence to Nottingham Trent University’s Research Ethics Policy and Procedure (2019) occurred. Additionally, due consideration and adherence to the British Psychological Society's Code of Ethics and Conduct (2018) and, Code of Human Research Ethics (2014) also took place, together with, the Health and Care Professions Council (HCPC, 2016) Standards of Conduct, Performance and Ethics. Finally, the research was conducted in line with guidance offered by the UK Health and Learning Disability network, specifically Nind (2008), Cook and Inglis (2011).

Research ethics are highlighted as particularly important in visual methodologies (Rose, 2007) and Wiles et al., (2012) states that it is advisable to go beyond general ethical frameworks when working with visual methods and engage with specific guidelines pertaining specifically to the nuances of visual methodologies. The British Sociological Association's visual methods study group (BSA, 2006) and, ethical guidelines for visual research (Warr, Guillemin, Cox & Waycott, 2016) given their particular focus on visual ethics, were also considered and adhered to as part of the research design process.

Ethical approval from HMPPS and the National Research Committee (NRC) was received in December 2018 (see Appendix 11). Ethical approval from the University of Nottingham Trent was received in January 2019 (see Appendix 12). Both required consideration of ethical principles relating to participants and how they were recruited, the consent process, withdrawal, confidentiality and, details of how participants would be safeguarded against psychological harm and distress. It was also necessary to receive a support letter from the establishment which provided the location for data collection (see Appendix 13). This was received in November 2018.

4.10 Reflexivity

As presented within Chapter Three, notions of reflexivity must be considered to ponder the values, beliefs and perceptions which may influence the research process. To help ensure the trustworthiness of the study, the researcher committed to considering the notions of reflexivity throughout the development, implementation and analysis of the research.

4.10.1 Bracketing

Bracketing is defined as, "as far as possible looking beyond constructions, preconceptions, and assumptions to the essences of the experience being investigated" (Gearing, 2004, p.1430; Husserl, 1989). Within this framework, Starks and Brown Trindad (2007) expand upon this and note that the researcher "must be honest and vigilant about their own perspective, pre-existing thoughts and beliefs and developing hypotheses…engaging in the self-reflexive process of bracketing whereby they recognise and set aside (but not to abandon) their prior knowledge and assumptions, with the analytic goal of attaching to the participants accounts with an open mind” (p.1376).

Bracketing is one strategy researchers can utilise to engage in a reflexive process. There are however numerous tensions which exist pertaining to bracketing. This includes how it is defined, when it should occur, who should engage with it, how specifically it should be undertaken and, at what points during the research process. Given these areas of ambiguity, Beech (1999) advised that the worthiest thing a researcher can do in this context is to be ‘explicit about the process of bracketing so that others can observe and understand the rules of the game so the researcher can legitimately use the word’ (p.44). Bracketing originated within a phenomenological context and as such is considered from a perspective in line with an IPA approach. Rolls and Relf (2006) advocate bracketing should start at the beginning of the research process when it is first conceptualised and then continue throughout. These are the definitions and frameworks which the researcher has adhered to as part of this research process due to their grounding in phenomenology and thoroughness.

There are different methods of bracketing, which are not mutually exclusive of one another. Chapter Three sets the foundations and marks the beginning of the reflexive process by outlining the fundamental pre-conceptions and values of the researcher. As in keeping with the focus of this chapter on research design and implementation, how this process continued and with which specific methods of bracketing will now be presented.

4.10.2 Memos as Part of a Reflexive Journal

The researcher wrote memos as part of a reflexive journal throughout the research process, with a particular focus upon within the data collection and analysis phase, as a means of examining and reflecting upon the researcher’s engagement with the data (Cutcliff, 2003). This work built upon the reflexivity processes discussed in Chapter Three whereby reflections were made in relation to the researcher’s personal value and belief systems as well as potential role conflicts. Throughout the research process these memos have ranged from theoretical notes with a focus on the cognitive processes of conducting research, methodological notes with a focus on procedural and implementation aspects of the research and, observational comments which focussed upon the researcher’s feelings and more personal thought processes. All of these memos form a Reflexive journal and examples of this are provided within Appendix 23.

4.10.3 Researcher's Self-Care to Support a Reflexive Process

Emotional interviews also can affect the researchers' physical and emotional health (Dunn, 1991) and leave them emotionally drained and burnt out (Gerrish, 1991). Hammersley and Atkinson (1995) noted that researchers conducting sensitive interviews rarely leave the field unscathed. Preparation and planning for such events is therefore imperative. In support of this, Holloway and Wheeler (2010) highlight how researchers should plan for self-care and informal support networks in this context. The researcher achieved this by arranging a de-brief following each interview with a peer who was either in role as a Psychologist or an Interventions Facilitator at the establishment of data collection. The researcher utilised these debriefs in an open and meaningful way. Examples of reflections taken from these debriefs are captured within the researcher's reflexive journal.

4.11 Demonstrating Validity in Data Collection and Analysis

It has been argued that the criteria adopted to typically evaluate quantitative research such as objectivity, reliability and generalisability are not appropriate for judging qualitative research (Elliot, Fischer & Renie, 1999; Yardley, 2015; Willig, 2013). Given these key differences in research approaches, guidelines have been developed specifically for evaluating the quality and validity of qualitative research (Levitt et al., 2018; Smith et al., 2021). These criteria aim to support the researcher in evidencing that their research is 'trustworthy', 'legitimate' and 'useful'. The researcher utilised these frameworks to guide and inform their research. Yardley (2015) has presented a set of four broad principles that can be applied to judging the quality of a wide range of qualitative research. Table 6 demonstrates the ways in which the researcher strove to address Yardley's (2015) four principles and the limitations of the research in relation to this.

Table 6 Permission to reproduce this table has been granted by Sage.

Yardley's (2000) four broad principles for evaluating the validity of qualitative research and the way in which the research demonstrates this.

Core Principle	How the research demonstrates the principle	Limitations of the research
Sensitivity and context	The research design was informed by the quality assessment checklist and guidelines developed as part of the Systematic process in Chapter Two. The interview schedule included a Socratic questioning style and an overarching VARK approach to contribute to a flexible framework. This was designed with the responsivity needs of the participants in mind to enable them to communicate as they would prefer about their experiences to have their voice heard. Participants were able to choose who would be the witness to the provision of their consent. If unable to provide written consent they were given the choice to provide verbal consent. Participants were also given a choice of where in terms of location they would like the interviews to take place. The consent process was designed in line with guidelines and literature relating to individuals with LD in order to be responsive and adaptive to their specific needs. Clear and accessible information was provided to participants. This included the development of an	Although a VARK approach was applied to aid communication this should not be considered as a panacea which safeguarded against all communication difficulties. The researcher's long-standing role within the prison as a Psychologist and the associations with this, for example their role as a risk assessor may have impacted upon the views expressed by the participants, despite a concerted effort to emphasis the researcher's role exclusively as a researcher within this context.

	Information and Consent Form with significant thought given to the range of meaning and understanding and, to ensure the analysis remained grounded within the participant's individual accounts (Willig, 2015).	
Commitment and Rigour	Participants' verbatim extracts and extracts from their Rivers of Experience are presented in Chapter Five. Interview transcripts were analysed following the process developed by Smith et al., (2009). A Master Table of themes which includes extracts from each participant to demonstrate the identification of each theme is captured within Appendix 14. As participants talked through their Rivers of Experience, where they did not volunteer information about what an image may represent they were asked to ensure that the researcher was not making their own interpretations independently. The researcher ensured that they sought feedback from all participants on the analysis to check the credibility of themes and that the themes were consistent with their views. Careful documentation of all components of the study were kept in the form of an audit trail (Smith et al., 2009).	Some participants have received other diagnosis as part of their life experiences, for example gender dysphoria therefore their views may not have exclusively reflected their experiences of having LD. Recruiting a sample of participants with only an LD is perhaps naive in that it does not allow for the complexities or nuances of humans. Furthermore, it prompts the question do different diagnosis 'need' to be separate particularly when such diagnosis may be intertwined and related and, thus part of the complexity and understanding of LD.

Coherence and Transparency	My epistemological and ontological position has been described within Chapter Three and a clear rationale for the research design has been presented as part of this. Participants were recruited using defined selection criteria and in line with guidelines for working with individuals with LD. The interview schedule was constructed following a thorough review of the literature. There is detailed description of the analysis which is presented within this Chapter. Examples from the paper trail have been provided within the Appendices. Chapter Five provides a narrative account of the Superordinate and Subordinate themes which emerged through the IPA of the individual interviews with each of the participants. The research also adheres to the underlying principles of IPA; phenomenology, idiography, and hermeneutics as detailed in Chapter Three.	IPA recognises that the researcher's interpretation of the participant's account is influenced by their own thoughts, understandings and conceptions (Willig, 2015). However, IPA has been criticised for not 'theorising' how the researcher's perspectives are incorporated within the research process (Brocki & Weardon, 2006; Willig, 2015). The researcher has taken pro-active steps and reflected upon ways in which their own perspective may have influenced the interpretative process. Examples from the analysis are provided to demonstrate the grounding of the interpretations. Please see Appendix 23.
Impact and Importance	The impact and contribution of this research will be discussed in Chapter Six.	

4.12 Analysis

Given the researcher's familiarity with the literature in this area and their personal background, as presented in Chapter Three, although the researcher remained committed to a reflexive approach, it remains entirely possible that a different researcher may have elicited different responses and interpreted the data in a different way.

There are numerous ways the 'statuses' of the words of the participants could be construed. For example, are they justifications of offending, are they intended to impress the researcher, particularly, taking into context the researcher's role as a Psychologist within the Prison system? Are they a 'life script' which the participants utilise to understand themselves suggesting they should not be taken at face value? Given the number of potential statuses which could be adopted, it was therefore important that the researcher outlined their 'position' and provided clarity in this respect so the audience can understand the interpretation context and meaningfulness attached to the findings.

Chapter Three presents the researcher's values and philosophical position including what they consider reality to be and how it is known. The researcher holds the belief that humans can develop their knowledge through experiences which are subjective and that the interaction with the participant is the primary vehicle of knowledge. Whilst a single reality might exist, the researcher believes we all access different representations of it. The researcher wished to capture the voice and therefore the experiences and cognitions of the participants to obtain an insight into the personal meaning and representation of reality which the participants attach to these. The researcher is of the opinion each individual will have different experiences of emotion and thinking patterns central to the commissioning of their offending behaviour. Therefore, the researcher believes what matters is how an individual perceives and interprets a situation, what their reality is, even if this differs from the existence of facts or historical records. In this context a single fact based reality is arguably irrelevant, for it is the participants' lived experiences and interpretations of reality which colour their thinking patterns, emotions and behaviours, including, those relevant to their entry into the CJS and, how they attribute meaning to their life trajectory. The participant contributions were therefore taken at face-value (although the nuances and many ways in which they may be considered has been acknowledged by the researcher). As advocated by Yardley (2015), Elliot et al., (1999) and Smith et al., (2009) all themes have been grounded within the data. Furthermore, as recommended by Smith et al., (2009), themes were supported by extracts, both visual and verbatim from each participant to present breadth and depth of the theme and, enhance the rigour of the research.

As part of the researcher’s position, the researcher acknowledges that the participants are conveying their current understanding of their life trajectory and adversity. Therefore, this may not have been the participant’s perspective at the time of experiences or indeed across different time points in their life. Interestingly from a rehabilitation perspective, once a person has received a custodial sentence, the interventions within custody to address offending behaviour will, by the very nature of when the individual has the opportunity to engage with them, ‘work’ with the individuals’ current interpretation and understanding of their experiences at the time they engage with that intervention (although they may have the capacity to reflect upon how if at all this has differed across their trajectory).

Analysis of the six interview transcripts adhered to the process described by Smith et al., (2009). The steps for analysing each case are, reading and rereading; initial noting; developing emergent themes; searching for connections across emergent themes and, looking for patterns across cases. Additional steps were required however given the overarching VARK approach, which included the River of Experience and, as an example, a participant ‘showing’ or ‘acting out’ their experiences, as with the application of the Stepping Stones technique. These steps and the process of analysis is detailed in Table 7. Furthermore, Hoffman (2007) advocated for a greater emphasis on reporting, expressing and understanding of emotions during interviews, to increase sensitivity to such situations and yield more meaningful interpretations of data. Emotions expressed during an interview enhance a researcher’s understanding of the participant's experience and are as epistemologically beneficial as other data, allowing the researcher to enter into the lifeworld of that person (Hoffman, 2007). Expression of emotion, and other notes of information which were non-verbal yet crucial to the interpretation process were also made to inform the analysis stage.

Table 7 Permission to reproduce this table has been granted by Sage.

Process of Analysis

Steps	Description of the process followed
Step 1 Reading and rereading	Smith et al., (2009) describe this step as entering into a phase of ‘active engagement with the data’ (p.82). There is repeated reading of the individual transcript at a careful pace to enable a model of the individual structure to develop, to identify more detail and, any contradictions. *To increase the researcher’s familiarity with each account, the interviews were read and reread three times. Every participant’s River Of Experience was also revisited on each of these occasions. Following the first reading and revisiting of the individual’s River of Experience the researcher listened to the audio recording of the interview to enable them to ‘hear’ the participant’s voice. Where participants had utilised a different form of VARK to communicate such as ‘showing me’ as a kinaesthetic action, the researcher also revisited any notes which accompanied this and detailed information not captured in the audio recording, such as facial expressions and pace of movement. This would then consequently contribute to the interpretation of the information.* *As suggested by Smith et al., (2009) notes of the researcher’s initial ideas, for example paraphrasing, initial connections between comments within both individual interviews and across interviews, alongside tentative interpretations, were then recorded on separate pieces of paper to set these aside. Memos and a Reflexive journal were also completed as part of the researcher’s reflexive approach to aid the interpretation process and safeguard against bias.*

Step 2 Initial noting	Smith et al., (2009) highlights how the analysis moves towards a more interpretative level at this stage with no boundaries regarding what is commented on. *The researcher made comments, noting their thinking processes and highlighted sections of text. The descriptive comments maintained a phenomenological focus, including the things that matter to the participant such as places or events and the personal meaning of these to them (Smith et al., 2009). The interpretative comments involved exploration of the language and body language utilised by participants such as pauses, laughter, tone. This was of particular importance given the use of VARK and the researcher's attempts to make sense of the 'patterns of meaning in their account' through the identification of more abstract concepts. Smith et al. (2009) highlight that at this stage these interpretations enter into 'reflexive engagement' whereby the researcher's experiential and professional knowledge is drawn upon in order to make sense of the participant, whilst ensuring it does not compromise the interpretation of the data as the participant communicated it. As part of this, Smith et al., (2009) caution however that the interpretation must be inspired by and arise from the participant's contributions. To ensure this was the case the researcher continually checked their comments on subsequent readings of transcripts, revisited the Rivers of Experience and, made notes to capture information not presented verbally. The researcher also remained committed to a reflextive approach throughout the research process and maintained a reflexive journal.*
Step 3 Developing emergent themes	Themes are identified and labelled, they are conceptual, drawing on the 'interpretative' element in IPA, allowing theoretical connections to develop, which may include psychological terminology as the researcher attempts to

produce ‘concise and pithy’ statements reflecting both the participant’s lived experience (in their own words) and the researcher’s interpretation (Smith et al., 2009, p.92).

Each part of the interview transcript was considered in collaboration with the relevant part of the participant’s River of Experience and any notes made to capture information not presented or detailed in the verbatim. As examples, the transcript may record the participant as stating ‘I’ll show you’ with the proceeding information being detailed kinaesthetically. Similarly, the participant may not have talked about aspects of imagery included within their River of Experience but pointed to them. Imagery may also have been included within the River of Experience but not talked about for various reasons such as the participant being unable to access the words or because the participant wanted the researcher to be aware of the imagery for consideration and interpretation but, they found it too emotionally sensitive to discuss. The researcher recorded emergent themes in the right-hand margin of the interview transcript with an Asterix for when additional notes detailing non-verbal information and imagery from the Rivers of Experience had been utilised.

For Step 4
Searching for connections

There is increased analytical ordering of the themes at this stage by exploring connections and patterns between them. Some of the emergent themes will cluster together to produce a superordinate theme, whilst others may emerge as superordinate concepts, drawing together other themes (Smith et al., 2009).

All emergent themes were written onto separate pieces of paper. Themes with patterns were placed together and given a label to ‘capture their essence’ (Willig, 2015). These then formed the Superordinate themes (Smith

	et al., 2009).Any related themes were then identified as the Subordinate themes.
Step 5 Looking for patterns	This stage of the analysis involves looking for connections across individual cases, to produce a 'master table of themes' (Smith & Osborn, 2015). *All themes were written on separate pieces of paper and laid out on a table. They were then physically moved around the paper as patterns were identified. This meant some themes were relabelled (Smith and Osbourn, 2015). Through the Rivers of Experience and, notes with non-verbal information, these initial labels developed to include brief quotations used by the participants and extracts from their River of Experiences. This ensured the analysis remained grounded within the participants' personal accounts (Willig, 2015; Smith and Osborn, 2015). A master table of themes was created displaying each Superordinate theme and the Subordinate themes which they overarched, see Appendix 14.*
Step 6 Review of findings by participants	*As part of the double hermeneutic of IPA the researcher is trying to make sense of the participants trying to make sense of their world. Therefore, the researcher added a sixth step which was to ensure the findings were reviewed by participants to check for accuracy, verification and to ensure authentic representation of individual experiences. The researcher aimed to ensure that they had understood what the participant had shared as the participant had intended. Furthermore, this also helped ensure the participants felt as though it is their voice and perspective which is heard, unaltered and diluted. This is in keeping with the ethos of "Nothing About Us Without Us" (Charlton, 2000).*

4.13 Concluding Comments

This chapter presents how the research was designed, implemented, and evaluated. As part of this, the chapter demonstrates how the research process demonstrates integrity. This is necessary to cultivate a trust and confidence in the findings. Consequently, the presentation of the findings in the following chapter can then be considered with respect and value, thus, increasing their pervasiveness and potential for impact.

Chapter Five

Analysis and Discussion

5.1 Introduction

Whilst the Systematic Review in Chapter Two, presents what is known from the existing research base regarding the risk factors of offending associated with individuals with LD, this chapter presents the voices of these individuals and their life experiences thus, presenting their unique perception of what contributed to their trajectory into the CJS. Chapter Three and Four before this, demonstrate how the research process demonstrates integrity and validity thus enabling the reader to assimilate the following findings with a level of confidence and trust.

This chapter presents the Superordinate and Subordinate themes which emerged through the interviews with each of the participants. As themes emerge, they acquire a Super-ordinate status as it helps bring together a sense of related themes. These related themes are known as the Sub-ordinate themes (Tindall, Smith, Flower & Larkin, 2009).

Each Superordinate theme and where appropriate their Subordinate themes are presented. They are supported with verbatim extracts from the interview transcripts alongside interpretations from the participant's Rivers of Experience. A Master table of themes is presented in Appendix 14, together with each participant's River of Experience in Appendices 15 to 22. To ensure anonymity, all extracts from participants are labelled with a participant number. All other means of identifying participants, for example names of victims have been taken out. Alongside verbatim extracts where appropriate, 'Interviewer' will appear to signal the Interviewer contribution.

As Smith et al., (2009) recommend the themes and patterns across them will be discussed within the context of the existing literature and research base. IPA does systematically make more formal theoretical connections, which are typically completed after a close textual analysis and they remain guided by the emerging analysis (Smith, 2004). Whilst the findings from these results are presented within the context of the existing research and literature, the researcher would urge the reader to be mindful of a significant caveat pertaining to this. This caveat was developed and presented within the Systematic Review Chapter and relates to the inconsistent and ambiguous approaches different research authors have defined and measured LD. Equally, in the context of this caveat, a number of researchers haven not documented any explicit attempts to define or measure LD in relation to their participant sample or share how they met diagnositic criteria. Moreover, the research papers which do include details of definitions and measurements are for the most part incompatible with the current DSM-V definition of LD. Consequently, conclusions drawn from the research to date are equivocal and consequently meaningful comparisons across research studies must be done with caution. Without a universal agreement and application of an LD definition, the field remains hindered by how significantly it can advance.

Table 8 presents the three key Superordinate themes identified through the analysis process and their related Subordinate themes where appropriate.

Table 8

Superordinate Themes and Their Corresponding Subordinate Themes

Superordinate Theme	Subordinate Theme
1. LD specific Trauma (because of how the world treats us)?	1.1. “I am a nuisance and a victim” 1.2. Isolation
2. It can be fun, you gave us the bad label	
3. “Life before prison was a struggle, I couldn’t survive”.	3.1 “I couldn’t cope with daily life” and dysfunction. 3.2. Envy as a risk factor.

5.2 Superordinate Theme 1: LD Specific Trauma (Because of How the World Treats Us)?

Each of the participant’s life stories were markedly characterised by abuse and trauma. There are fundamental elements which form subordinate themes of victimisation and isolation which underpin this Superordinate theme and should be considered within the wider context of the influence and responsibility of society. Notably, each participant linked these experiences to their LD in terms of this being the reason others behaved towards them in an abusive or trauma inducing way. Their experiences of abuse and trauma are far-ranging, indeed all participants shared experiences of different manifestations of abusive behaviour and, described multiple occasions of being a victim. All participants also highlighted pervasive experiences of isolation. If we listen to the voice of the participants, they tell us these experiences were because of how others perceived and then behaved towards their LD. As such, this Superordinate theme raises the question ‘does there need to be a consideration of a specific nature of trauma for individuals with LD?’

5.2.1 Subordinate Theme: ‘I am a Nuisance and a Victim’.

For all participants an identification of themselves as a nuisance and a victim was highlighted as a recurrent theme at different stages throughout their lives, although it was most apparent as part of their schooling experiences;

Extract One

> I hated school, I wanted to learn but teachers said I was an irritant….yeh that’s right ye know someone who took up too much time like….. kept saying I was naughty, really bad naughty boy, but I just couldn’t cope, like looking at pages of writing which didn’t mean things to me. (Participant Three, line 45, p3)

Another participant stated;

Extract Two

> I had to stand in a corner because I was so stupid they said, I didn’t really join in classes because I couldn’t and they didn’t want me to, they said I was annoying and a another word I didn’t know but knew it was a bad one, they called me a pain and made me feel like one, I think dogs were treated better than me. (Participant Six, line 70, p4)

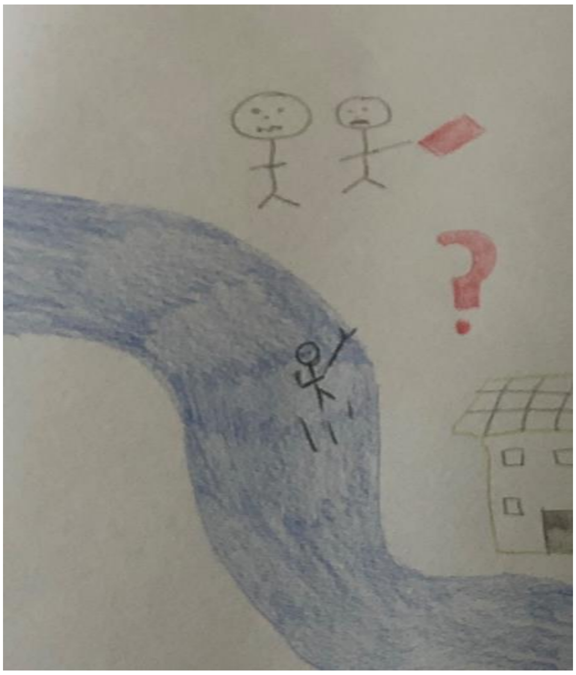
All participants place themselves as being at fault and even “naughty” for asking for more help and requiring more time to learn, as opposed to this being framed as a recognition of a learning need. There is an identification within the extracts of how the responses and behaviour of others hindered their ability to learn. It is ironic how a child would receive such negative responses when they have a desire to learn, something which is customarily championed in the context of schooling. Asking for help seems synonymous with being a nuisance and all extracts highlight experiences where the participant has felt like a lesser being (with dogs being treated better). The language they recall utilised to describe them is derogatory and places responsibility for the use of such language with the child. This includes; “sick of me” (Participant Four, line 36, p1), “irritant” (Participant Three, line 45, p3), “a pain” (Participant Six, line 72, p4) and, “hated for it” (Participant Three, line 102, p5). Such language is likely to lend itself to the participant internalising negative meanings and associations to themselves which can contribute to a damaged sense of self-worth and a defective sense of self (Schimmenti, 2012).

Within a schooling context, advertently or inadvertently teachers and school authorities have been found to label students with different concepts or words. Labelling theorists, of which the initial was Becker (1967), postulate that this makes the student respond either positively or negatively to their associated labels. Consequently, it is considered this can change the perception students hold of themselves in either a positive or negative direction (Rist, 1977). It is thought also to lead to the construction of self-fulfilling prophecies in which the labels applied to the individual is thought to create the behaviour and how the individual will ‘perform’ dependent on how the label epitomises and characterises them. Tannenbaum (1938) argued that if the teachers and parents did not believe in the ability of the students, the students would not believe in themselves. Consequently, this could induce a sense of learned helplessness, with a belief they cannot do well resulting in low self -esteem. All the participants regard themselves as victims of abusive behaviour. Participant Six communicates metaphorically how their belief was “dogs were treated better than me” (line 73, p4). This invokes meanings of being treated in an inhuman, demeaning and disrespectful way, of being subjected to a life of misery. Certainly, the emotional struggle they experienced during schooling is clear by participants’ choices of words such as “hated” (Participant Three, line 45, p3). Another participant describes how they did not “dare put my hand up” (Participant Two, line 101, P5) suggesting a sense of fear within the child’s experience. In this way, the participant’s choice of words provides an insight into how these experiences adversely affected them emotionally.

As presented in Figure 4, when illustrating his schooling experiences, Participant Two drew two school teachers with unfriendly and seemingly incensed facial expressions. When explaining this drawing Participant Two stated “I dreaded going, scared of them…. I always got a red card because I couldn’t do my work but I didn’t know what was going on, that’s that {points to the question mark drawn on their River of Experience}, I got swept away, hated that time of my life “(line 141, p6). It is striking how Participant Two’s impressions and memories of his schoolteachers are represented by hostile faces, depicting his dread and fear of them. Such imagery seems incongruous with how society regards the role of a teacher as a care giver responsible for creating a safe learning environment for their student. The strength of the word “hated” is telling of the gravity this adversity had upon the participants’ life. The use of the phrases “swept away” and “I didn’t know what was going on” alongside, the drawing of the question mark is thought to represent Participant Two’s perceived sense of helplessness and confusion within his schooling experience. Research indicates that when a student experiences maltreatment by a teacher(s) this is also associated with peer bullying perpetration (Khoury-Kassabri, 2009) and victimisation (Coie & Krenbiel, 1984). The student is also more likely to suffer severe mental health problems and a poor quality of life (Chen & Wei, 2011). In keeping with this other international research has also identified that students who experience abusive behaviour within their student- teacher relationships have increased risks of poor self-esteem (Benbenistry, Zeira, Astor & Khouri- Kassabri, 2000), somatic complaints, suicidal tendencies (Chapell et al., 2004) and drug and alcohol use (Delfabbro et al., 2006).

Figure 4

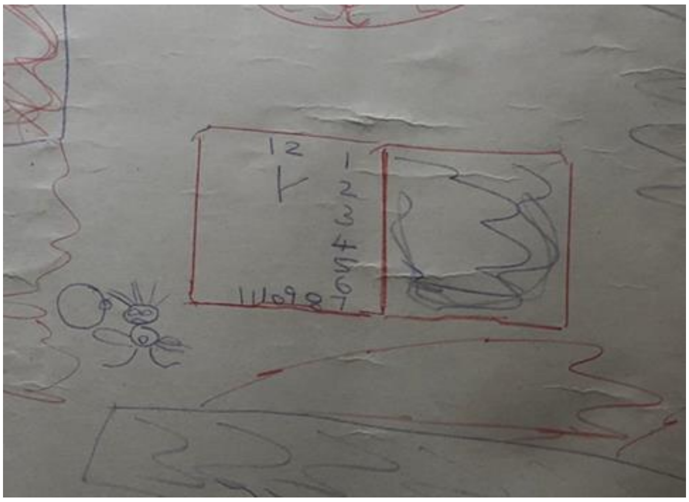
Excerpt from Participant Two’s River of Experience, School Teachers and the Red Card



Participant Three drew a clock face with all its numbers on the right- hand side as depicted within Figure 5. They explained that this was to symbolise how he never received help to tell the time properly and he felt as though a “clock face was something everyone could draw but him” (line 198, p11). All narratives from the participants describing their schooling experience are fundamentally sad and dejected, illustrating how from their perspective the schooling system has failed in creating a learning environment for them.

Figure 5

Excerpt from Participant Three's River of Experience, Clock Face



It is striking how within every participant's account of their life experiences they each identified pervasive abuse, including mistreatment within their schooling experiences. All participants experienced abuse and trauma outside of the family together with some participants also experiencing intrafamilial abuse. This is perhaps most powerfully illustrated within Participant One's River of Experience presented in Figure 6, whereby the use of red to present information was employed to reflect incidences of sexual abuse and dark orange was used to signal physical and emotional abuse. These two colours dominate Participant One's River of Experience, producing a powerful visual image of how abuse has characterised her life trajectory.

Figure 6

Participant One's River of Experience

Participants utilised their own dialogue to describe their experiences of abuse and trauma. Their perception of the reason why they had been abused is prominent within these accounts, because they have LD.

Extract Three

> everyone took advantage of me, sexually and neglected me, they knew I couldn't talk like other kids, they knew I was like backwards they said and they could get away with stuff like that… it happened all through my life but really bad in the Children's homes, funny I was the only one it happened to because I was slower (Participant One, line 333, p12)

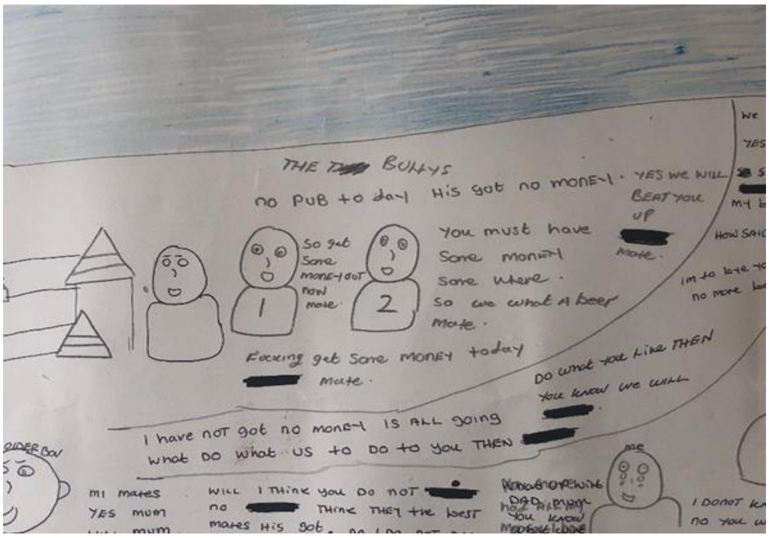
As is so clearly visible within Participant One's River of Experience, where the colours red and orange represent abuse, victims of abuse with LD are more likely than individuals without LD to generally have multiple perpetrators (Sobsey, 1994), at a much more frequent rate (McCarthy, 2001), and, of a more serious nature (e.g. Beadle-Brown et al., 2014; Nettelbeck & Wilson, 2002; Petersilia, 2001). The significance of having LD and how this increases a person's vulnerability to being a victim is recognised by Participant One within their statement “I was the only one it happened to because I was slower (line 335, p12). In keeping with this, Participant Four voiced “I learnt I was going to get picked on, people did sex things to me, never asked me, just said thick people don’t need asking, said thick people don’t tell the police as the police don’t understand them” (line 400, p17). Each participant recognised their vulnerability with several participant’s describing multiple perpetrators and a breadth of abuse. Their lack of recognition at the time of the behaviour as abuse is distressing and poignant, it implies they thought this was ‘how life is’ and a ‘need to put up with it’.

There is a robust association between significant childhood adversities and the development of other adult internalising disorders, such as depression, anxiety and low self-esteem (Chapman, Whitfield, Felitti & Anda, 2004; Cougle, Timpano, Sachs-Ericsson, Keough & Riccardi, 2010; Edwards, Holden, Felitti & Anda, 2003; Fierman et al., 1993; Ford, Elhai, Connor & Frueh, 2010). Several participants questioned if they were ‘doing things right’ within the research process and a pattern of this ran throughout the participant’s interactions with the researcher including how they presented their Rivers of Experience. As such, the research process itself may highlight indications of impairment to the participant’s self-esteem which is reflected within the language they employ to gain self-assurance and approval from others. This said, there is a noticeable gap between how the participants depict the perpetrators as describing them, utilising words such as “thick” (Participant Four, line 73, p4), “stupid” (Participant Three, line 364, P14), “a worthless moron” (Participant Six, line 705, P9) and “retard” (Participant Two, line 250, P9) and, how the participants describe themselves. Interestingly, there is a clear absence of any disparaging language related to the participants self-description. For example, Participant Six describes himself in terms of his “brain being different” (line 209, P9). This absence of self-disparaging language could indicate to some level that participants have not internalised the negative descriptions of others to their identity and sense of self. Therefore, whilst they may require assurance for ‘doing things right’, they do this unashamedly. A second hypothesis postulates that although overall participants perceive their identity and learning styles as positive, less obvious internal mechanisms have been impaired and manifest more subtlety for example through assurance seeking. This is perhaps not entirely recognised by participants which is the reason for the incongruity between their positive self-image alongside indications of impaired self-esteem.

Being taken advantage of and bullied were included within all participants' verbatim accounts. Two participants also explicitly highlighted this within their Rivers of Experiences. Participant Five utilises the word "bullys" and drew these bullies within their River of Experience as depicted within Figure 7. The words of the bullies are also reflected within the visual through the accompanying writing 'yes we will beat you up'.

Figure 7

Excerpt from Participant Five's River of Experience, The "Bullies"



Another participant, Participant Two drew a Pirate Ship as shown within Figure 8 to represent "danger" from "other people out to get her, take things from her and hurt her" (line 500 p22). Participant Two made a powerful reflection by comparing the pirates to "people when I was little who kissed and touched me, sometimes hit me and I didn't want to". (Line 511, p22). The use of the pirate ship is a powerful image of fear with a perception of others as hostile, parasitic and immoral.

Figure 8

Excerpt from Participant Two's River of Experience, Pirate Ship

Fogden et al., (2016) found that people with LD are at increased risk for both violent and sexual victimisation. Westcott (1991) completed a critical review of 22 research projects looking into the incidence and prevalence of sexual abuse in LD. The findings highlighted that those three out of the four studies with control or comparison groups identified children with LD to be more vulnerable to experiencing sexual abuse. To perpetrators, who tend to subject their victim to vaginal or anal penetration, or attempted penetration, people with LD may be perceived as easy victims (Beail & Warden, 1995). There is also increasing evidence which identifies how specific deficits in interpersonal functioning and cognitive capability has the potential to increase exposure to threatening situations and therefore also increase that person's vulnerability to becoming a victim of crime (Evans, 2013; Horner- Johnson & Drum, 2006; Petersilia, 2001). Wilson and Brewer (1992) estimated that a diagnosis of LD doubled the risk for victimisation, particularly sexual assault and being the victim of robbery compared to the general community. This is supported by other research findings, estimating that the risk of victimisation is between three and seven times higher in people with LD compared to the general community (Nixon, Thomas, Daffern & Ogloff, 2017; Sobsey, 1994; Sullivan & Knutson, 2000; Verdugo, Bernejo & Fuertes, 1995). Most noticeable are high rates of sexual victimisation (Sobsey, 1994), committed multiple times (Baladerian, Coleman & Stream, 2013), across a range of ages and environments (Reiter, Bryen & Shacher, 2007). Additionally, people with LD are found to be more vulnerable to hate crime (Emerson & Roulstone, 2014) and, they are also believed to be more vulnerable to so-called mate crime, (calculated) hostile acts by perpetrators who are part of the victim's (social) network in which the desire of people with LD for friendships and relationships is seen as a key feature which increases their vulnerability (Thomas, 2011). These research conclusions are supported by all the participants with an example of this provided within the following extract from Participant Five in which his description of 'lost it' refers to his conviction for Grievous Bodily Harm;

Extract Four

> Thought I had a girlfriend, so for a while I was like a normal person, and I was at catering college, I thought yep I had it all now, which is all I wanted, she was using me and pretending to be my girlfriend. Then I lost my job too. One night there was a big gang of them all pretending to like me and I lost it'. (Line 623, p25).

Crimes against people with LD are believed to be underreported due to a number of reasons such as limited communication skills, (or rather limitations within the CJS in terms of how it can facilitate communication channels with individuals with LD), disincentives to reporting such as a dependent relationship with the perpetrator or fear of not being believed or taken seriously (Beadle-Brown et al., 2014; Nettelbeck & Wilson, 2002; Williams, 1995). A contributing factor may also be how incidents involving people with LD may also be labelled differently. Williams (1993) explains that what is often called 'abuse' of a person with LD, might be considered an 'assault' on victims not considered to have LD and, the term 'sexual abuse' is often used rather than the more appropriate terms 'rape' or 'indecent assault'. Research exploring the victimization of people with LD in general identified that victimization is also not always recognized as such by the victims or by the people around them and, that the event was inappropriate or illegal (Evans, 2013; Petersilia, 2001).Consequently, people may be unaware that changes in behaviour for individuals with LD, including challenging and anti-social behaviour, may be the result of victimization (e.g. Beail & Warden, 1995; Doyle & Mitchell; 2003, Mevissen & De Jongh, 2010). Therefore, for numerous reasons, victimisation experiences are rarely reported to authorities (Wilson & Brewer, 1992; Evans, 2013; Sobsey, 1994; Baladrian, Coleman & Stream, 2013). The non-reporting of crimes perpetrated against them is something which is supported by the contributions of the participants both in terms of something they did not do and as something the perpetrators of the crimes stated they were confident the participants would not do (because of how the perpetrators perceived their LD to be a barrier to this). Evidence suggests that people, inclusive of individuals with LD who do report themselves as victims of crime may consequently receive positive reactions from others including, belief, validation, being listened to, empowering responses, providing connections with other victims, building survivors' self-esteem, advocacy, protective responses like help stopping the abuse, empathetic understanding, and lack of derision, contempt, shock or disgust (Johnson & Kenkel, 1991; Leifer, Kilbane, & Grossman, 2001; Palmer, Brown, Rae-Grant, & Loughlin, 2001; Pintello & Zuravin, 2001; Waller & Ruddock, 1993; Williams, 1995; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1992). For the individuals who do not report crimes they therefore also miss the opportunity to potentially receive any such positive responses. These positive responses are identified as significant in a person's 'recovery process' from victimisation (Spann & Kaal, 2018). However, this is perhaps too simplistic an understanding given it is known that for individuals with LD who do report themselves as victims, research has shown that attitudes and biases toward people with LD exist which may affect this process. These relate to others viewing them as promiscuous, criminal or untrustworthy and such views have been identified as being present within the justice system (Bailey, Barr, & Bunting, 2001; Brennan & Brennan, 1994; Keilty & Connelly, 2001). In conclusion, for various reasons the presence of LD itself is also identified as a factor which can increase the risk of secondary victimisation (Wijers & De Boer, 2010).

As an extension of the abusive and traumatic experiences of people with LD, Doyle and Mitchell (2003) highlight how it logically follows that people with LD are particularly at risk from Post-Traumatic Stress Disorder (PTSD). The DSM-V (American Psychiatric Association, 2013) recognises that PTSD can develop in childhood. Only relatively recently however has research attended to the possibility that PTSD may have developed from negative school experiences (Hyman & Snook, 2000). Indeed, several participants vocalised how they suffered from cognitive and physical adversities which can be symptomatic of PTSD; "I would have flashbacks of the abuse, night terrors (Participant Six, Line 137, p14); "I know I also felt rageful, I couldn't concentrate or sleep, I could not go anywhere near where the bad things happened, I probably still couldn’t” (Participant Four, line 418, p18). Whilst there is a developed body of literature pertaining to PTSD regarding the general community there remains an absence of literature relating to people with LD and furthermore, convicted individuals with LD. Because of the limited recognition of post-traumatic stress disorder in people with LD, presentation of challenging behaviour could also result in alternative diagnosis being made (McCarthy, 2001). As part of this picture, it may be of significance that no participants discussed receiving a diagnosis of PTSD or any form of help and support for their experiences of abuse. They did however identify other labels which had been assigned to them such as “attention seeking” (Participant Four, line 420, p18); “mental” (Participant Two, line 211, p7),and, Participant Six stated his flashbacks were attributed to “a sleep disorder” (Line 140, p15). Potentially, a lack of appropriate help and support, following misdiagnosed or unidentified psychological profiles may be of importance when trying to understand an LD individual’s trajectory into the CJS.

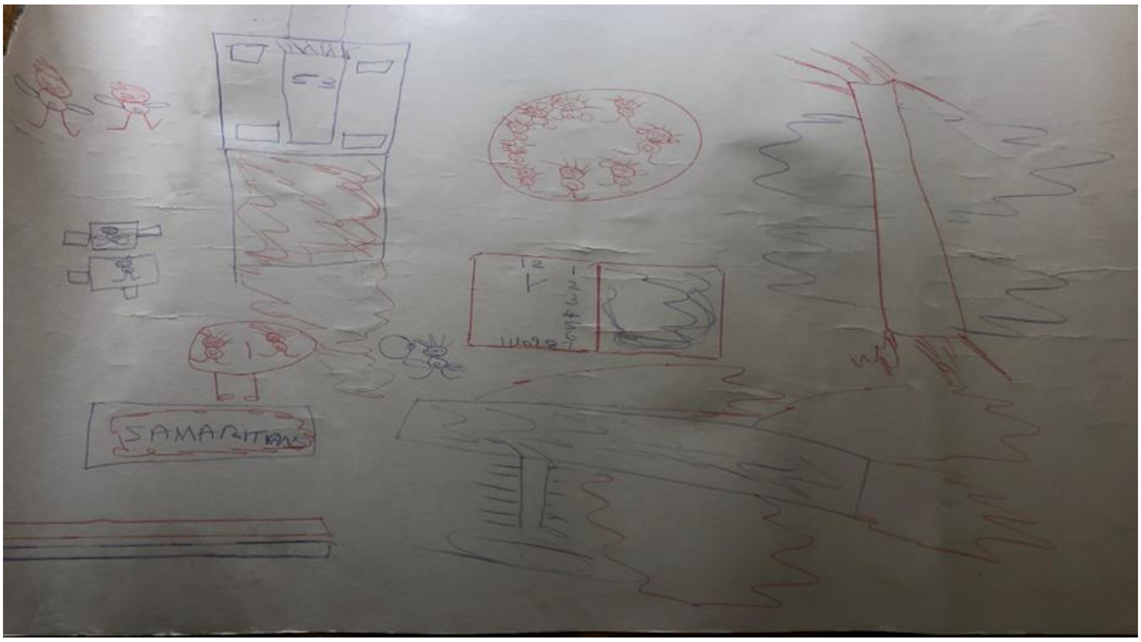
Whilst the participants did not want to attribute their offending behaviour to their experiences of abuse, the research field in this area indicates an interlink between traumatic experiences and criminal behaviour (Ardino, 2011). This is consistent with a theory by Martin, Eljdupovic, McKenzie, and Colman (2015) in which they suggested that up to 55% of males and up to 80% of females may have experienced childhood traumas. Recently (2019) there has been a current focus of Her Majesty’s Prison and Probation Service, (HMPPS) to recognise and implement aspects of Trauma Informed Care and Practice. This however is currently within its infancy stages and there is somewhat of a blanket approach to this which has not yet extended to recognising specific populations and how their experiences of trauma may hold unique characteristics. For example, women in prison report intensely more painful experiences than their male equivalents, with many suffering complex emotional biographies and histories of community -based trauma and abuse pre-imprisonment (Crewe, Hulley & Wright, 2017). As demonstrated, there appears to be specific, extended and wide-ranging trauma for people with LD with certain nuances such as a sense of blame attributed to them personally because of how they learn, which should be a consideration in any trauma informed approach. The more recent development of biopsychosocial models encourages a consideration of biologically based vulnerabilities for formulation. These consider the biological, psychological and social basis for risk factors associated with different offence typologies (Carter & Mann, 2016). These research findings suggest the need for a consideration of a unique LD specific trauma, with its associated biological, social and psychological based vulnerabilities.

5.2.2. Subordinate Theme: Isolation.

The second Subordinate theme of this section links to isolation. Whilst there are clear demonstrations of participants being singled out from others as part of their experience of abusive behaviour included within the first Subordinate theme, this theme considers more broadly how all participants communicated how they had no social network and endured pervasive isolation from the community and society. This theme also captures how participants have both been isolated and chosen to isolate themselves from the world. In terms of visual demonstrations this is perhaps most striking within Participant Three's (Figure 9) and Participant Four's (Figure 10) Rivers of Experience. Within Participant Three's River of Experience, he depicted "everyone else…. people as being in a separate bubble or circle he could not get into" (line 300, p12). He also drew himself on the 'other side' of the river to everyone else to show how he was "left out by the world" (line 280 p12). It was striking that the only other people Participant Three included on his River of Experience which he drew himself as having a relationship with, aside from his direct family were, The Samaritans.

Figure 9

Participant Three's River of Experience



Participant Four's whole River of Experience powerfully represents an island with only himself within the context of the entire river. His description of himself as an island provides an important insight into his desolate experiences and his perception of an unsafe world;

Extract Five

> I chose an island you see as you see those films with a man stuck on an island and it is only one man, the world cannot get to you and you can't get into the same world…which is good .. you are separate, all those fishes there are the piranhas, deadly fish for danger in the water if you were to leave the island (Participant Four, line 570, p21).

The use of the words "the world cannot get to you" (line 571, p21) creates associations of a need to protect himself and a sense of foreboding if he were to socially interact with the world. There seems to be somewhat of a sense of having made peace with being "separate" from the world and, the need for separation as a practical way forward for Participant Four to experience his life in a safe way. To step off this island represents danger and potentially death as symbolised by the piranhas.

Figure 10

Participant Four's River of Experience

Participant Four's happiest memory is captured within a second River of Experience he created of his 'happiest memory' which is a holiday (see Appendix 19). It represents an escape from general society, away from a world he does not consider himself part of because he is viewed as different. It is interesting how there are social interactions with his brother and a family friend who both also have LD compared to an absence of interactions with others and a sense of safety as a consequence of this;

Extract Six

> It was the happiest time of my life, plane straight out of there, an escape from that world, other people's world, had everything we needed, sun, a pub and my brother and xxx , got up, no one else to worry about, had breakfast watched sport had a drink and enjoyed the nightclub because no one knew we were different, knew us from school (Participant Four, line 479, p19).

This next extract also demonstrates how the 'I am a nuisance and a victim' (primarily the victim element) subordinate theme again interlinks with this theme of isolation. Participant One describes herself as a victim of bullying, to the point where this means she does not leave the house. Furthermore, wider society is perceived as providing limited opportunities for her, including employment, and being a victim of this contributes to her segregation from the world. There is a general acknowledgment that individuals with LD find social engagement with the community more difficult (Cummins & Lau, 2003). Historically the reason and onus for this has rested with the individual with LD, this research however raises questions regarding the role society has within this process;

Extract Seven

> You can't get a job, so you don't know like you know business people, you don't have friends to go to the pub with after work, you can't do hob, hob, hobbies, sometimes you don't dare leave the house in case you get bullied. You know those black and white films, like a mime, like someone on the outside pretending there is a sheet of glass there and they go up and down it pretending to touch. I actually got one better, like a snow globe shaker thingy, you know what I mean? A world inside itself and you can't reach in….like that, outside looking in on the rest of the world (Line 413, p16).

Participant One's metaphorical use of a snow globe and a mime sketch conjures up visual images of a barrier between Participant One and the world. Participant One identifies a sheet of glass in the context of the mime and a snow globe represents a world inside a glass bubble, a world they cannot reach into. There is a sense of sadness as Participant One recognises a world containing human interaction which they are not part of. Furthermore, Participant One's use of the word 'reach' is poignant and telling, indicating the presence of an emotional loneliness and a desire for human contact.

Meta-analysis studies (Kavale & Forness, 1996; Ochoa & Palmer, 1995) and research summaries (Bryan, 1997) highlight that students with LD often experience a peer rejection. This research however relates to students. Whilst there is a general recognition that people with LD find social engagement with the community difficult (Cummins & Lau, 2003), there is a lack of literature pertaining to the nuances of this and moreover, isolation and loneliness in adults with LD, including adults with LD who have convictions. Margalit and Al-Yagon (2002) define social loneliness as disruption of the social network and link it to peer rejection. They define emotional loneliness as a 'deficiency in intimate close relations' and interpersonal bonding and, it is associated with attachment relations (Bowlby, 1969; Wood, Klebba & Miller, 2000). Both types of loneliness appear relevant for the participants of this research. Mencap (a registered charity for people with LD) published research on the 13th June 2019 which highlighted how the bullying of people with LD leads to social isolation and a third of people with LD fear being called names or bullied when they go out. The research proposed that fear and worry is leading to social isolation with people with LD reluctant to leave their homes. Isolation was therefore highlighted as a significant problem with over two thirds of people with LD reporting that they do not have anyone to spend time with either some of or a lot of the time. In addition to this research, the Office for National Statistics published a report on the 3rd December 2019 and found that 24% of the LD population felt that they felt lonely 'a lot', this compares to just 3.4% of the general population who said that they felt lonely (ONS, 2019). There is however a difference between isolation and emotional loneliness and as is clear from some of the extracts, some participants have chosen to isolate due to feeling under threat and vulnerable with others and a sense of not belonging. The two however do not exist mutually exclusive of one another and there can be interplay and the presence of both at various times.

There is a significant body of evidence that suggests that loneliness interacts with other predisposing factors to influence the aetiology and maintenance of sexual offending such as social intimacy (Marshall, 1993; Ward, Hudson, Marshall & Siegel, 1998). Emotional loneliness is therefore identified as predictive of being convicted of a sexual offence (Green, Grey & Willner, 2002). It is not known however how this may uniquely manifest for individuals with LD. These results however support a hypothesis which identifies how people with LD may experience a unique trauma characterised in part by aspects of isolation. Furthermore, their isolation and loneliness is complex, seemingly developing both as a result of rejection by others and, as a choice to protect themselves from this very rejection and, more broadly the harm from others they have experienced as part of their distinctive LD associated trauma.

5.3 Superordinate Theme 2: "It Can Be Fun, You Gave Us The Bad Label"

Whilst this Superordinate theme shares characteristics of the first Superordinate theme in terms of the problematic nature of others and their behaviour towards people with LD, the essence of this Superordinate theme is to celebrate the positives and strengths of people with LD. Labelling is also included within this context as it clearly demonstrates the gap between how others perceive and categorise individuals with LD compared to how they perceive themselves. The content of this second Superordinate theme does build upon conclusions drawn from the first Superordinate theme in terms of highlighting how others have socially constructed a perspective of the LD population in a way which is incongruous with how people with LD experience and understand their world.

There is a sense of uniqueness regarding elements of enjoyment this population may experience which the wider population may potentially not, or recognise as positive attributions associated with individuals with LD. This is best demonstrated within the following extract from Participant One;

Extract Eight

> It can be fun you know, being us and learning the way we do, bet that's a shock to hear (Line 512, p22).
>
> Why do you think it would be a shock to hear? (Interviewer, line 512, p23).
>
> Because people just think what an awful life we must have but we do have fun and better fun then other people can have (Line 514, p24).
>
> That's brilliant and so interesting so tell me about the sorts of fun you mean? (Interviewer, line 515, p25).

> It’s playful, we have a sense of play that other people don’t have, me and my wife at the time, who was told she had learning disabilities too would play for hours, pretend games, dens, we could entertain ourselves for hours…………….now not many people can say that can they (Line 516, p26).

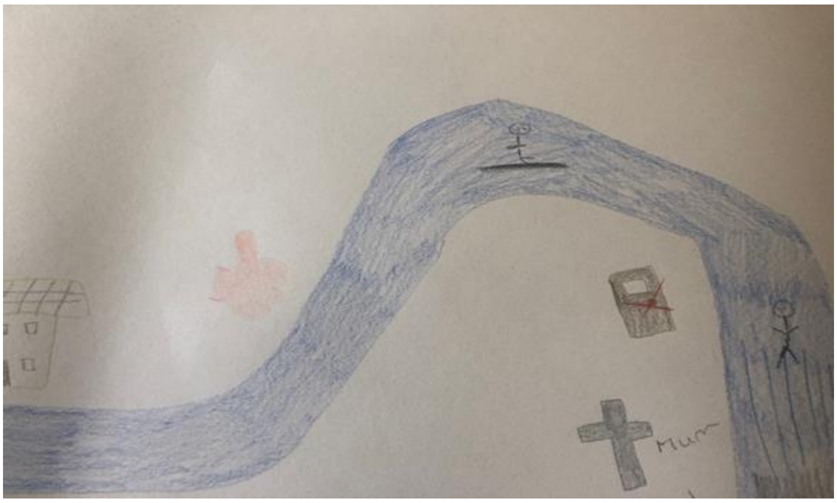
All participants vocalised unique elements of fun they enjoyed because they have LD “it’s a little bit like we have kept what other people would say is our childhood, other people have lost that, sometimes I think a little bit of Peter Pan” (Participant Four line 199, p9)….. “we have a sense of play that other people do not have” (Participant One, line 516, p26). In this way, the language the participants utilise positions them as more privileged than others given their potential to have more fun. This concept is therefore at odds with the constructed negative perceptions of individuals with LD by others without LD which the participants have identified. It is noteworthy that there is also an absence of literature and research regarding the positives, strengths and ‘fun’, which may be experienced perhaps uniquely, by the LD population and is therefore part of a unique identity for this population. In keeping with these findings, Vinter et al., (2020) completed research exploring the prison experiences of autistic individuals. Interestingly, participant views of their autism were largely positive and they would not wish it away. Furthermore, a number of participants spoke about how autism provided them with exclusive strengths compared to ‘neurotypical’ people such as being able to safeguard against emotions clouding their decision making processes.

Throughout their River of Experience, Participant Two draws themself in different actions in relation to the water, for example drowning and falling when experiencing difficult times. They depict themselves as surfing alongside a thumbs up which they have also drawn as shown in Figure 11. Participant Two also provided a description of this time in their life; “I changed schools and people were like me, we had play, that’s a thumbs up and I fitted in at this school, that’s me surfing, good memories and girls interested, fun, fun I had never had before at that other school and other kids, I could have fun, the best fun with these children”. (Line 222, p10). This is the only occasion Participant Two draws themself as surfing. The key element which seems to underpin Participant Two’s description of themselves as being able to ‘surf’ is being with other people the same as her and the fun this facilitated. This observation resonates also with the previous Extract, Extract Eight in that it appears a fundamental part of what enabled Participant One’s experiences of fun was his wife’s LD and a sense of shared playfulness between them which was borne out of this. In considering the subordinate theme of Isolation, which captures how participants have both been isolated and chosen to isolate, these findings offer hope by supporting an alternative narrative to this. A narrative which concludes there is and can be happiness, fun and connectedness with others, when individuals with LD are amongst those they can relate to. A context whereby they are not perceived as ‘different’ either by themselves or others.

The image of surfing within Figure 11 Participant Two utilises brings associations of ease, cruising, managing the waves of life and travelling forward. Alongside the thumbs up, it is of significance that it is the only place within Participant Two’s river where the river travels drastically upwards, interpreted as an enrichment and elevation within the participant’s quality and experience of life. It is interesting how the participants within this research only describe having fun with other people who also have LD. There is a shared sense and understanding of fun away from the non-LD world and the negative experiences, as demonstrated within the context of Superordinate Theme one, which that can bring. There is very limited research in this area to date, however, Johnson, Douglas, Bigby and Iacono (2012) did explore the nature of social interaction between adults with severe LD. They identified an overarching theme of sharing time with other people with LD characterised by ‘having fun’ and ‘hanging out’ which, was typically the only form of relationships participants found enjoyment in.

Figure 11

Excerpt from Participant Two’s River of Experience, Surfing

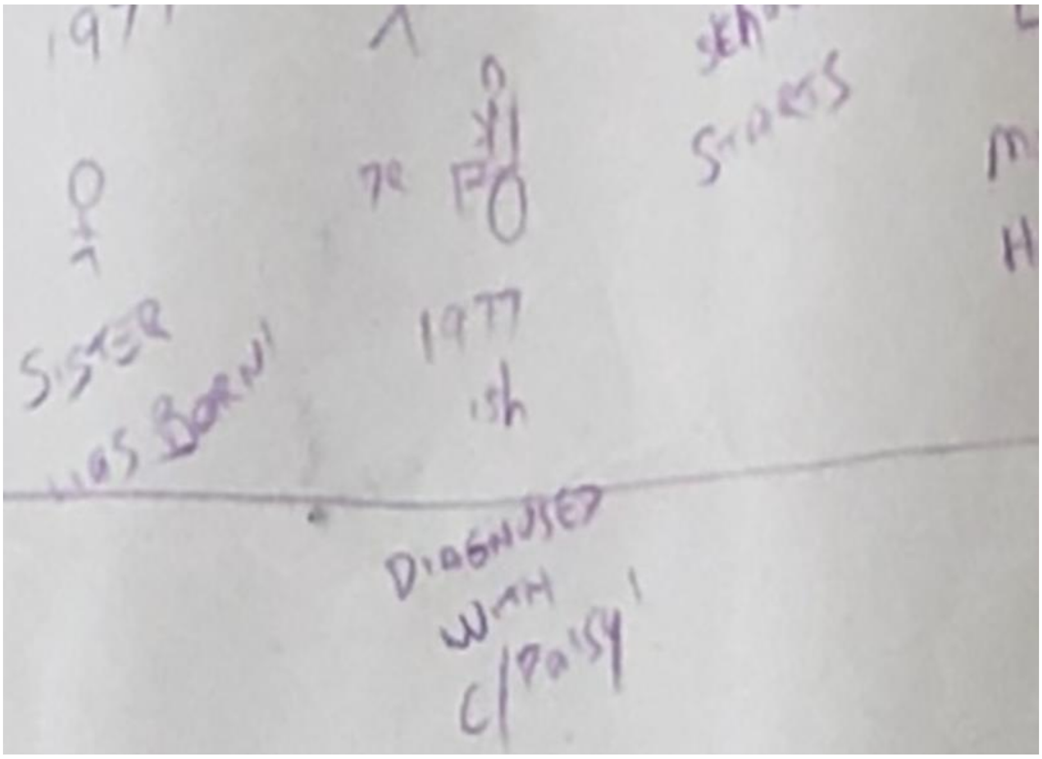


The negative perceptions and labels that participants identified they were given were all socially constructed by people who do not consider themselves LD. Interestingly, all participants were reluctant to describe themselves as ‘Learning Disability’. As such, there appears to be a gap between how others view LD and how people with LD experience and perceive it themselves. This is perhaps one of the consequences of the historic approach to research adopted for this population which for the main has not asked people with LD for their voice and contribution. It is of interest that all participants expressed how being described as ‘learning disabled’ was not a concept which they considered relevant or positive. Participant Two stated; “What sort of a name is Learning Disability anyway? Disability is not a nice word, means negative doesn’t it, yeh I learn different things in different ways but they don’t get called a disability do they?” (Line 599, p25). Similarly, Participant Four expressed, “I didn’t think I was disabled until other people started using this name for me, I have been told I am good at things” (Line 500, p20). In keeping with this, Participant Three voiced “Can ne remember ever been told then this name in prison is given to me, not how I call myself , don’t even know what it means aside from it is bad if called disabled like you think of bad things”. (Line 173, p8).

There is rich evidence all participants were reluctant to describe themselves as having LD, indicating a rejection of this as an identity. Furthermore, there are important indications within the participant’s expressions that the label is both socially constructed and, something which is ‘done to them’ by others which has negative connotations. Seemingly it is society which sets boundaries, goals and values, and then behaves in a negative way towards those who do not ‘fit’ with these. There are glimmers of frustration, anger and annoyance within the extracts regarding this illustrated by questions such as “what sort of a name is Learning Disability anyway?’” (Participant Two, line 599, p25) and ‘how do others describe themselves?’ (Participant One, line 452, p20). Participant Six does not include his diagnosis of LD within his River of Experience. He does however mark, as presented in Figure 12, his diagnosis of Cerebral Palsy and represents this visually with a picture of a wheelchair (Participant Six has not ever used a wheelchair), symbolising a traditional image of disability, being hindered and incapacitated.

Figure 12

Excerpt from Participant Six's River of Experience, Disability



These research findings are fitting with conclusions drawn from Finlay and Lyons (2005) who evidence that people with LD do not tend to utilise the label applied to them. Kenyon, Beail and Jackson (2014) question to what extent a healthy identity of LD is possible given it is defined and diagnosed in the literature by what a person cannot do. Furthermore, the labelling theory suggests that labels are counter-productive and can have the unintended consequence of influencing the identity and behaviour of the person ascribed the label (Tannenbaum, 1938). Indeed, negative effects of formal labelling by the CJS on the individual labelled have been well-documented (e.g., Braithwaite, 1989; Chiricos, Barrick, Bales, & Bontrager, 2007; Maruna, LeBel, Mitchell & Naples, 2004; Schultz, 2014). In this context, Wakeling (2022) highlighted the importance of utilising non-labelling language to challenge the stigma attached to prison and criminal identities and the provision of opportunities for individuals to develop alternative pro-social identities to help support their desistance from crime. It has also been found that the experience of dealing with the stigma of LD can create feelings of humiliation, worthlessness and feeling separate from others (Egerton, 1967). Lindsay and Taylor (2005) proposed a model of offending for individuals with learning disabilities who had sexually offended and postulated that they hold negative self-perceptions due to exposure to stigmatization that has been internalised. This is particularly poignant when Kenyon, Beail and Jackson (2013) propose that people with LD can view themselves as essentially ordinary when a label is not attached to them and therefore it is the reaction of society which creates the stigmatisation. Finally, utilising a label such as 'learning disabled' as an umbrella term also ignores the heterogeneity between individuals (Lowe & Willis, 2020). It is important and positive to hear several participants identify their unique assets, talents and strengths (extended beyond having fun) which also creates a 'distance' between themselves and a disability label and, importantly does not define them in terms of what they cannot do.

5.4 Superordinate Theme 3: Life Before Prison Was a Struggle, "I Couldn't Survive"

A recognition of an inability to cope with daily life was a prominent theme across all participants which they acknowledged led to dysfunctional behaviour. The essence of this is captured within the subordinate theme 'I couldn't cope with daily life' and dysfunction. Together with recognising their difficulties with coping, participants also recognised their feelings of envy towards others whom they perceived to have rich and fulfilling lives, lives which were not struggles. It is these very people whom the participants perceive as having limited their own opportunities in life. Analysis of the findings suggests how it is the envy the participants feel towards others which then acts as a key driver of their offending behaviour. This is captured within the second subordinate theme 'envy as a risk factor'.

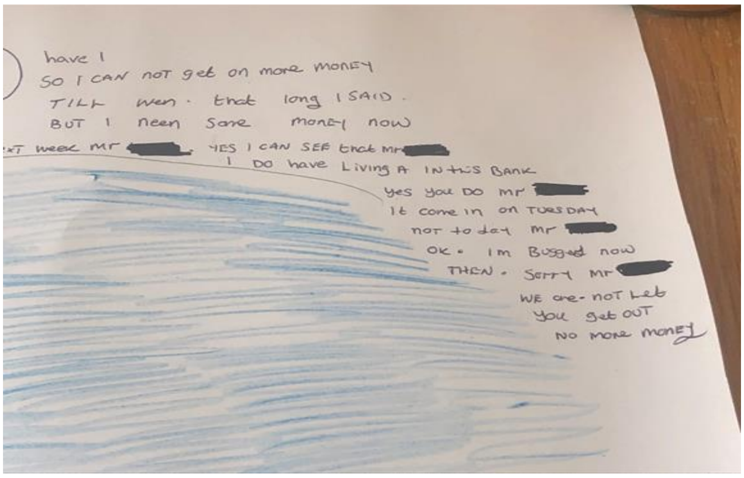
5.4.1 Subordinate Theme: "I Couldn't Cope with Daily Life" and Dysfunction.

A recognition of an inability to cope with daily life was a prominent theme across all participants. This appeared to come increasingly to the forefront as they entered adulthood, identifying challenges connected to the practicalities of caring for themselves, and being able to function effectively and when necessary, independently within society. Their voices highlight the struggles they endured with 'living' and coping including aspects such as money management, shopping and gaining employment. An absence of confidence and self-esteem also appear to go in hand with this context. Finally, of key importance for this subordinate theme is the link between how an inability to cope leads to dysfunctional behaviour.

Participant Five described an experience of his carer taking advantage of him which consequently led to their loss of employment. They voiced how this in turn left him without care and in a situation where he could not manage aspects of daily living such as his money and shopping. Participant Five shared how this quickly spiralled out of control to the point where he went into the bank as shown in Figure 13 to unsuccessfully seek a resolution.

Figure 13

Excerpt from Participant Five's River of Experience, unable to cope



have I
SO I CAN not get on more MONEY
TILL wen. that long I SAID.
BUT I neen Sore money now
xT week mr [redacted]. YES I CAN SEE that mr [redacted]
I DO have Living A IN this BANK
yes you DO mr [redacted]
It come in on TUESDAY
not to day mr [redacted]
OK. Im Bugged now
THEN. Sorry mr [redacted]
WE are- not Let
you get OUT
NO more money

Similarly, Participant Two described being unable to find employment and doors being shut in their face. The bereavement following the loss of their mother and father within two years of each other meant Participant Two then found themselves unable to "look after herself and have money, have a roof over her head or have food" (line 479, p21). This is represented within their River of Experience, Figure 14, by drawings of money, a house, and a knife and fork all with red crosses put through them. They are all interpreted as necessities critical to human survival. Tellingly, Participant Two does not verbalise the want or need for a certain house or a large house but rather a "roof over her head" (line 410, p20) suggesting, a house is needed and perceived in its basic and primitive form, to protect a person from the elements. Participant Two describes this time as "suddenly feeling as though she was drowning and moving downstream like when a waterfall throws you down and you crash on the rocks" (line 420, p20). The use of the "throws you down" and "moving downstream" suggests feelings of being out of control with impeding devastating consequences, perhaps death as signified by the description "crash on the rocks". There is a sense of momentum too reflected through the language "moving downstream", a feeling of the situation spiralling, which conjures up emotions such as helplessness, fear and doom. Participant Two also drew a life ring to symbolise "wanting to be rescued from the water" (line 401, p20). The communication of this experience utilising a life ring to represent her "rescue" together with the metaphorical use of the word "drowning" and "crash on the rocks" is indicative of how significant a threat to her survival she considered this to be. The choice of the world "rescue" also portrays the need for help from others, a perceived inability to save her own life without support from others to keep her afloat as symbolised by the life ring.

Figure 14

Excerpt from Participant Two's River of Experience, Survival.

Together with the visual representations, each participant communicated their personal struggle verbally; Participant One stated, "couldn't cook, people always going to shops for necessiments, bread, milk and eggs, I know that but I can't look after myself to cook and feed me, I couldn't survive." (Line 550, p23). Another participant, Participant Three verbalised, “You can’t stay alive without a job and proper food, some days I felt I was [pause and visibly upset] ……………….dying” (Line 451, p19). Similarly, Participant Four vocalised;

Extract Nine

> I needed help with everything getting my clothes on, having a bath and a wash, my teeth were really bad, hadn’t seen a Doctor and a Dentist for don’t know……….my house was a mess, pig sty, quite smelly too and I didn’t know how to wash clothes so these would pile up, kept thinking I would get a disease. (Line 630, p26).

The significance of difficulties with coping for these participants is emphasised by how their responses all extend and are all threaded together by fears or concerns regarding risks to their survival. There is a recognition that difficulties in coping can become life -threatening. This is evident by the language they utilise which reflects a serious threat to life; “you can’t stay alive without a job and food” (Participant Three, line 451, p19) , “you will end up on the streets” (Participant Six, line 558, p25) “I couldn’t survive” (Participant One, line 551, p23) and “humans need to be warm to live” (Participant Five, line 274, p10). Their expressions strike of desolation and desperation. The pause and expression of sadness observed before Participant Three voices the word dying suggests there is still a pain he suffers regarding this.

The interpretation of context is markedly important, all participants are united by describing not being able to cope in the community. From the perspective of the DSM-V definition for LD, these descriptions would relate to aspects of adaptive and social functioning. As emphasised within this thesis’ Systematic Review, Chapter Two, whilst limitations in adaptive functioning is one of the three necessary criteria for a DSM-V diagnosis of LD it historically has and continues to be overlooked within the research and literature fields. Ironically, the findings within this research indicate it is the limitations in adaptive functioning and moreover the inadequacies in receiving support for this within the community which are prominent in leading to dysfunctional behaviour patterns and maladaptive ways of coping for individuals with LD. This was expressed by all participants and illustrated below through the voice of Participant Two;

Extract 10

> It’s lonely when people think you can’t do things, I had nothing, my life was painful, no relationships, it could be like I didn’t exist, every day worry, how will I feed myself, how

> will I get my clothes on, who will explain things to me. How can you cope in a life like that? I started taking drugs and doing whatever I needed to get by in life. It was like being a piece of dog sh*t, people walk away from you, don't want to know and avoid you on the street. (Line 350, p13)

Participant Two's metaphorical use of "it was like being a piece of dog sh*t" (line 353, p13) symbolises how low they perceived their standing was considered by others. Such rhetoric has dehumanising connotations and perhaps represents how they thought others believed they should be cleared away and disposed of. Participant Two does not use I-language or offer descriptions which provide an insight into how they felt. This may suggest the use of this metaphor is more connected to how others perceived and treated them than how they perceived themselves, which is a key characteristic of Superordinate Theme Two. Indeed, every participant paints a bleak picture of their lives in the community as adults. This is portrayed by both their descriptions of their lives and the adverse words they choose for the narrative relating to this, including; "shit" (Participant Five, line 670, p29), "battle" (Participant One, line 460, p19), "painful" (Participant Two, line 351, p13) and, "unbearable" (Participant Three, line 506, p22). "That went straight into my heart" (Participant Four line 603, p25)is a description Participant Four utilises which embodies images of a cutting pain, deep and striking into the most vulnerable part of him. The heart is often associated with intense emotion and how a person feels, his description therefore may reflect the level of intensity of his emotional pain and turmoil.

A purpose of the dysfunctional behaviour, namely alcohol abuse, appears to be as a crutch and buffer between the participants and the world indicated by the context in which they express their alcohol use. Examples include, "just to get through the day" (Participant Three, line 500, p21) and "to give me the confidence" (Participant Six, line 213, p12). Their description of alcohol also creates 'distance' between the participants and their offending behaviour. This is not to say that alcohol, as the participants state, was not a key influential factor regarding their trajectory into the CJS but rather, the way they express this may indicate a level of uncomfortableness with their offending and their identity as an offender; "alcohol helped me come to prison" (Participant Four, line 607, p25) and, "when I was drunk I offended" (Participant One, line 405, p19). The narrative, "I was drunk when I offended" symbolises a separation from self and does not suggest Participant One identifies with an offending self or, at least a portion of responsibility is placed onto alcohol almost as though it were a person and Participant One had no internal locus of control. Similarly, Participant Three also states, "I was drinking too much see, that's one of the biggest reasons I came here into prison, because I was a good person" (Line 507, p28).This too suggests a separation of the self and reads as though Participant Three considers himself to be good person before his increasing alcohol abuse. Interestingly it symbolises for Participant Three that there is no room for the co-existence of criminal behaviour, vulnerability including alcohol abuse and, what makes a good person. There is no merging of different complexities and aspects of self, the 'drunk me' is a separate being, the offender.

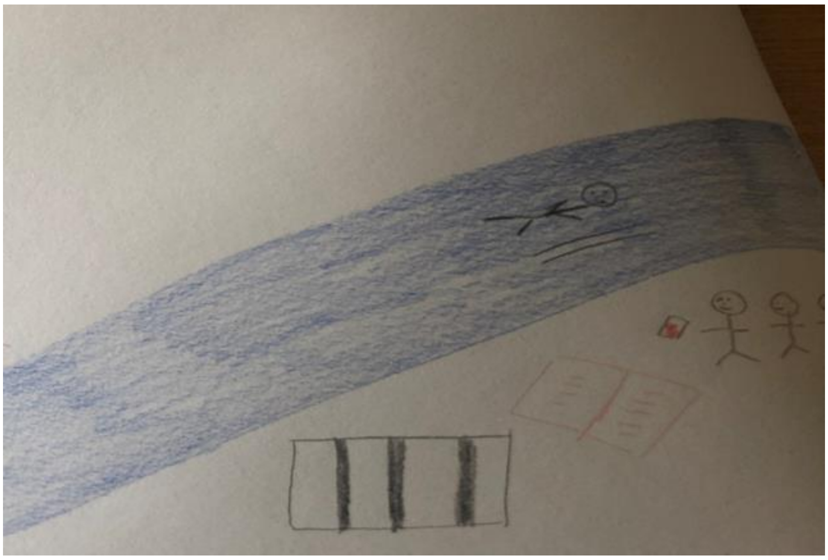
In fitting with the findings of this research, this group are considered a risk group for developing substance use related problems and substance use disorders (Chapman & Wu, 2012). Furthermore, research has identified that alcohol is the main substance used and misused in people with LD followed by cannabis and stimulants (e.g. Chapman & Wu 2012; VanDerNagel, Kiewik & Didden, 2017). Several studies highlight how substance misuse amongst this population may adversely interact with some of the characteristics associated with LD including cognitive limitations and overly compliant dispositions (McGillivray & Moore 2001). As supported by the voices of the participants it can be concluded that this population may be less likely to receive treatment (Chapman & Wu 2012). Furthermore, such a lack of engagement with intervention and support may also be a risk factor for offending behaviour (VanDerNagel, Kiewick & Didden, 2017). Fitzgerald et al., (2011) did find alcohol to be predictive of violence in a sample of LD individuals convicted of offences although generally, there remains a dearth of research exploring this. Finally, the use of the word "help" utilised within the quote "alcohol helped me come to prison" could be interpreted in its literal sense, as opposed to representing reason or cause. In considering the overarching Superordinate theme Life before Prison was a Struggle 'I couldn't survive', this subordinate theme sits under, the use of the word help could also reflect the participant's perception that coming to prison was a more positive alternative than trying to survive within the community.

Receiving more help in prison than in the community for people with LD was a shared theme across all participants. Each participant expressed this and provided examples of the types of help they have received in prison. As a representation Participant Five stated; "before I came to prison I could not read or write at all, now I can do small words as I learnt in prison in

Education, what a joke it took me to come to prison to learn this." (Line 70, p3). In contrast to the limited help Participant Two thought they received, particularly as an adult in the community, they drew themselves "swimming upstream" (line 899, p10), as presented in Figure 15, to represent the help they received within the prison estate. The use of the word swimming creates associations of 'empowerment', 'being pro-active' and 'moving forward'. The use of the descriptor 'upstream, suggests a 'better direction', a 'positivity' and 'progression'.

Figure 15

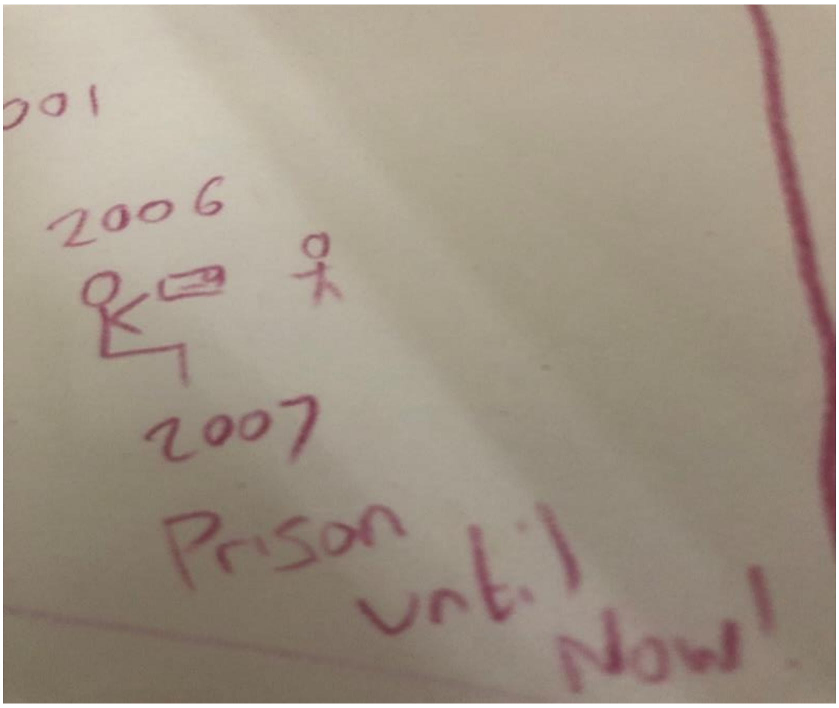
Excerpt from Participant Two's River of Experience, Swimming Upstream



Similarly, Participant Six illustrates receiving their award for their woodwork and painting within their River of Experience as the only time in their life when they have received an award as presented in Figure 16.

Figure 16

Excerpt from Participant Six's River of Experience, Award



Extract 11

> I won an award here for my painting and woodwork, never won anything before so that is wow to me………..I joined a class here at XX and got help to do things with my craft stuff, keeps me accompanied all day, problem with world outside is there is no help or time for men like me. (Participant Six, line 427, p19)

A sense of anger and resentment is evident throughout the participants' accounts regarding the lack of help they received prior to coming into prison. The expressions they utilise indicate an acceptance and openness to help, coupled with an understanding of the limitations of their coping. Furthermore, their motivation to have a sense of purpose and develop themselves shines through their choice of terminology and there is hope reflected in the language they use when talking about their progress in prison. Participant Three states "another prisoner helping me when no one in my life has helped me, there were not things out there before jail like this….sometimes I am glad I am here because I have had the help I needed with my learning now.” (Line 337, p14). Similarly, Participant One describes “no one and I mean no one wanted to help me out there, erm. See I wanted help but no one was interested, I have learnt skills in here to cook and clean that no one could be bothered teaching me out there.” (Line 191, p8). In sharp contrast, is a sense the world gave up on them outside of the prison context, a hopelessness perhaps captured most poignantly within Participant Six’s extract, “problem with world outside is there is no help or time for men like me” (line 429, p19).

Several participants recognised the irony of receiving more help in prison than in the community with all participants either explicitly providing examples of help they have received or inferring to it, with some highlighting the absurdity of this. The participants did not utilise language which internalises their need for help as being a fault of theirs, indeed their recognition of the incongruity of receiving more help in prison than in the community implies this is help they recognise they should have received previously within the community. This adds more weight to the notion that it was a lack of help or at least a case of others not taking a pro-active approach to engaging and providing these participants with opportunities for help, support and purpose, rather than their unwillingness to engage with support, which proved problematic for them during their lives in the community (mirrored perhaps also by their willingness to engage with this research). Similarly, Vinter et al., (2020) presented how individuals in prison with autism found they were more socially active in prison than in the community. In part these individuals attributed this to how supportive others were of them within a prison environment.

Wheeler et al., (2014) found statistical support for increased consideration of the impact of relevant social and environmental circumstances within a risk factor context. They highlight how men and women with LD living in the community who were not taking part in any form of structured routine activities were statistically 30 times more likely to be in the active- offender group. The absence of any regular commitments to voluntary or paid work, or to any kind of social or creative activity was significantly more likely amongst active people committing offences than those that were not. In keeping with this, a lack of purposeful daily routine has been noted in a significant number of individuals referred to the Learning Disability Services in the UK (O’Brien et al., 2010). The need for this help and a purpose in society was expressed by participants to such a level that it became relevant within a life and death context. The participants recognised this as a failing of society, not of themselves, yet their use of dysfunctional behaviour to cope and survive within the community is self-damaging. Perhaps whilst cognitively the participants now understand the responsibility of society to provide support for their needs, it could be hypothesised that alcohol abuse and other forms of dysfunctional behaviour for them has been motivated by multifaceted aspects of both their experiences of trauma and their efforts to cope and survive in a way within society which is uniquely challenging for people with LD. It appears the way society is currently constructed including the limitations of support systems within it makes it much more difficult for people with LD to adequately fulfil their basic needs and achieve life goals.

5.4.2 Subordinate theme: Envy as a Risk Factor for Offending.

All participants expressed frustrations with wanting to be like others and achieve what others have. Across all participants was a sense of envy regarding other people and how they perceived their life to be, essentially their ability and success in achieving life goals and human needs. Within the shared experiences of the participants seemed to be a recognition and grief regarding how they had less than others in terms of rich meaningful life experiences. A sense of envy with aspects of resentment dominated each participant's contribution. As such, a key characteristic of this theme relates to a lack of opportunity and moreover, a recognition of more limited opportunity for the participants when compared to others without LD. This was viewed by all participants as restricting the potential for richness in their lives. Participant Three's contribution epitomises this;

Extract 12

> Like a darkness inside me, feel angry sometimes towards other people, not really their fault but sort of is too as they don't give people opportunities like me, it's their world, I just want to be in their world with their lifestyle, gym, meeting friends for drinks after work, they don't know what they have got, how lucky they are, I want to be them. I dream sometimes about it, is that silly? I want to describe my feelings better (Line 403, p18).
>
> You said that you struggle to describe your feelings which I can understand, shall we look at a colour chart, sometimes that helps (Interviewer, line 408, p18).

> So, like a black [points to black], black like that darkness at night when you are alone, feels like the only one awake, also a darkness and a red for anger as I was angry with the world and a green for envy as I wanted to have what they have. I blame the world so I took it out on the world and came to prison for it (Line 410, p18).

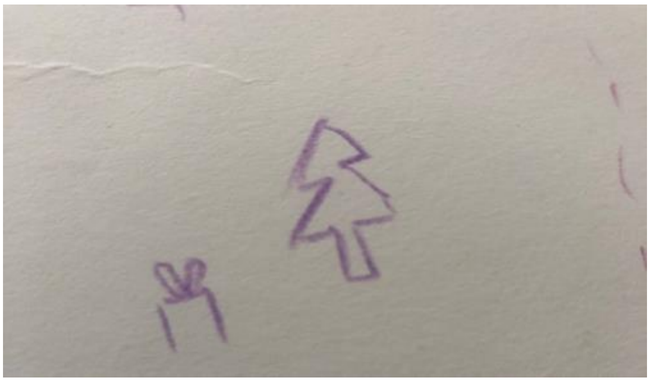
Another participant, Participant Six drew a Christmas Tree, Figure 17 within their River of Experience and offered a vivid description pertaining to it;

Extract 13

> You know when it is Oliver or the Scrooge film, and the characters are looking into other people's homes, they are always on the outside of the home looking in and they see big families gathered about the Christmas tree and eating dinner and it's all warm and shiny, they all have great lives, jobs, cars, always laughing, that's what I want , I want what other people have, I wish for it all my life, I know I was pissed off about this when I did my crime. (Line 317, p14).

Figure 17

Excerpt from Participant Six's River of Experience, Christmas Tree



There is a great sadness which rises out of Participant Six's contribution. The imagery of a family gathered around a Christmas tree is a traditional symbol representing a richness of joy and love, a feeling of home. The description is rich both in the literal sense, given material items such as cars are included but it is also rich in the context of human well-being and happiness. There are also clear echoes of relevance linked to the Subordinate theme of isolation in terms of Participant Six feeling on the “outside” of this scene and segregated. This is perhaps accentuated by the inclusion of the word “big” to describe the size of the family which, may be a reflection of how small Participant Six perceives their circle of love and connections to be in comparison. In this way a need for human contact along with other basic human necessities such as “warmth” and “eating dinner” are also prominent within this narrative.

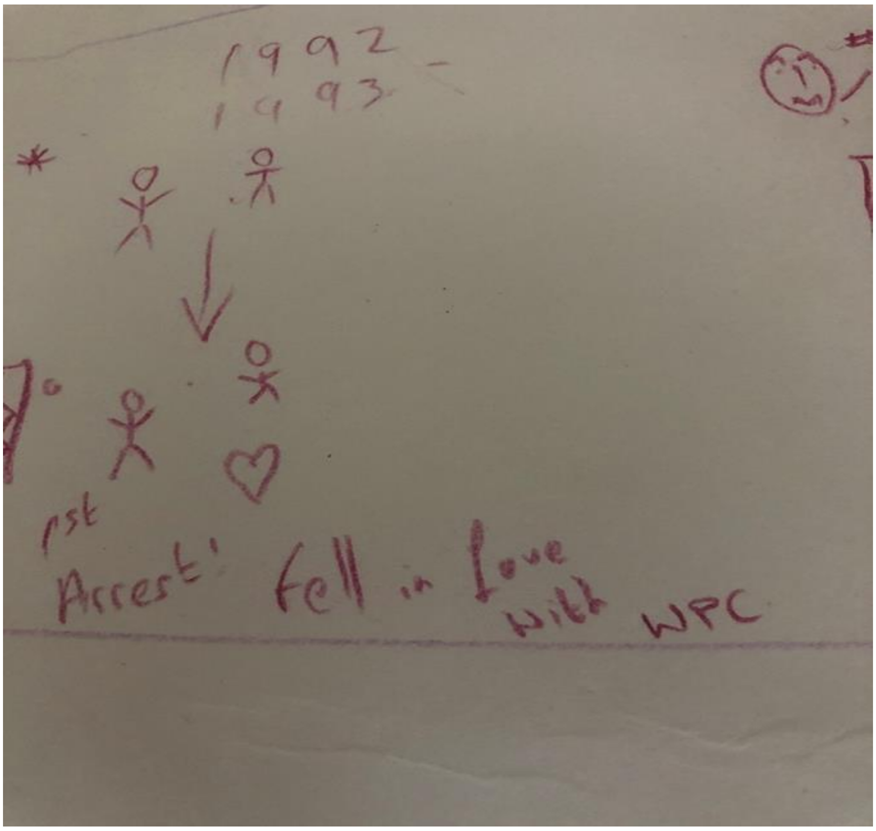
The premise that when needs are not met this then results in criminal behaviour is in keeping with the theoretical premises behind the Good Lives Model (GLM; Ward & Gannon, 2006; Ward & Stewart, 2003) and Maslow’s Hierarchy of Needs (Maslow, 1943). In terms of the Hierarchy of Needs, Maslow (1943) proposed that whilst people are motivated to achieve certain needs, some needs take precedence over others and are fundamental to human existence. As an illustration, Maslow (1943) considered how physiological needs, in other words biological requirements for human survival were considered the most important needs, with all other needs deemed as secondary after this. Maslow (1943) highlighted how physical survival is the initial motivator of behaviour and human beings will seek to achieve this by whatever necessary means available. Secondly, the GLM is a strengths based approach to offender rehabilitation and is premised on the idea that we build capabilities and strengths in people and it is this which safeguards against them reoffending. The GLM posits that individuals offend because they are attempting to secure some kind of valued outcome in their lives and fulfil their needs. However, the desire or goal manifests itself in anti-social and harmful ways, due to ‘limitations’ and ‘short-comings’ which that individual and their environment may hold. This also holds relevance to the previous theme ‘I couldn’t cope with daily life and dysfunction’ which highlights how an inability to cope and not have human needs satisfactorily met leads to dysfunctional and harmful, including offending behaviour.

This of course resonates with the preceding Subordinate theme ‘*I couldn’t cope with daily life’ and dysfunction.* The crux of this extract however is Participant Six’s feelings of envy and how aggrievance as a characteristic of envy then contributed to his offending. Participant Six’s statement of “I wish for it all my life” signifies envy as a pervasive feeling for him throughout his life with a sense of poignancy. The use of the word “wish” brings associations with it of optimism and hopefulness. However, given the next statement which immediately precedes it is “ I know I was pissed off about this when I did my crime”, there is an overtone of a change, a time Participant Six had reached a tipping point in which he drew a line under any optimism and hopefulness. This was then replaced by a realisation of hopelessness and resentment which seemingly drove his offending.

Participant Six also drew his experience, as presented in Figure 18, of when he “fell in love with a policewoman and wanted her to be his girlfriend” (line 617, p26) ……..”everyone else has a girlfriend so that is what I will get myself” (line 617, p26). The experience Participant Six is describing is also their arrest for stalking and indecent assault against a policewoman.

Figure 18

Excerpt from Participant Six’s River of Experience, second understanding of falling in love



Participant Six’s use of “everyone else” (line 617, p26) represents their perception of themselves as different. “That is what I will get myself” (line 617, p26) has active and pre-emptive connotations implying, Participant Six considered no one else could help them. Therefore, he would need to take a pro-active approach to achieve this goal himself. It is of interest how Participant Six does not describe this experience as criminal and offending behaviour but rather as “falling in love”. Regardless of whether Participant Six had an awareness of the criminality aspect of this behaviour, his rhetoric suggests he did not believe the development of a relationship with a partner would occur as a natural and organic process. He therefore had to go and ‘get’ it thus inferring that aspects of obtaining consent were not a barrier or at the very least, a consideration and understanding for him.

Importantly, this theme is characterised by how participants perceive they have been treated by others in keeping with Superordinate Theme one and throughout all participants’ expressions are aspects of blame and resentment in relation to this; “I feel bitter” (Participant Three, line 401, p17) , “not really their fault but sort of is too” (Participant Three line 403, pg18) and, “they have won” (Participant Five, line 384, pg15). This is perhaps most explicitly illustrated through Participant Three’s voice; “I blame the world so I took it out on the world and came to prison for it” (line 418, pg18). It is of interest how an accumulation of the participants’ life experiences, linked directly to how others have responded to their LD, as captured within the LD specific trauma (because of how the world treats us) theme, has led to all participants sharing this as the explanation for their offending behaviour. Furthermore, the crimes which were committed against the participants as part of their experiences of trauma were not reported, thus meaning participants did not see the perpetrators receive punishment. Hypothetically this may have also normalised a view for the participants that a person can commit crimes without punishment, alongside, creating feelings of vengefulness and resentment towards others. Predominately, envy characterised by resentment has seemingly acted as a driver of their offending behaviour. Consequently, this may suggest elements of the participants offending were emotionally led, which has implications when seeking to identify and understand specific or indeed unique risk factors associated with offending perpetrated by men with LD;

Extract 14

> got so angry and frustrated with my lifestyle versus theirs and then they took the piss, hitting and hitting, years of not having what I should have all came pouring out, he had [the victim] the flat I wanted, the car, the everything, but he treated me like sh*t Ms Alex, I needed a place then or I would end up homeless and hungry so I killed him to get his life. (Participant Four, line 555, p24).

Extract 15

> I wanted to do counselling qualification to help others with the abuse I have had, said someone like me couldn’t do that, thought what have I got to fu*king live for, can’t get a break in life yet everyone else can do these qualifications and yet I can’t, I will tell you what then, I will take back from the world because my life was empty, pointless. (Participant One, line 370, p13).

Extract 16

> I felt so much anger and frustrated, like I was going to have steam coming out of my ears, the only way I had half a life like other people was to do bad things and I didn’t care because of how other people get everything I don’t. I want money, house, my life like their life and it isn’t fair, sick of it not being fair, I didn’t just want it, I needed it, I want and need what they have, these are things which are basic; food, warmth and love, to be a success, feel like existing and might as well be dead without them, so I broke the law to get them (Participant Two, line 601, p27).

Across all three preceding extracts the sense of anger is palpable and with a sense of unmanageability at times demonstrated by descriptions such as “steam coming out of my ears” and “hitting and hitting” … “all came pouring out”. Difficulties in emotional management have been observed in individuals with LD (Nezu et al., 1998). Hocken (2014) found ‘emotions getting out of control’ as a general propensity and in the lead up to sexual offending as being associated with lower IQ, as one diagnositic criteria of LD. Furthermore, it is suggested that people with LD are identified as more likely to have deficits in anger regulation. It is proposed that contextual factors for individuals with LD, such as institutionalisation, social isolation and reduced self-determination are all anger-provoking situations which are relevant to these deficits (Black, Cullen & Novaco, 1997).

Individuals with LD who have demonstrated aggressive behaviour have been found to be poorer problem-solvers than non-aggressive LD controls (Basquill, Nezu, Nezu & Klein, 2004). Whilst the participant’s justification of offending has overtones of problem solving “I would end up homeless and hungry, so I killed him to get his life” (Participant Four, line 558, p24), it also has insinuations that the victims deserved this “he treated me like sh*t” (Participant Four, line 557, p24). Through the descriptions envy is entwined with mistreatment followed by an impression of fighting back through offending when the individual has reached their tipping point. ‘Feeling angry and suspicious all the time and wanting to get your own back’ is an established risk factor within the Structured Assessment of Risk and Need for Sexual Offenders framework (SARN: Thornton, 2002). This instrument enables clinicians to evaluate treatment need and change in individuals convicted of a sexual offence. To date however, there has been no research which has clearly explored ‘feeling angry and suspicious all the time and wanting to get your own back’ as a risk factor for individuals with LD (Williams & Hocken, 2014). In this vein, there are no predictive studies to confirm or disconfirm that grievance and hostility are specific risk factors for individuals convicted of offences (Walton, Ramsay, Cunningham & Henfrey, 2017). Together with focusing on what participants did share in the research process it is illuminating to consider what they did not share. Within the context of these extracts there appears to be a distinct absence of remorse indicating potentially that feelings of resentment, anger and envy are still ‘live’ and underpinned by thinking patterns which continue to support those feelings. It could be hypothesised that the lack of remorse is generated from the participant’s perception that wider society is not remorseful for how they have treated individuals with LD. Before they are perpetrators all participants have described being victims first, therefore their treatment of others becomes just and deserving. For the most part, envy is an emotion which has been overlooked in the context of offending. As Daniels and Holtfreter (2019) state, despite research demonstrating the links between envy and a variety of aggression and deviance, this emotion has been missed in the forensic research (Cohen-Charash & Mueller, 2007; Parrot 1992). Daniels and Holtfreter (2019) acknowledge that whilst anger has received vast research attention, correspondingly anger too has received the most attention within an LD context, the mediating effects of various negative emotions such as envy have largely been overlooked.

Whilst this area is largely under- researched, there is some consensus within the field that malicious envy is comprised of three unique elements (Miceli & Castelfranchi, 2007; Parrott, 1992). First is the comparison of oneself to another and believing you are inferior to the person being envied. This is importantly entwined with a second aspect which is that this self-perceived inferiority is considered to be as a consequence of unfair circumstances. Parrott (1992) states that these two aspects combined results in what he would term non-malicious envy. The third element relates to the nature of envy as malicious, as a result of a sense of helplessness one feels due to an inability to surpass their level of inferiority and, the ill will felt toward the unfair circumstances (Miceli & Castelfranchi, 2007; Parrott, 1992). Whether a person feels angry or frustrated, it is the level of envy, Agnew (2006) states which is most likely to result in criminal behaviour. Aspects of malicious envy seem especially relevant within the context of this subordinate theme and how it developed from unjust circumstances and a sense of helplessness. The analysis from the results suggest the nature of the inferiority itself seems not to relate to the participant's perspective of themselves however, but how others within the world view them through an inferior lens and behave towards the participants as a direct consequence of this, thus restricting their opportunities. A restriction in participants' access to opportunities means they often cannot experience a life as fulfilling and rich as others not considered LD, the very people they perceive as having restricted their opportunities. They recognise this stark contrast which in turn evokes adverse emotions. As such, in a similar way to the hypothesis highlighting the need for specific considerations regarding trauma for individuals with LD, does it also follow that a specific consideration of the complexities of emotions and their workings for individuals with LD is needed? It appears these emotions are of a consequence of their unique experiences, including aspects of trauma. They therefore may hold relevance within a risk factor context for individuals with LD and their pathway into offending behaviour.

5.5 Concluding Comments

This chapter presents important qualitative findings regarding the trajectory into the CJS for individuals with LD. These findings will now be considered, including in conjunction with the findings from the Systematic Review to inform a conclusions and implications chapter which will present the theoretical and practical implications of the thesis and consider its impact within the research field.

Chapter 6

Conclusions and Implications

6.1 Introduction

Ultimately, this is a concluding chapter which presents the theoretical and practical implications of the thesis and considers its impact within the research field.

6.1.1 Aim of Thesis

The fundamental aim of this thesis was to progress an understanding of the pathway into the CJS for individuals with LD. To ensure a holistic exploration of this area two components as complimentary elements were included, a Systematic Review and empirical research piece. The overarching aim of the Systematic Review was to provide a synposis of the research to date concerning the risk factors relevant to individuals with LD convicted of offences. The aim of the empirical research piece was to hear the voices of these very individuals and the experiences they believed influenced their trajectory into the CJS.

6.1.2 Summary of Thesis

The Systematic review sought to answer ‘What are the risk factors related to offending associated with adult male and females convicted of offences with LD. Is gender relevant?’ The review set out to answer this by only utilising research which adhered to the current DSM-V definition of LD to ensure consistency and a meaningful reflection and understanding of individuals with LD. No previous review of this nature could be identified in the literature, thus highlighting the importance and need of undertaking such work. The researcher concluded however that the question was unable to be answered due to the limited research in the area and significant methodological flaws identified within it. Despite LD being defined in the two core diagnostic manuals; the DSM- V (2013) and ICD-11 (2017) as needing both IQ and AF deficits, with an emphasis placed on the importance of AF, no studies identified by the review discussed and included AF. The review also found how inconsistent or ambiguous definitions of LD continued to be applied within a research context and, a pattern of reporting and describing LD and its diagnosis in a way which no longer dovetails with official diagnostic criteria and context. As such, the review was also unable to be the first to identify and only utilise research which adhered to the DSM-V definition of LD. Consequently, the review did provide an in-depth description of such short comings in the field with the view that this will in turn enable progression. In this context it was the first-time information of this nature had been gathered within a review that subsequently exposed and documented numerous inadequacies requiring immediate attention within the research field.

The empirical research component identified a set of three Superordinate themes that spoke of the participants' trajectories into the CJS. These were;

'LD specific trauma', "It can be fun, you gave us the bad label" and, "Life before prison was a struggle, I couldn't survive".

Although two of the participants within the empirical study identified as transgender, they only identified as such following a period of time in incarceration. Therefore, throughout their experiences prior to contact with the CJS they identified as male in terms of their sex. Additionally, they did not share any experiences linked to their perception of their sex and changes in this throughout their contributions. Whilst it had been an aim of the Systematic Review to explore the relevance of 'sex' within a risk factor context (which could not be achieved), the opportunity to alternatively explore this through the empirical research was considered inappropriate given all participants voiced they identified as males throughout their pathway into the CJS.

Furthermore, the process of completing this research also produced two significant outcomes. Firstly, the researcher identified a need to build upon the work completed by Hocken (2014) to further develop an LD specific quality assessment tool to sufficiently capture the intricacies of research with individuals with LD. The researcher developed this to include thirty-three items divided into sub-categories of: design, participants, LD specific considerations for the participants, confounders, ethics, bias, intervention integrity, data analysis, results, implications and usefulness, and, funding. Finally, this research utilised a novel method of communication to support the participants' in sharing their life experiences. This was considered of significant success given the rich information which was elicited. As far as the researcher is aware this is the first time this method has been applied to an LD population. The theoretical and practical implications of all the outcomes from this research will be now discussed in this chapter.

6.2 Theoretical Implications

6.2.1 Understanding of Risk Factors

It is generally assumed that individuals with LD often have a similar background to, and present with similar risk factors to individuals without LD (Lindsay et al., 2004; Goodman, Leggett, Weston, Phillips & Steward, 2008). Hocken (2014), however identified a need to discover any specific risk factors unique to people with LD and how they present. In keeping with this Lindsay et al., (2008) also identified the need to further an understanding of the theoretical link between LD and offending behaviour to ascertain whether there are any risk areas unique to this population. The voices of the participants through this research process identified new areas of risk for consideration and provided insight about added complexities when considering how areas of risk develop and manifest for people with LD.

Each of the lives of the participants, as narrated by the participants' themselves were markedly characterised by abuse and trauma as captured by the theme 'LD specific trauma' (because of how the world treats us). Fundamental characteristics of this and thus its subthemes were identified as victimisation and isolation. This was of such significance the researcher believed it raised the question should there be a consideration of LD specific trauma. Furthermore, each participant linked their victimisation and isolation as being as a consequence of their LD and moreover, how the world responded to this. In this context, participants shared how individuals with LD are singled out as part of the abusive behaviour they experience from others and, because they have chosen to isolate to protect themselves from such others who they perceive are likely to cause them harm. Essentially, participants believe people with LD are more likely to be targeted and victimised because of their LD.

The theme ''life before prison was a struggle, I couldn't survive" presents how all participants expressed frustrations with wanting to be like others and achieve what they had in their lives. Indeed, all participants expressed a sense of envy of others in this context and elements of grief regarding how they had perceived themselves as having 'less'. Furthermore, they perceived themselves to have less because of others, and others had limited their opportunities and not provided adequate support. This ultimately impacted upon the participants' ability to achieve a good life. Therefore, significantly their feelings of envy are also characterised by resentment of others. The participants also recognised deficits in their ability to cope which predominately linked to their adaptive functioning and how, with a lack of support and limited opportunity from others, this then led to dysfunctional behaviour, including offending behaviour in an attempt to achieve what others had and, placate any feelings of envy.

To the researcher's awareness, 'LD specific Trauma' and 'Envy as a risk factor' are entirely new concepts not previously explored within an LD risk factor context and which require further exploration in terms of their relevance to risk. As part of the theme subordinate theme "I couldn't cope with daily life" and dysfunction, several participants discuss their alcohol abuse in this context. The researcher is therefore of the opinion that this area may also benefit from further exploration. Similarly, within the context of the subordinate theme 'envy as a risk factor' whilst envy is identified as the driver of offending behaviour a number of emotions are spoken of by participants as being entwined with this. This includes anger, vengefulness and resentment. As such, emotional management and how this manifests for individuals with LD would also benefit from further exploration.

Regarding other areas of risk not considered novel, the participants helped further an understanding of how the nature of the risk may develop and manifest uniquely for individuals with LD even though the title of the risk area may be the same as for those without LD, for example 'isolation'. Consequently, this challenges the current assumption that individuals with LD typically present with risk factors of a similar essence to those without LD. To the researcher's knowledge this is the only research which explicitly states how all participants' diagnosis of LD was entirely compatible with the DSM-V definition and met the necessary criteria.

The Systematic Review provided a synopsis of the current risk assessments designed specifically for individuals with LD. The development of these risk assessment tools are however founded on a research base which the process of the systematic review exposed as methodologically limited including no assurances the participant samples adhered to the DSM-V definition of LD. Part of the development of these risk assessment tools was also based on the concept that it was sensible to assume, with caution, that a number of factors associated with recidivism for the general 'mainstream' population apply to the LD population (Walton et al., 2017). Furthermore, the Systematic Review identified no distinctions or considerations made between male and female participants rather, they were treated as one singular population. Therefore, the applicability and validity of these risk assessments for the LD population is assumed not established including, their relevance to different ‘sexes’.

HMPPS (2022) identified that a particularly important gap in the risk assessment field relates to how well different risk assessments work for minority groups. Furthermore, international research suggests that the validity of some tools gets worse the more diverse the sample, something which given the potential inconsistencies within the samples of the LD research, the field could be particularly vulnerable to (Singh et al., 2011). Yet, risk assessments hold a crucial role throughout all components of the CJS and the decisions based upon them have far-reaching implications. They for instance, inform rehabilitation pathways, how prison populations are kept safe, and, how reoffending is reduced. Ultimately, they impact upon an individuals’ life and public safety (Douglas, Pugh, Singh, Savulescu & Fazel, 2017; Wong & Horan, 2021). An over-estimation of risk could mean inappropriate treatment or intensity of treatment is identified and a longer time period in custody is deemed necessary for the person although, it is unlikely they will reoffend. An underestimation of risk alternatively could mean risk is not targeted sufficiently or areas are missed. The individual may then be released from custody into the community with lower-level restrictions and supervision (Craig & Beech, 2010) thus raising the risk to public safety.

It is also acknowledged that poorer validity in risk assessments could be due to the potential omission of risk factors specific to minority populations (HMPPS, 2022). In addition, there is a growing recognition that people in minority groups may present with particular challenges or vulnerabilities which are related to their offending behaviour (HMPPS, 2022). This research identified novel factors and demonstrated how some risk factors develop and manifest uniquely for people with LD. Something which is not currently adequately reflected in the literature base which underpins LD risk assessment tools. As an example, in considering the subordinate theme of isolation, whilst there are current risk assessments which contain related factors such as ‘feeling lonely and bad about yourself’ in the Structured Assessment of Risk and Need (SARN: Thornton, 2002), the literature base does not capture the nuances the participants identified as unique to the way this risk area develops and manifests for individuals with LD. Indeed, the voices of the participants suggest individuals with LD experience a unique trauma characterised in part by aspects of isolation. This isolation is complex, seemingly developing because of rejection from others and when an individual chooses to self-isolate as a means of protection against such rejection, as well as protection against the harm from others, which they may be more vulnerable to due to their LD. Consequently, it is the researcher's opinion that the themes identified within this research have the potential to be developed into an evidence-based LD specific conceptual framework which ensures its supporting research base utilises only samples of participants with LD as defined by the DSM-V to ensure meaningfulness and relevance. To the researcher's knowledge such a framework does not exist.

6.2.2 A Biopsychosocial Understanding

Learning Disability as a concept was identified by the participants as a socially constructed label and perception incongruous with how individuals with LD truly experience their world and perceive themselves. A socially constructed label, defined in terms of what a person cannot do by people without LD, alongside the experience and effect of stigmatisation attached to such a label, was found to create feelings of envy, anger and frustration for individuals with LD which subsequently contributed to their pathway into the CJS. Reflecting upon the 'LD specific trauma' theme, this research concluded it is the interaction and specific complexities and difficulties within these interactions for people with LD, between themselves, their environment and society which, appears fundamental in characterising a trauma unique to this population. Key illustrations of interactions participants voiced were, victimisation, including secondary victimisation, experiences of pervasive abuse including a blaming culture from care providers and contexts assumingly considered safe societal environments such as schooling, limitations in support networks and, pervasive isolation due to both or either a rejection by society or when an individual chooses to isolate themselves as a means of self-protection. As the isolation theme demonstrates, an absence of interactions with the environment and society are also relevant within an offending context for individuals with LD. The way society is currently constructed with an inadequate provision of support systems makes it much more difficult for people with LD to adequately fulfil their basic needs, cope with daily life and achieve their life goals. Particularly, limited or absent community support systems to help participants cope and manage deficits in AF and live successfully in the community were identified as leading to maladaptive coping and dysfunctional behaviour. Additionally, others without LD were perceived as limiting the opportunities of those with LD and their ability to achieve rich meaningful lives with purposeful activity. Feelings of envy borne out of this context are then hypothesised to have driven offending behaviour based on the disclosures of the participants. In conclusion, the substance of each theme links to biological, psychological and social based vulnerabilities, thus supporting a hypothesis that an individual with LD and their trajectory into the CJS is shaped in a multifaceted way by all three aspects.

From a theoretical perspective the findings support Cortes and Gatti's (1972) biopsychosocial theory. The basic premise is the individual, both in a biologically and psychologically context and the environment are constantly interacting. The product of which is a specific behaviour, whether this is law abiding or not. The theory assumes that people tend to interpret others' behaviour as because of the sort of person they are and fail to see situational, environmental, or social influence. This is particularly poignant given the negative connotations associated with people with LD historically. In sum, the voices of the participants spoke of their unique experiences of trauma through interactions and absences of interactions with the world as a person with LD, alongside their efforts to cope and survive in a way which society makes uniquely challenging for them. In the researcher's opinion this calls for a biopsychosocial understanding of a pathway into the CJS for individuals with LD with specific consideration given to aspects the LD population may uniquely experience, think, feel, and behave in response to.

6.2.3 The Good Lives Model

As part of a biopsychosocial approach there is a theoretical framework which the researcher considers relevant to each Superordinate and Subordinate theme. This framework is the Good Lives Model (GLM; Ward & Gannon, 2006; Ward & Stewart, 2003) which is a strength-based rehabilitation framework that is responsive to the particular interests, abilities, and aspirations of individuals who have offended (Purvis, Ward & Willis, 2011). The model is grounded in the ethical concept of human dignity (Ward & Syversen, 2009) and universal human rights with a strong emphasis on human agency. It is a framework designed to thoroughly assess and represent the uniqueness of each person, their life, offending behaviour, and risks. It assumes each person knows best about their own life (Brewster & Ramacharan, 2005). From the researcher's perspective, not only is this model relevant, it is also fundamentally in keeping with the ethos of the research; to encourage a view of the participants as individuals and hear what they perceive as key to shaping their trajectory into the CJS.

The GLM's underpinning premise is that all human beings strive to obtain a universal set of life goals and human needs to achieve well-being. These are called 'primary goods' and are as follows; life (healthy living and functioning), knowledge, excellence in play, excellence in work, excellence in agency, inner peace, relatedness, community, spirituality, pleasure and creativity. It is evident that all participants did not sufficiently achieve a number of, if any, of these 'goods' prior to their incarceration. Rather, an emptiness and depletion of 'goods' within the participants' lives is strongly reflected throughout the essence of each theme, uniting them all; LD specific trauma, Isolation, "I am a nuisance and a victim", "It can be fun you know, you gave us the bad label", "Life before prison was a struggle, I couldn't survive", "I couldn't cope with daily life and dysfunction" , and, Envy as a risk factor. Collectively, all themes represent significant experiences of adversity and suffering, evidencing that 'goods' have not been achieved. In each theme, the participant's inability to achieve their goods is typically linked to either their interactions or an absence of interactions with their community and society. Importantly, the GLM stresses the significance of paying attention to the social and environmental context when considering how able a person can achieve their 'goods' as supported by the findings of this research. As an example, the GLM considers how one of the central responsibilities of care providers and the community, for example teachers, is to assist every individual in obtaining the necessary skills and tools to successfully live a 'good life'. The traumatic effect of an absence of this assistance interchanged with abusive behaviour is fervently reflected within the "I am a nuisance and a victim" theme thus, highlighting the significance of its contributory role within each participants' trajectory.

It is thought people who have greater internal and external obstacles are at a greater risk of engaging in problematic behaviours, such as offending (Ward 2002a, 200b, Ward & Fisher, 2005). The second assumption of the GLM states how a failure in pro-socially obtaining these primary goods, due to personal limitations and environmental obstacles can result in offending behaviour, as an alternative, anti-social attempt to pursue the valued goods. Within the GLM framework, criminal behaviour is understood as resulting from individuals utilising maladaptive strategies, often due to the lack of appropriate internal and external resources, to obtain what they value in an antisocial manner (Ward & Stewart, 2003). The analysis process highlighted how aspects of participants' offending behaviour could perhaps best be described in terms of participants' maladaptive way to try to achieve the 'goals' in life which are universal to human beings and, necessary for human survival.

Currently, the GLM model argues that there are four types of obstacles or problems that people can experience which gets in the way of living their lifestyle or their life plan and lay the foundation for individuals to utilise maladaptive strategies. This appears particularly relevant for people with LD considering the identified themes of LD specific trauma and "life before prison was a struggle, I could not survive". The four types of obstacles are, capacity, scope, means and coherence. Firstly, in terms of capacity there are thought to be two types, internal and external. Internal is concerned with conditions internal to the individual such as one's skill level or ability to secure goods. External capacity relates to conditions or contexts external to the individual such as employment opportunities or access to education which, are needed to achieve goals and secure goods. Secondly, scope is when an individual fails to strive for or secure at some level each of the eleven basic human goods. This could lead to neglect of one cluster, be it body, or social life and have an overall detrimental effect on a person's life happiness. Problems in scope can be caused by a disinterest in goods or problems in capacity, although the two are not mutually exclusive of one another. Appropriateness of means is the third consideration. This relates to how goods can be sought in numerous ways, including maladaptive and offending routes. Finally, is coherence. This includes both horizontal coherence; to what extent the goods are related to one another in a mutually consistent and enabling way and, vertical coherence. Vertical coherence relates to hierarchical clarity in which an individual understands which goods are the most important to them and therefore require prioritising. Ward and Stewart (2003) argue that a life which lacks coherence is likely to lead to frustration and harm to the individual and may also lead to a life which lacks an overall sense of purpose and meaning.

Aust (2010) identified a need to identify specific barriers and constraints to achieving a good life for people with LD. To the researcher's knowledge, this has not yet been completed. Reflecting upon the research findings however can further an understanding of how problems relating to capacity, scope and, appropriateness of means for individuals with LD may develop and manifest. To illustrate, a negative schooling experience which did not provide a safe learning environment and equip participants with skills translates into individuals with LD being at a disadvantage when striving to achieve the 'goods', excellence in agency, work, and knowledge. This disadvantage is further compounded by significant deficits within the community to support a person's adaptive functioning both as a child and into adulthood. Consequently, this is likely to contribute adversely to the individuals' ability to achieve numerous goods including ‘life’ (healthy living and functioning) and build upon the disadvantages already established during their schooling experiences. As a second example, the theme of isolation specifically supports the hypothesis individuals with LD will experience added challenges to sufficiently fulfil their community and relatedness ‘goods’. The significance of the social and environmental context is striking when the difficulties described by participants are all predominately due to inadequacies within society and its response to people with LD. The subordinate theme, ‘envy as a risk factor’ as an example, draws attention to how the participants were envious of the ‘goods’ others without LD had achieved and how they perceived others had restricted their opportunities and provided obstacles to their successful obtainment of ‘goods.’ This particularly highlights the relevance of external obstacles and external capacity for individuals with LD. The findings suggest that individuals with LD, given the current structure and culture of society are at a disadvantage when striving to achieve their life goals. Whilst it is acknowledged that the LD population is significantly overrepresented within the CJS this has traditionally been attributed to responsivity and communication factors, with the emphasis and responsibility for these factors being placed on the individual with LD. This research hypothesises that a person’s trajectory may be loaded with pre-determined challenges stacked against individuals from birth due to society’s response to LD and it is this which ultimately influences a person’s trajectory into the CJS. Perhaps it is an uncomfortable truth to recognise because it suggests us, the wider community without LD, are in some way complicit in contributing to and sustaining a society which disadvantages the LD population, even if this role is as a passive bystander.

Purvis et al., (2011) state how the aim of rehabilitation is to identify what problems exist so that lifestyles and life plans can be altered to each individual’s preferences, capabilities, skills, temperament, and opportunities. Listening to the participants voices has provided new insights into specific internal and external obstacles individuals with LD may uniquely experience or, experience in a different way to individuals without LD. Indeed, the findings inform us that the LD population face increased and nuanced challenges in a societal and community context, including access to resources and support systems. This has important implications when considering how best to support a person with LD through a rehabilitation and desistance process employing a GLM framework. In the researcher’s opinion, the findings suggest a need to develop and include LD specific considerations if utilising the GLM as a theoretical framework for the LD population. Whilst a GLM approach positions the individual as an expert in their own life, this does not mean all responsibility to identify obstacles or potential obstacles rests with the individual, indeed some obstacles may not be in their awareness. This is where a theoretical awareness of such obstacles can inform practice by ensuring practitioners consider potential obstacles specific to individuals with LD as part of their formulation and desistance approach. This has particular importance in terms of considering what resources and support systems are necessary from a practical perspective to enable the individual the best success at achieving their goals.

6.3 Implications for Policy and Forensic Practice

6.3.1 Her Majesty's Prison and Probation Service (HMPPS)

In 2017, HMPPS began the process of integrating a biopsychosocial approach in the design and delivery of offending behaviour programmes that the findings of this thesis lend support to. In the same year HMPPS also adopted a more generalised Trauma Informed approach with people convicted of offences, although currently there are only several Therapeutic Communities that are designed specifically for male individuals convicted of offences with LD who have experienced trauma that are called Therapeutic Communities plus (TC_+) Availability is limited and places are not accessible to Category A individuals who have offended and self-harmed or abused alcohol or substances within the previous six months. Yet ironically, self-harming behaviours including substance and alcohol abuse are often employed as dysfunctional coping mechanisms by individuals who have experienced trauma (Simmons & Suárez, 2016). Such individuals would therefore need to make sufficient progress to be considered for acceptance as a resident at a TC_+ Given the most damaged individuals through their experiences of trauma are likely to be of Category A status and the findings from this research highlight the significance and pervasiveness of trauma for people with LD, the need to first receive support to address the trauma appears the most logical starting point before an individual can be expected to make sufficient progress in managing behaviours where necessary to access a TC. Furthermore, an understanding of a unique type of LD trauma as this research has identified would be helpful as part of the design and application of any trauma informed approach. To the researcher's knowledge an LD specific understanding of trauma has not yet been explored.

Historically, facilities to identify and support the needs of those with LD living in the CJS have been reported as lacking (HMIP, 2015). Interestingly, the theme "life before prison was a struggle" suggests progression in this area and perhaps how practice was not captured within prison inspections which was meaningful and shared by the men. This is potentially another reflection of the consequences of this population not being provided with a suitable platform or opportunity to share their voice. Currently, there is an annual conference at HMP Whatton which represents the good practice at this establishment. The participants however within this research have resided at numerous other prisons signalling good practice is potentially widespread across the HMPPS estate. All good practice should be championed, celebrated, and shared amongst HMPPS with an emphasis on the perspectives and experiences of the men as central to this to help prompt progression in this area.

The theme "it can be fun you know, you gave us the bad label" presents a sense of uniqueness regarding elements of enjoyment this population may experience which the wider population may potentially not or, recognise as positive attributions associated with individuals with LD. As such there may be potential benefit in establishing peer mentor schemes for individuals with LD across all prison environments. This may also help safeguard against feelings of isolation and its damaging effects for the participants as highlighted by the subordinate theme 'isolation' within this research.

In 2018 it became mandatory for all men in custody within the Long Term and High Secure Estate to have an AFC-R completed to assess their needs in relation to AF. This placed an emphasis and began a rhetoric pertaining to AF rather than IQ within an LD context. The researcher currently holds the role as Learning Disability, Autistic Spectrum Disorder and Brain Injury Clinical Lead at their HMPPS base site which includes responsibility for writing the establishment policy for this population. The researcher authored this policy document most recently in October 2020. Given the new emphasis on AF and its significance, supported by the findings of this research, it was ensured the policy included key elements relating to AF such as the promotion of a multidisciplinary board to progress those with LD to reflect upon how and if their needs were being met as informed by the Adaptive Functioning Checklist. A second development was the creation of the My Health Passport and Prison Living Plan which is a way of sharing essential reading with all relevant staff members to ensure the individual is supported within their daily living and reasonable adjustments are made with a focus on their AF. In the researcher's opinion a recognition of the importance of AF should now be woven into policy across the HMPPS estate to influence relevant changes in practice particularly, given the recent focus on neurodiversity in the CJS and exploring how neurodivergent people can be better supported.

6.3.2 A Prevention Perspective

Listening to the voices of the participants offered an insight into the experiences which they perceived influenced their trajectory into the CJS. Whilst this can inform risk assessment and desistance approaches, it can also inform the creation of intervention and prevention frameworks to support individuals before they offend, thus helping to safeguard against a trajectory into the CJS. Tertiary crime prevention deals with people once they have offended and thus involves intervention to help safeguard against further crimes being committed. Currently, tertiary prevention work forms most services within the CJS. CoSA is a celebrated example of this where meaningful work can be completed in this context. Furthermore, its UK prison based model reaches out to elderly individuals and individuals with LD specifically, as it recognises the added challenges this population may likely face through the transitional phase from prison to successful integration into society (Kitson-Boyce, Blagden, Winder & Dillion, 2018). In a more general sense, NHS England (2020) have set up a number of liaison and Diversion (L&D) services which seek to identify people who have mental health, LD, substance misuse or other vulnerabilities when they first come into contact with the CJS as either suspects, defendants or, individuals with convictions to offer support. This provision focuses on more generalised needs however rather than a forensic risk and protective factor context per se.

Primary and secondary prevention strategies alternatively focus on working with people before they have committed an offence. Primary strategies involve wide scale initiatives aimed at the general public to deter them from any future engagement with criminal behaviour and therefore not necessarily individuals considered to have a particular capacity for future offending behaviour. Secondary strategies however aim to provide targeted treatment and support to those specifically considered to be at risk of potential offending.

Recently, there has however been an increasing emergence of primary and secondary prevention strategies with the goal of averting offending before it happens (Christiansen & Martinez- Dettamanti, 2018). Primary and secondary prevention strategies seem particularly relevant for men with LD given they could potentially address the areas highlighted from the findings as particularly relevant to them such as trauma and isolation which, if left ignored are identified as contributory to their pathway into the CJS. This seems of particular relevance given the 2021 Criminal Justice Joint Inspectorate report which reviewed neurodiversity in the CJS highlighted “substantial gaps where opportunities to identify or divert individuals from the CJS have been missed’ (CJJI, 2021: 8).

A prevention perspective is based on the belief that individuals will self- seek services if prevention initiatives exist. Research has indicated that individuals convicted of offences have a desire and need for preventative support prior to committing any offence, but they believed no such support existed (Allardyce, 2018). This notion of a want for help is supported by the experiences the participants shared within the subordinate theme “I couldn’t cope with daily life” and dysfunction. This theme strongly reflected the participants’ openness to help and their recognition of the lack of it within the community prior to their incarceration. The participants also described how this absence of such help created feelings of anger and resentment for them again, indicative of how opportunities for preventative support would be welcomed.

To the researcher’s knowledge, currently there are no preventative strategies specifically for individuals with LD experiencing thoughts and feelings which if acted upon could become harmful and contribute towards an offending trajectory. Aside from a moral obligation, the overrepresentation of people with LD within a CJS context, the number of these individuals who are significantly over tariff (Inett et al., 2014) and the likelihood that these individuals are more likely to be depressed, anxious, bullied and more frequently segregated than over prisoners (Talbot, 2008) is a noteworthy starting point to argue the importance of the development of such a strategy.

Allardyce et al., (2016) suggests the prevention of crime needs to be rooted in a thorough understanding of why the offending behaviour has occurred. If we can understand the why, we can anticipate how to best provide an effective intervention in this context. However, Allardyce et al., (2016) argue that aetiological theories pertaining to offending are seldom used to inform primary and secondary preventions in meaningful ways. Knowledge pertaining to risk factors are typically utilised in the context of recidivism and therefore within tertiary strategies. Furthermore, as the Systematic Review presents there is limited consensus and significant gaps in the knowledge base regarding what risk factors are known to be relevant to individuals with LD and their risk of offending. The areas, LD specific trauma (because of how the world treats us) and “life before prison was a struggle, I couldn’t survive” identified from this research as areas of vulnerability and thus risk, lend themselves well and more appropriately so to a preventative approach in the researcher’s opinion. These themes are characterised by experiences of abuse, victimisation, and difficulties in coping with daily life from an adaptive functioning perspective which begin in childhood and are endured across their life span. If a pro-active and intervention approach had been adopted some of the experiences could have been prevented or at the very least participants could have received help to address their needs following such experiences. As part of this measures could then also have been put in place to safeguard against a repeat experience of a similar nature.

This chapter argues that the GLM holds particular relevance to understanding why individuals with LD engage with criminal behaviour although, the GLM is predominately utilised within tertiary strategies with individuals once they have offended to prevent recidivism. The researcher is of the opinion however that the findings of this research considered and understood within a wider GLM framework could be valuable in underpinning and informing secondary prevention strategies.

In terms of specific prevention interventions, Tony and Farrington (1995) highlight three categories of these. The first, Developmental crime prevention draws on risk and protective factors that tend to be associated with individual criminality or likelihood of victimisation across the life course. An area that is regarded as being under-researched (Allardyce et al., 2016). Its theory is based on a general maltreatment prevention and focuses on how the development of protective attachment bonds between children and carers may then reduce the vulnerability of individuals becoming victims in childhood and beyond. The theme ‘LD specific trauma’ highlights the relevance of this for individuals with LD. All participants shared their experiences of maltreatment and pervasive abuse. Furthermore, all participants experienced abuse and trauma outside of the family as well as some also experiencing intrafamilial abuse. Secondary victimisation was then also experienced as a compounding factor. In this way, the voices of the participants suggest any preventative strategies should be steered by a trauma informed approach which is also supported by Vanhoeck, Gykiere and Wanzeele (2014) who suggested that a trauma informed approach should be taken in any preventive work. The findings also suggest that there should be a focus on enabling and supporting attachment bonds for individuals with LD within their childhood as well as being mindful of how this may be an absent protective factor for them when meeting them as an adolescent or adult and seeking to understand their formulation.

Secondly, situational crime recognises the roles of other people. It therefore has connections with bystander theories which emphasis how preventative interventions should focus on friends, families, peers and indeed the wider community rather than the victim or the individual who may potentially offend. This is with the idea of encouraging them to challenge at-risk behaviours or provide an intervention or help if they perceive a person to be moving closer to offending (Tabachnick, 2008). The Superordinate theme “life before prison was a struggle, I couldn’t survive” seems particularly relevant within this context given all participants described the contributory role absent or limited community support and intervention for AF played in their development of dysfunctional and maladaptive ways of coping, including offending. Participants also shared how they were isolated and ostracised from the community. Furthermore, this lack of intervention and community support was also described by some participants as underpinning the creation of emotions such as envy and anger which for some was central to the commissioning of their offending behaviour. The researcher has presented their opinion that the wider community without LD, is also in some way complicit in contributing to and sustaining a society which disadvantages the LD population, even if this role is as a passive by-stander. This could be in part challenged by the creation of prevention strategies which encourage and direct people within the wider community to take a pro-active stance to intervene and help deter a person from engaging with criminal behaviour. The participants highlight within the theme “life before prison was a struggle, I couldn’t survive” that there was an absence of support networks within the community for them. Yet, a key element of support is the provision of appropriate challenges to a person’s behaviour.

Community prevention describes varied methods which focus on specific crime difficulties in specific communities. Such programmes target multiple risk and protective factors and adopt a layered approach to complex social problems. The theme of LD specific trauma (because of how the world treats us) highlights pervasive abuse suffered by people with LD which is not ‘heard’ or adequately recognised by the community. An awareness and recognition of people with LD being more vulnerable to being a victim is the first step to developing a prevention strand which is aimed at addressing this and potentially exploring how added protection could be offered to them by multi-agencies.

Finally, 'it can be fun, you gave us the bad label' could also prompt and contribute to an exploration of how strengths could act as protective factors specific to this population, to encourage desistance and inform a future primary preventative framework. Certainly, participants shared periods of time in their life when they achieved happiness and were leading pro-social lives thus providing an insight into factors which may help safeguard against offending behaviour for this population uniquely. Whilst the desistance literature for non-LD individuals with convictions is growing (Healy, 2010; Farmer, McAlinden & Maruna; Laws & Ward, 2011; Maruna, 2001; McDermott, 2014; McNeill, Farrall, Lightowler & Maruna, 2012; Willis & Ward, 2013) there remains a dearth of literature pertaining to desistance for convicted individuals with LD.

6.3.3 How Research Can Support Communication for Individuals with LD

The thesis aimed to provide participants with a voice, remarkably including participants in research in this way remains somewhat of a novel concept. Individuals with LD have been understood essentially by others through a quantitative paradigm. It is hoped that the successful demonstration of different communication channels utilised in this thesis will help 'shift the lens of understanding' (Gergen, 2004, p.300) and spark a narrative in the research community about how this could be achieved. This thesis lends support to how individuals with LD can be participants within research in a way which supports their sense of self-worth and self-efficacy rather than having research 'done to' them which has historically been the case. There are important methodological implications which can help future research and indeed other forums support the communication channels of individuals with LD. The rich data which was derived from the research process reflects the success of the approaches utilised. The application of the Rivers of Experience and more fundamentally a VARK approach throughout incorporating varied approaches such as a colour chart or stepping stones all enabled the participants to share their voice in a way more suited to their individuality. The use of visual methods is still regarded as novel and therefore research such as this thesis which details its effectiveness is significant in contributing to its promotion. This in turn has implications for other populations who may benefit from support in communication channels, such as children for example. There too should be a recognition of the communication needs of the individual, not every person would communicate at their most effective through a verbal approach, some express themselves better utilising visual or kinaesthetic mediums of communication. This thesis champions how individuals with LD should be supported in sharing their voice and places the responsibility on wider society and the researchers to adapt to the preferred and appropriate communication styles of the participant's rather than expect them to adapt to theirs. Following the design of this research, Smith et al., (2021) dedicated a chapter to advanced designs and innovative approaches with IPA for the first time. This chapter champions multi-modal approaches to best support and enable participants to articulate their experiences. To the researcher's knowledge no other research focusing on hearing the life experiences of men specifically with LD convicted of offences exists.

6.3.4 Definitions and Labelling

The significance of definitions and labels associated with LD has been highlighted as important findings of this thesis. Within the existing research base inconsistent and ambiguous definitions of LD remain alongside a lack of detail regarding how a diagnosis was reached and which assessment tools were utilised as part of the diagnostic process. The Systematic Review highlighted that from the 3105 papers initially identified not one provided an explicit definition of what the researcher understood as LD and adhered to within their sample selection or, the process and assessment tools utilised within the diagnostic process. Where details of definitions were provided, although the DSM-V now places a greater focus on AF in diagnosing LD and has removed the IQ levels from the diagnostic criteria, this shift was found not to be reflected within the research which followed this change. Only through a universal agreement and consistent application of what defines LD can the research field meaningfully advance. This would then allow for comparability of findings across studies based on a certainty that each research study focuses on a population sample which meets the parameters of the DSM-V definition and thus LD as it is now understood with its greater emphasis on AF. The theme "Life before prison was a struggle, I couldn't survive" presents how all participants are united by describing an inability to cope in the community. From the perspective of the DSM-V definition for LD, these descriptions would relate to aspects of adaptive and social functioning. Therefore, the findings from this research indicate it is the limitations in adaptive functioning and, the inadequacies in receiving support for this within the community, which are prominent in leading to dysfunctional behaviour patterns and maladaptive ways of coping for individuals with LD. In sum, to understand and help people with LD, the importance of AF to them and their lives must now be recognised.

Whilst there is a need for what constitutes LD to be universally accepted and understood to enable research progression, all participants expressed how being given a label of ‘LD’ was not a concept which they considered relevant or positive, rather it was something which was ‘done to them’. Indeed, the findings from the empirical research shine a light on the social constructionism of LD which participants described as incongruous with how they experience and understand their world and, how this discrepancy has created adverse feelings within them. Indeed, the language the participants utilised positioned themselves as more privileged than others given their potential to have more fun they believed, uniquely as people with LD. This combined with the counter-productive effects postulated by the labelling theory (Tannenbaum, 1938) and how a disability label by its very essence defines people in terms of their limitations, has led the researcher to advocate the encouragement of a change of language in this context. Professionals working alongside people with LD are asked to consider how changes in their everyday language and policies could too be adapted to help these individuals feel they are individuals and not defined collectively by a phrase which suggests inadequacies and shortcomings. As part of this, individuals should be asked to identify their unique assists, talents, and strengths to challenge a narrative which centres on incapacity. Celebrating the positives and strengths of people with LD, as is the essence of Superordinate Theme Two, “it can be fun, you gave us the bad label”, could indeed help challenge this culture.

6.4 Evaluation of the Research

Table 7 within Chapter Four of this thesis presents Yardley’s (2015) four broad principles for evaluating the validity of qualitative research: Sensitivity and Context, Commitment and Rigour, Coherence and Transparency, Impact and Importance and, the limitations of the thesis within these contexts. This is a detailed evaluation framework and will therefore not be repeated here. The researcher’s commitment to a reflexive approach is also detailed in Chapter Three of this thesis.

The empirical research utilises an IPA framework. As presented in Chapter Three, the ethos of IPA is that the accounts provided by the participants is their truth, their lived experience and as such they can add a unique understanding and knowledge. The researcher is aware however that criticisms of this approach argue that subjective accounts may not be meaningful for a number of reasons, for example is the participant sufficiently conscious of all the relevant and contributory information, are they providing a scripted account, how much is their perception influenced by the perception of others. In keeping with providing a voice to this population, IPA is interested in the experiences of the individuals and how these are perceived by the individual to affect them cognitively, behaviourally, and emotionally. It is this therefore which needs to be explored and understood. An objective exploration of a situation does not provide insight into an individual's personal reality and perception yet, it is the individual's perception and experienced reality which commissions the thinking processes, feelings and behaviours linked to offending. The process of interpretation should also consider the whys and utilise this as a gateway for further exploration and thus information. As an illustration, if a person was considered to be providing scripted answers, why, what does this tell the researcher about the participant and their experiences? Which experiences motivate this and are preventing them for being willing or able to share their voice and truth? Where else has and does this manifest in their lives?

Further limitations and criticisms of the IPA approach often highlight how generalisations are largely not feasible (Pringle et al., 2011). Whilst this is traditionally presented as a limitation for some participant 'groups', the researcher considers this a positive within this context given it is a move away from a 'one size fits all approach' and assumptions that one person's LD is the same experience as another. The researcher rather strove to achieve a balance to ensure shared experiences could be identified to meet the goal of influencing policy and forensic practice whilst also safeguarding against a 'one size fits all approach'. The rich data which was derived from the research process is considered by the researcher to reflect the success of the application of the River of Experience and its ability as a novel communication style to support people with LD in sharing their voice.

6.5 Implications for Future Research

The thesis strove to include a novel and responsive form of communication for individuals with LD. Whilst a VARK approach fundamentally underpinned all methods applied, a wealth of other forms of communication are in existence which were not utilised, for example dance or drama. How best to support the communication channels of individuals with LD should continue to be explored and the spirit of this research could help encourage others to move away from a predominantly categorical and quantitative approach in the field.

The empirical research component only included men within a high security setting, different sub- groups and settings such as females and adolescents may have highlighted additional or different themes relevant uniquely to each specific group (Douglas et al.,2017; Slobogin, 2018). This is particularly fitting with the more recent acknowledgment of needs and areas of risk for populations which fall outside the adult male mainstream prison population (HMPPS, 2022). Indeed, Chapter Two presents the argument of how there may be unique risk factors for women and, the risk factors they do share with others, such as their male counterparts may develop and manifest differently. In support of this, HMPPS launched its first Female Offender Strategy in 2018 which identified the need for a tailored gender specific approach to meet the needs of women who offend. This review however does not include a focus on females with LD specifically. The recent Criminal Justice Joint Inspectorate report which reviewed neurodiversity in the CJS stated it is “concerning that relatively little attention appears to have been given to understanding how gender interacts with neurodivergence” (CJJI, 2021:8).

The question the Systematic Review set out to answer in Chapter Two; What are the Risk Factors related to Offending associated with Adult Male and Females Convicted of Offences with an LD? Is sex relevant? was unable to be answered due to significant methodological flaws identified within the research base. As such, the DSM-V classification system of LD should be universally adopted in all future research in this field to ensure research is in keeping with advancements with how LD is now understood and defined, thus enabling the establishment of a baseline and thus comparability across studies. Currently, the focus remains on IQ within the research base and the tools utilised to measure this are routinely reported. However, in light of changes in the DSM-V definition of LD, where adaptive functioning receives a greater focus, it would now be useful if all measures and information regarding all three components of LD were recorded and communicated. This in turn will improve methodological coherency, and allow for comparability of findings across studies and promote the importance of AF.

There is an absence of literature and research regarding the positives and strengths which may be experienced perhaps uniquely, by the LD population. Research in this area could contribute to the desistance and protective factor literature and challenge the current disability focused connotations which currently overshadow this population. This is of particular importance given the dearth of literature pertaining to desistance for convicted individuals with LD and a need, in the researchers' opinion, to challenge the historic and current narrative relating to LD which focuses on shortcomings.

6.6 Conclusion- Impact and Importance

In conclusion, this thesis has made attempts to extend the forefront of the research field concerning individuals with LD convicted of offences in several critical ways. Perhaps most significantly the Systematic Review although not by design, identified imperative short comings pervasive throughout the research field which require immediate attention. While this was a by-product of what the Systematic Review set out to achieve, it is nevertheless in and of itself the most important finding. The most important because it identifies and highlights for the first time how the number and extent of methodological flaws within the literature are to such a breadth and extremity, meaningful conclusions and comparability across it are not possible. Consequently, the Systematic Review discovered the question 'What are the risk factors related to offending associated with adult male and females convicted of offences with LD' to be currently unanswerable.

Despite LD being defined in the core diagnostic manual the DSM- V (2013) as needing both IQ and adaptive functioning deficits, no studies out of a total of 3105 within the Systematic Review process demonstrated adherence to this definition through its participant recruitment or discussed and included AF. This includes numerous studies which inform current practice, for example research which has contributed to the creation of risk assessment tools for this population. This limitation is considered of yet more significance when the relevance of AF and the lack of provision of support participants received relating to it was highlighted within the empirical research as essential to shaping their trajectory into the CJS. Consequently, a prominent gap has been identified between how important individuals with LD, and the DSM-V definition of LD recognise AF to be, compared to a lack of inclusion and focus upon it in current research. It is important to also note even with methodological and definition failings aside, sex as a variable and its relationship with risk was also identified as an absent consideration within the research base, despite an ever-growing awareness that there are fundamental differences relating to risk influenced by sex.

A further marker of how the field in the researcher’s opinion remains in its infancy was reflected by the researcher’s recognition of a need to further develop, following the progress by Hocken (2014), an LD specific quality assessment tool as part of the Systematic Review process in order to sufficiently capture the intricacies of research with individuals with LD. The Quality checklist designed specifically for an LD context could act as a framework and guidance for other researchers seeking to work with the LD population. Although the quality checklist was designed specifically with the context of the Systematic Review in mind, for the most part its components are applicable to the wider LD research field.

This thesis utilised a novel method of communication to support the participants’ in sharing their life experiences regarding which factors from their perspective contributed to their pathway into the CJS. To a degree this thesis holds some aspects and merits akin to a methods paper and the information which would be expected in such, as presented by the following synopsis. The literature review presented in Chapter One and the results from the Systematic Review presented in Chapter Two identify sparse research in this area with few examples of research inviting active collaboration from the LD participants themselves. Specifically, it is considered there is a lack of research asking individuals with LD convicted of offences for their perspective (Ellem, 2012) and the research field is dominated by a quantitative approach. This is supported by the presence of only one qualitative paper within the Systematic Review’s final cohort.

Historically, vulnerable populations such as the LD community have been overlooked and not provided with a voice (Ryan & Thomas, 1981) and as such there is a sense of parallel processing when this too is reflected historically within the nature and approach of the research. The process of the Systematic Review also highlighted significant methodological flaws within the existing research base and, a need to need to develop quality guidelines specific to the LD population when appraising research pertaining to them. One such methodological shortcoming was an absence of an LD specific approach tailored to how best to support LD participants’ responsivity and communication needs within a research process. It therefore appears that the research field has also not advanced in terms of learning how to communicate effectively and support individuals with LD, or at the very least, it does not detail and demonstrate the efforts made to do so adequately within the research community.

The limitations in methodological approaches and identified gaps of knowledge discussed in Chapter One and Chapter Two provide the argument and basis for a need to change the methodology from the historic predominant approaches. The value of why a methodology which provides a voice to the participants is argued as a key characteristic throughout the thesis. The researcher's philosophical and epistemological standpoint are presented in Chapter Three to detail the philosophical underpinning of the method choice alongside the rationale, including, the benefits and limitations of it. A detailed methodology section is then presented in Chapter Four which is informed by a quality checklist designed specifically for an LD population by the researcher and details how the research is evaluated. The results, including new areas of understanding, yielded from the application of the chosen methodology provide evidence for its fruitfulness. The success of the methodology is further demonstrated and strengthened by the number of identified theoretical and practical implications which can be drawn from the results. It is hoped the success of this thesis' methodology can inform other research practices and promote a dialogue regarding how individuals with LD can be supported and included within research, which otherwise implausibly continues to remain a relatively new concept. In this way, and alongside the quality assessment checklist and guidelines, the researcher considers that this thesis can make an important methodological contribution to the field.

In summary, the Systematic Review identified elements of success in utilising existing risk assessment tools for individuals convicted of offences with LD (Fitzgerald et al., 2011; Furniss, 2017; O'Shea, 2015; Verbugge, Goodman-Delahunty & Frize, 2011). However, the Systematic Review also highlighted that whilst individuals with LD may share some risk factors of offending behaviour with their non-LD counterparts, the relevance and nature of their relationship with the commissioning of offending behaviour may differ (Fogden et al., 2016; Plant et al., 2011; Wheeler at el., 2015). As an illustration, the Systematic Review identified substance abuse in particular as being a significant contributor to the commissioning of offending behaviour and recidivism for people with LD, thus carrying more weight than other risk factors for this specific population (Plant et al., 2011). In keeping with this, within the empirical component of the thesis, several voices of the participants as part of the subordinate theme "I couldn't cope with daily life" and dysfunction, shared the significance of alcohol abuse as part of their life experiences and trajectory into the CJS.

Similarly, the Systematic Review also highlighted the impact of relevant social and environmental circumstances as being of particular importance for people with LD and their risk of offending behaviour. Wheeler et al., (2014) identified that social and environmental factors especially relating to an absence of access to commitments and resources, such as employment, were of a specific relevance to people with LD in an offending context. The relevance of social and environmental factors in shaping a trajectory into the CJS was voiced consistently by all participants within the empirical research. For example, in the theme, Life before prison was a struggle, “I couldn’t survive”, all participants voiced a need for help in the context of their adaptive functioning and, experiencing a lack of purpose in society, including being unable to gain employment.

Attention was also drawn within the Systematic Review to how people with LD have been found to have a statistically significant increased risk of being victims of sexual and violent crimes perpetrated by others (Fogden et al., 2016). This too was extensively supported by the voices of the participants in the empirical research who describe their experiences of abuse and trauma as far-ranging and talk of multiple occasions of being a victim. In sum, there are several examples of how areas of risk differ in terms of weightings and the significance of the role they play in the commissioning of offending behaviour for people with LD, compared to their non-LD counterparts. This variation still requires further exploration despite earlier calls for this from Hocken (2014).

Aside from one qualitative paper within the Systematic Review, the findings were derived from research which in nature had been ‘done’ to individuals with LD convicted of offences. Furthermore, the studies included within the final cohort of papers in the Systematic Review were exposed as methodologically limited, in particular because of the absence of assurances that the participant samples adhered to the DSM-V definition of LD. Alternatively, as far as the researcher is aware, this is the first empirical research which has explicitly and exclusively adhered consistently to the DSM-V definition of LD when recruiting participants. Moreover, whilst the importance of an individual’s AF within a social and environmental context has been highlighted as of particular significance both from the findings from the Systematic Review and areas highlighted by the voices of the participants, no studies out of the total of 3105 reviewed as part of the Systematic Review process discussed or included AF.

The voices of the participants identified original areas of risk of offending for consideration. For example, to the researcher's knowledge, 'LD specific Trauma' and 'Envy as a risk factor' are entirely new concepts not previously explored within an LD offending trajectory context. The findings also suggested ways in which understandings of current areas of risk relevant to individuals with LD might need to be extended and nuanced. Participants shared the mechanisms underpinning the relevance and uniqueness of each contributory factor for individuals with LD specifically in ways that would be difficult to capture through quantification.

As an illustration, whilst the Systematic Review drew attention to how people with LD are at a statistically significant risk of abuse (Fogden et al., 2016), the empirical research both supported this and postulated something further. The voices of the participants suggested that whilst their lives had been markedly characterised by abuse and trauma, these experiences were linked to their LD specifically, in terms of the reason the participants believed their abusers behaved towards them in a trauma inducing or abusive way. The participants identified how they believed wider society perceived them as lesser beings, weak, vulnerable, and unable to communicate effectively to others their experiences of abuse to prevent its (re)occurrence. As such, the empirical research was able to propose an original suggestion, that the concept of an LD specific trauma requires further exploration.

This lends support to a hypothesis that risk factors can develop and manifest uniquely for individuals with LD and need to be considered within a biopsychosocial context. In keeping with this it is of interest that within the final cohort of papers within the Systematic Review illustrate the need to design and develop bespoke risk assessments specifically for individuals with LD (Cookman, 2010; Courtney, Rose & Mason 2006; Fogden et al., 2016; Lunksey et al., 2011; Plant et al., 2011, Wheeler et al., 2014). Such risk assessments should remain open to unique risk factors for individuals with LD alongside established risk factors that have been appropriately contextualised for people with LD.

Therefore, whilst a biopsychosocial theoretical framework such as the GLM holds relevance, an outstanding need to develop and include LD specific considerations has been exposed. This has significant implications from both a risk assessment and prevention approach perspective. Ultimately, if we are to progress an understanding of a risk factor and prevention approach in this context, we need to change how we think about this by first and foremost considering individuals as opposed to ‘risk factors’. Furthermore, we need to change how we think about communication. The empirical research shared how communication styles were adapted and the individual needs of the person considered. This was something which, despite Hocken’s (2014) recommendation for this to be addressed, was absent in all the papers identified within the Systematic Review. Yet, poignantly, the empirical research has demonstrated how enabling the voices of the individuals to be heard has uncovered unique areas of insight concerning the trajectory of people with LD towards the CJS. If this area is to be progressed, how *we* enable and facilitate individuals to communicate their life experiences is of the upmost importance.

Chapter Seven

Individual Learning Plan (ILP)

This chapter presents the key learning and reflections from the researcher's Individual Learning Plan (ILP). This document is intended to capture the researcher's developing competence and journey as a practitioner researching and forensic psychologist. Key reflections are taken from different time points across the breadth of time they have been engaged with the research process. A full copy of the researcher's ILP is presented in Appendix One which includes a post thesis learning plan.

Domain A: Knowledge and Intellectual Abilities
Key Reflections [redacted] [redacted]

[redacted]

[redacted]

[redacted]

B. Personal Effectiveness
Key Reflections [redacted] [redacted] [redacted] [redacted]

[redacted]

Domain C: Research Governance and Organisation

Key Reflections

[redacted]

[redacted]

[redacted]

[redacted]

Domain D: Engagement, Influence and Impact

Key Reflections

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

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Appendix 1

Individual Learning Plan (ILP)

7.1 Competence Development Record

Activity	Date(s)	RDF competence developed
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Appendix 2: PRISMA checklist Permission to reproduce this table has been granted by David Moher

Section/topic	#	Checklist item	Reported on page/ section
TITLE			
Title	**1**	**Identify the report as a systematic review, meta-analysis, or both.**	**35**
ABSTRACT			
Structured summary	**2**	**Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.**	**36-37**
INTRODUCTION			
Rationale	**3**	**Describe the rationale for the review in the context of what is already known.**	**37-50**
Objectives	**4**	**Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).**	**50-51**
METHODS			
Protocol and registration	**5**	**Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.**	**52**
Eligibility criteria	**6**	**Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.**	**52-55**
Information sources	**7**	**Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last**	**59**

		searched.	
Search	**8**	**Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.**	**55-57** **Appendix 5**
Study selection	**9**	**State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).**	**52-63**
Data collection process	**10**	**Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.**	**60**
Data items	**11**	**List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.**	**Appendix 3** **Appendix 4** **Appendix 5**
Risk of bias in individual studies	**12**	**Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.**	**59-63** **Appendix 3** **Appendix 4**
Summary measures	**13**	**State the principal summary measures (e.g., risk ratio, difference in means).**	**N/A**
Synthesis of results	**14**	**Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.**	**N/A**
Risk of bias across studies	**15**	**Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).**	**N/A**

Additional analyses	**16**	**Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.**	**N/A**
RESULTS			
Study selection	**17**	**Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.**	**58**
Study characteristics	**18**	**For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.**	**Appendix 6**
Risk of bias within studies	**19**	**Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).**	**Appendix 6**
Results of individual studies	**20**	**For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.**	**63-67**
Synthesis of results	**21**	**Present results of each meta-analysis done, including confidence intervals and measures of consistency.**	**N/A**
Risk of bias across studies	**22**	**Present results of any assessment of risk of bias across studies (see Item 15).**	**N/A**
Additional analysis	**23**	**Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16])**	**N/A**
DISCUSSION			
Summary of evidence	**24**	**Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).**	**67-75**

Limitations	**25**	**Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).**	**67-75**
Conclusions	**26**	**Provide a general interpretation of the results in the context of other evidence, and implications for future research.**	**67-75**
FUNDING			
Funding	**27**	**Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.**	**75**

From: **Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097**

For more information, visit:www.prisma-statement.org.

Appendix 3: Quality Checklist designed developed further for an LD context (adaptation of Hocken's 2014 quality assessment).

		Research Paper and Author (s)					
		Quality Checklist	**Yes**	**No**	**Unclear**	**N/A**	**Comments**
	Study Design						
	1	Are the aims and hypothesis (es) of the research written in an accessible and well-fined manner?					
	2	Is their adequate/ appropriate inclusion and reference to literature?					
	3	Is the method appropriate for an LD population?Are the philsophical underpinnings of the chosen methodology included? Is it responsive to/ supportive of their communcication needs, is there a rationale for the approach/ design?					
	Participants						
	4	Are participants representative of an LD population who have offended?					
	5	Are there details (age/gender/race/context) of which particpants were involved and how they were recruited?Was consideration given to how to meet their LD needs and tailor process as part of this?					
	6	How similar is the control group (if applicable)?					
	7	Were details and number of drop outs and withdrawals detailed (if applicable)?					
	Participants- LD						
	8	Is the sample consistent with how the authors have defined their understanding of LD? Is this in line with the DSM-V criteria for LD?					
	9	How is LD measured / known?					
	10	Does it report all the measures utilised to diagnose LD? E.g. what measure is utilised for adaptive functioning?					
	Confounders						
	11	Were there important differences between the groups prior to intervention (if applicable)?					
	12	Are any confounders reported? How are they included?					
	Ethics						
	13	Have ethical issues been taken into account and in the context of an LD population? How was informed consent gained? What adjustments were made?					
	14	Has the consequences of the research been considered?					
	15	Was the study approved by an Ethics Committee? Have specific ethical considerations taken place for an LD population?					
	Bias						
	16	Is what a risk factor is clear? Does the researcher identify exactly what context we are talking about a risk factor in, for example risk of harm?					
	17	How did the researchers demonstrate that the tools utilised were valid, meaningful and appropriate for an LD population? Had they been designed specifically for an LD population? Is the tool appropriate also for the sex/ gender?					
	18	Was how the research process conducted appropriate and considered for this population?					
	19	How has the researcher adapted their communication /style to meet the needs of participants with LD? Have they described and drawn in their background from this area?					
	20	Was/ were the outcome assessor (s) aware of the intervention or exposure status of the participants?					
	21	Were study participants aware of the research question?					
	22	Has the relationship between the researcher and the participants been adequately considered? For example, is there a power imbalance which may be more acute if the participant is LD, how was this been addressed as far as is possi					
	Data Collection						
	23	Are the data collection methods clearly described? Is this appropriate to an LD population? How? How was data stored?					
	24	Were the data collection tools shown to be valid and reliable?					
	Intervention Integrity						
	25	Is there a method of measuring if the intervention was provided to all participants the same way?					
	Data Analysis						
	26	Are the methods applied appropriate?					
	27	Is the data analysis sufficiently rigorous and reliable?					
	Results						
	28	Is there a clear statement of findings?					
	29	How have results been shown to be valid? How has the researcher demonstrated robustness in analysis and evaluation? How has the research process demonstrated integrity to build a trust and confidence in the findings?					
	30	Are confounding factors taken into account at this stage also?					
	Implications and Usefulness						
	31	How important are these findings? What practical changes might the research influence?					
	32	Does this enhance the understanding of the research topic?					
	Funding						
	33	How is the research funded? Any potential conflict?					
Key:							
NA relates to an item which may only be relevant to either quantitative or qualitative papers but not both. For example, Item 21 would be considered very differently in the context of whether the research is qualitatative or quantatative.							

Appendix 4: Guidance notes to accompany Quality Checklist (adaptation of Hocken's 2014 quality assessment).

Item	Guidance Notes
Study Design	
1	**Are the study aims and objectives made explicitly clear?**
2	**Is it clear that the study design is underpinned by research?**
3	**Is there a rationale given for the approach chosen? Is it appropriate for an LD population? Does the researcher present the philosophical underpinnings and how there is congruence between the ontological, epistemological and methodological levels of research? Are there clear accounts of the rationale/ justification for the sampling, data collection and data analysis techniques used? Will the method answer the question and meet the aims? Qualitative: Does the research question seek to understand processes or structures or illuminate subjective experiences or meanings? Quantitative: Was the study described as randomised? Was the method of randomisation described? Was this appropriate? If the study was not randomised how is the research design described?**
Participants	
4	**This item was also part of the inclusion criteria therefore it would be expected that all papers met this item as part of the quality assessment. It is still however a fundamental part of the quality assessment and is therefore still included as part of this process.**
5	**Are details of the participants described and the process of how they were recruited? Is the process of recruitment appropriate and considered for an LD population who have committed offences?**
6	**If groups are being compared within the research, the groups need to be as similar as possible on all aspects aside from the variable of interest. Considerations include demographics, setting, definition of LD, age, offending type, level of 'risk', level of 'treatment need'. A further consideration is if one group has received a particular intervention and/ or education.**
7	**A marker of quality is whether details are included pertaining to both the numbers and reasons for withdrawals and drop-outs.**
Participants -LD	
8	**Where the authors have defined their understanding of LD (which as part of the inclusion criteria is in line with the DSM-V definition) is it clear that only participants who also have a LD diagnosis in keeping with the DSM criteria have been included within the sample?**

9	**Have standardised assessments been used? Even within the context of a sample which is defined as LD according to DSM-V criteria, have the standardised assessments been specified?**
10	**Are all three measures / diagnosis assessment processes for each of the three criteria which define LD according to the DSM-V definition stated?**
Confounders	
11	**Is it clear whether there were or were not any differences between groups or if this had been considered?**
12	**By definition, a confounder is a variable that is associated with the intervention or exposure and casually related to the outcome of interest. The research should indicate if confounders were controlled for in the design and in the analysis and, if not the rationale for this. If randomised, the authors must report that the groups were balanced at baseline with respect to confounders.**
Ethics	
13	**Have ethical issues been addressed, including (but not exhaustive of) key issues such as confidentiality, sensitivity and informed consent? Has this included a specific consideration of the population? For example, ethical considerations relating to achieving informed consent/ power imbalances with individuals convicted of offences with LD?**
14	**Is there an acknowledgement and/ or discussion pertaining to the consequences of the research?**
15	**Are details provided of approval by a named Ethics Committee? Have specific ethical considerations taken place for an LD population?**
Bias	
16	**Is there a clear definition of what a risk factor is? An ambiguous definition of what a risk factor is can lead to measurement bias and there are many different types of risk e.g. harm.**
17	**A source of measurement bias may also come from tools being utilised which have been developed from non LD populations and then not validated for the LD population. Is the tool appropriate also for the sex/ gender? For example some tools may have been validated for adult males convicted of offences but not females.**
18	**Were responsivity issues considered? Was a Visual, Audio and Kinaesthetic approach taken? Were adaptations made to communication approach / style?**
19	**Do the authors have experience in this field and working with people with LD? Have they included details of how communication was adapted and what reasonable adjustments were made?**

20	**Are assessors described as blinded to which participants were in the control and intervention groups. The purpose of blinding the outcome assessors is also to protect against detection bias.** **This may not be applicable to a qualitative approach.**
21	**Study participants should not be aware of the research question. The purpose of blinding the participants is to protect against reporting bias. This may not be applicable to a qualitative approach.**
22	**Is there consideration of dual relationships/ previous or current knowledge of the participants?** **Qualitative: Assessing the validity of qualitative research is much more focussed on demonstrating the causes of bias rather than eliminating them. As a result, it is good practice to include sections in the report about the reflexive position of the researcher.**
<u>Data Collection</u>	
23	**Is it clear which data collection methods were used? Is this appropriate to an LD population? How does the researcher demonstrate this? Is it described how data was stored (this overlaps with Ethical considerations).**
24	**Has a Systematic approach been taken?** **Quantitative: Tools for primary outcome measures must be described as reliable and valid. If ‘face’ validity or ‘content’ validity has been demonstrated, this is acceptable. Medical Records/Vital Statistics refers to the types of formal records used for the extraction of the data. Reliability and validity can be reported in the study or in a separate study. For example, some standard assessment tools have known reliability and validity.** **Qualitative: When gauging the validity of qualitative data in order to be able to engage with it in a meaningful way and to consider whether it is plausible / realistic it is important to have sufficient information about the context of the research both in terms of physical context but also in terms of feeling that the participants are described in enough detail that the reader can have a level of insight into their life/ situation. This is often phrased in terms of whether the data is ‘rich?’ Questions such as the following can help make a judgement with regards to how rich the data is; ‘How well are the contexts of the data described? Has the diversity of perspective and content been explored? How well has the detail and depth been demonstrated? Are responses compared and contrasted across groups/ sites? Other relevant considerations include whether the method used to collect the data is appropriate for the research question and that the data generated marries up to the aims of the study. With regards to qualitative research ideally more than one method should have been used to collect data or there should be some other kind of system of comparison which allows the data to be compared. This is referred to as**

	triangulation.
Intervention Integrity	
25	**The authors should describe a method of measuring/ acknowledgement of if the intervention was provided to all participants the same way. As well, the authors should indicate if subjects received an unintended intervention.**
Data Analysis	
26	**Was the analysis appropriate to the research question being asked?**
27	**Is the procedure explicit i.e. is it clear how the data was analysed to arrive at the results? How systematic is the analysis, is the procedure reliable / dependable? Were negative / discrepant results addressed or ignored? Quantitative: Are reasons provided for tests selected, hypothesis driven/ numbers add up/ statistical significance discussed. Qualitative: Qualitative data analysis is very different from quantitative analysis. This does not mean that it should not be systematic and rigorous but systematicity and rigour require different methods of assessment. For example, is it clear how the themes and concepts were derived from the data? Did more than one researcher theme and code the transcript / data? If so, how were differences resolved? There should be a clear and consistent method for coding and analysing data, and it should be clear how the coding and analytic strategies were derived. Did the participants feedback on the transcripts / data if possible and relevant?**
Results	
28	**Are the findings communicated clearly and in an accessible, unambiguous way?**
29	**How has the research process demonstrated integrity to develop a trust and confidence in the findings? How reliable are the results? Is there an adequate discussion of any limitations encountered? Quantitative: Is there evidence of reliability (consider P values, confidence intervals and effect sizes). If the predictive relationship of a variable is explored then this should be clearly stated. Qualitative: Are findings internally coherent? Are extracts from the original data included? Is data appropriately referenced? How clear are the links between data, interpretation and conclusions? Have alternative explanations been explored? Has a framework such as Yardley's (2015) 'Four principles for evaluating the quality and validity of qualitative research' been applied?**

30	**Whilst there is an earlier section dedicated to the identification of confounders, confounders should also be considered within the analysis section. It is best practice that the confounders are accounted for within the analysis. If they are not accounted for within the analysis (which would be gold standard) they may be acknowledged and accounted for within the conclusions.**
Implications and Usefulness	
31	**What is the impact of the research? How important are these findings to policy and practice? Are suggestions made for implications for policy and practice? Are suggestions made for future research? Are the limitations accounted for?** **Quantitative: Are the findings of the research transferable (generalizable) to a wider population?**
32	**Does the research address a gap in the field? Does it make a unique contribution to the field in terms of understanding, insight or perspective? How much does it further knowledge / create awareness of a topic?**
33	**Funding details including any conflict of interests?**

Appendix 5: Example Search Strategy (PsychINFO)

1. Learning disab*
2. learning deficit
3. learning defect
4. learning difficult*
5. learning development
6. cogniti* function*
7. cogniti* impair*
8. intellect* disab*
9. intellect* ability
10. intellect* development
11. IQ
12. handicap
13. responsivity
14. “adaptive functioning”
15. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14
16. Offend*
17. convict*
18. prison*
19. perpetrat*
20. felon
21. incarcerate*
22. 16 or 17 or 18 or 19 or 10 or 11
23. 15 and 22
24. “risk factors”
25. “static risk”
26. “dynamic risk”
27. “treatment needs”
28. “criminogenic needs”
29. risk*
30. trigger*
31. 24 or 25 or 26 or 27 or 28 or 29 or 30
32. 15 and 22 and 31

Appendix 6: Date Extraction Table

Table A1

The following included papers are marked with an asterisk within the References section.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
Courtney, Rose & Mason. (2006).	The offence process of Sex Offenders with Intellectual Disabilities: A qualitative study.	England	Yes	Nine male sex individuals convicted of sexual offences however only seven of the nine had criminal offences the rest were undertaking treatment on a mandatory basis. A worker for each of these men was also interviewed to verify their stories and to provide information from a different perspective.	Qualitative using grounded theory technique.	Residential and community.	The research highlights the importance of individual's attitudes and beliefs and the impact that they have at all stages of the offence process. It raises issues concerning the variation in the process that is seen within and between offences. Additionally, it identifies a marked lack of awareness of any "decency insult" in these individuals convicted of offences as they seemingly hold an inability to	Sample is not consistent with how the authors have defined LD, only IQ measure reported which is a screening tool (WASI). Ethical considerations including considerations specific to the population are not accounted for. No information about if the research process conducted was appropriate and considered for the population.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
							empathize with society's view of sex offending. A clear implication is that thorough assessment and formulation are likely to be the key to successful and appropriate intervention.	No funding details.
	A comparison of offenders with intellectual disability across three levels of security.	England	Yes	212 adult males convicted of offences .73 in high security, 70 in medium security and 69 in the community.	Clinical-record-based comparison.	All three levels of security were specialist forensic LD services.	The authors show context of how sampling affects most relationships between intellectual disability (LD) and offending when the methods for measuring LD are held constant. The results also present several questions on the relationship between risk, services	No information regarding how LD was measured and diagnosis reached. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
							available in an area and, referral to higher security.	
McGrath, Livingston, Falk (2007)	A Structured Method of Assessing Dynamic Risk Factors Among Sexual Abusers. with Intellectual Disabilities	USA	Yes	87 male adult sexual abusers. The population included 16 individuals convicted of offences committed to the custody of the Vermont Department of Disabilities, Aging and Independent Living after being found not competent to stand trial (18%); 19 individuals on probation or furlough or, who had maxed out of sentence (22%); 15 individuals substantiated for sexual abuse by child	Quantitative. Psychometric evaluation of a scale designed to measure dynamic risk factors.	Participants were living in the community and received supervision and supports funded by the Vermont Department of Disabilities, Aging and Independent Living between July 1, 2003, and December 31, 2004.	Data analysis indicates support for the item composition and reliability of the Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities (TIPS-LD).	No information regarding how LD was measured and diagnosis reached. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				or adult protective services (17%); and 37 individuals known to have committed sexual offenses and for whom no legal finding of guilt was made (42%). (Other participant characteristics are reported in the Results section).				
Fogden, Thomas, Daffern & Ogloff (2016)	Crime and Victimisation in people with intellectual disability: a case linkage study.	Australia	Yes	Participants were compared on rates of criminal victimisation and offending (operationalized as criminal charges) between those with a diagnosis of LD and a community comparison sample. Full sample	Quantitative. A case linkage design used three Australian contact-level databases, from disability services, public mental health services and police records. Rates of contact, and official records of victimisation and criminal charges were compared to	Records from disability services, public mental health services and police records in comparison to a community sample.	People with LD are at increased risk for both violent and sexual victimisation and offending. The presence of comorbid mental illness aggravates the risk of offending and victimisation.	No information regarding how LD was measured and diagnosed reached. No details of ethical considerations reported or how the research process conducted was appropriate

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				comprised of 2600 participants (Males =1684, 64.7%, Females =916, 34.2%). Community comparison group included 4830 individuals (M=2392, 49.5%, F= 2438, 50.5%).	those in a community sample without LD.			and considered for this population. Sex was not differentiated and the relevance of it as variable in this context. No funding details.
Holland & Persson (2011)	Intellectual Disability in the Victorian System: Characteristics of prisons with an Intellectual disability released from prison in 2003-2006.	Australia	Yes	Study cohort drawn from all sentenced male prisoners released from Victorian prisons between 1st July 2003 and released on the 30th June 2006. There was a total of 9481 male prisoner records relating to 7805 distinct individuals. Of	Quantitative: Comparison study of prisoners with an LD compared to a random sample of non-LD prisoners released over the same time period on a range of demographic, criminal history, offence, custody and, criminogenic risk and need variables. Differences	Released sentenced male prisoners	The results demonstrate that while prisoners with an LD are not over-represented among the Victorian prison population they do differ from non-LD prisoners in a number of important ways. Prisoners with an LD were	Differences between the two comparison groups. Only IQ measure reported. No details of ethical considerations reported or how the research process conducted was appropriate and considered

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				the 7805 distinct individuals, 102 had an identified ID and made up the LD cohort. A random sample of the 7703 non-LD prisoners was obtained, providing a non-LD cohort of 244 individuals.	between the LD and non-LD samples on the study variables were assessed using independent means t-tests and chi-square tests. In order to reduce the chance of error through repeated statistical testing with the large number of comparisons, a significance level of p<0.01 was adopted for the current study.		characterized by significant prior involvement with the criminal justice system, a high risk of re-offending, difficulties moving to minimum security while in prison ,and, in obtaining parole. These findings indicate that prisoners with an LD are a group with complex histories and needs, who present considerable challenges to the correctional system and the broader forensic disability and disability service systems	for this population. Was how the research process conducted appropriate and considered for this population? Some limitations relating to the validity and reliability of the data collection tools. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
							in their management and rehabilitation.	
Taylor (2014)	PhD – The Criminogenic Needs of Offenders with Intellectual Disability and Personality Disorder. The thesis included three empirical studies aimed to establish preliminary reliability characteristics of the Treatment Need Matrix (TNM).	UK	Yes	Tool designed for LD and PD. The inter-reliability is assessed however the sample for whom the assessment tool was completed on is not detailed. Study 1 examined the inter-rater reliability of the Treatment Need Matrix with four "expert" practitioners and developed gold standard scores for two case studies that were used in the subsequent studies. Study two then examined the inter-rater	Quantitative: Statistical analyses. Study 1: Intra-class coefficients for expert raters across the two cases. Study 2: Individual raters were compared with the G score using Kappa values, differences between professional groups were investigated and ICC values were again calculated for each item across all raters. Study 3: Test retest data was calculated for the four domains of the TNA (Pearson's Correlation significance levels recorded).	Raters worked within forensic mental health and prisons settings	Findings offer some encouragement for the use of the TNA as a framework for the assessment of criminogenic needs for individuals convicted of offences with LD and PD. Further studies are needed, and it remains experimental.	Sample which the assessments were scored on is not known – including how their LD has been measured and diagnosed. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population. Authors acknowledge limitations including potential sources of error that may impact on

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				reliability of a sample of practitioners (n = 66) working across four residential forensic LD services. The third study describes an investigation into the intra-rater reliability of the tool using a smaller sample of the same staff members (n = 18) from across the same four sites. Study 1: Expert practitioners were considered to be professionals with a minimum of three years' experience working with individuals				generalisation. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				convicted of offences with LD and PD. In addition to this experience, experts were also required to have experience and formal training in the use of structured clinical judgement tools for this particular population. All four raters were forensic psychologists working within forensic mental health and prisons settings within the U.K. who had received additional training in both the SRA and the PCL-R. Experts were aged between 30 and 45 and had a				

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				minimum of five years experience in the assessment and treatment of individuals convicted of offences. Study 2: Staff members attending the training (n= 62) were selected by the host sites and the training was available to all staff working within the specific services. The staff attending the training came from a range of backgrounds, including psychologists (12%), nurses (20%), prison officers (23%), nursing assistants (39%) and other				

Author (s) and Year	**Title of Research**	**Country**	**Published at the time of review**	**Sample size and Sample**	**Design**	**Setting**	**Findings / Outcome**	**Quality Assessment**
				professions (psychiatry, psychotherapy and occupational therapy, 6%) and had a range of experience working in forensic LD services (from six months to twenty years). Study 3: All participants who attended a one-day workshop outlining the use of the TNM were asked if they would volunteer to score one of the case studies for a second time. Delegates at the workshops had provided contact details which were used to contact volunteers. A				

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				random sample of workshop delegates were contacted 108 (n=25) and TNMs were completed by 72% (n = 18) of those contacted on one case study.				
Gray, Fitzgerald, Taylor, MacCulloch, & Snowdon (2007)	Predicting Future Reconviction in Offenders with Intellectual Disabilities: The Predictive Efficacy of VRAG, PCL-SV and the HCR-20.	UK	Yes	LD group 118 (81.4%) and 27 (18.6%) women. Non-LD group 843 (85.6%) men and 153 (15.4%) women.	Pseudoprospective case-note analysis of patients discharged from four independent sector medium secure facilities in the UK. Predictor variables were risk assessment instrument scores, and the outcome measures were future criminal convictions (general offending and violent offending)	Four independent sector medium secure facilities in the UK.	All tools were shown to be significant predictors of violent and general reconviction, in many cases, their efficacy was greater than in a control sample of mentally disordered individuals convicted of offences without an LD.	Confounders not accounted for. Not known how LD measured or diagnosed reached. Limitation to conclusion because violent reconvictions are relatively rare, meaning that the number of people actually receiving a violent reconviction in LD groups is quite small. No details of

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
								ethical considerations reported or how the research process conducted was appropriate and considered for this population. Sex was not differentiated for and the relevance of it as variable in this context. No funding details.
Sindall (2012)	Phd An Exploratory Validation Study of a Dynamic Risk Assessment Tool for Male Intellectually Disabled Sex Offenders.	UK	Yes	16 males with LD convicted of sexual offences. 15 of the sample were interviewed, and their 'key worker' was interviewed separately. Only one of the final sample declined an interview, but gave consent for	Quantitative-exploratory validation study using a longitudinal cohort design. Scores on the different scales within the ARMLDILO-S and the STATIC -99 were analysed as independent (predictor) variables. The	Clients could be drawn from a number of places including community LD services, health or social services, or probation services, or secure settings.	Results from the initial investigation suggest that with further research, aimed at correcting the limitations of this study, the ARMDILO-S could go on to show adequate predictive validity	The findings were affected by a small sample size and the absence of normative data, and therefore were limited in terms of generalisation. Sample is not consistent with how the

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				their 'key worker' to take part.	dependent variable was the presence of any further sexually inappropriate behaviour during the follow-up period. This variable grouping was reversed for some of the basic bivariate methods of analysis.			authors have defined their understanding of LD and their inclusion criteria relates to Full Scale IQ only. No confounders considered. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population No funding details.
O'Shea, Picchioni, Dickens, McCarthy Mason & Dickens (2015)	Predictive validity of the HCR-20 for inpatient aggression: the effect of intellectual disability on accuracy.	UK	Yes	LD group (109) males and females. Females 35.8% and comparison group 504 – 31% female	Pseudo-prospective cohort study of the predictive efficacy of the HCR-20 for those with LD (n=109).	Secure mental health setting	After controlling for a range of potential covariates, the HCR-20 is a significant predictor of inpatient aggression in	Inconsistencies in definitions, unclear what definition of LD is used for the sample. It is not known how LD has been measured. No

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
							people with an LD and performs as well as for a comparison group of mentally disordered individuals without LD. The potency of HCR-20 subscales and items varied between the LD and comparison groups suggesting important target areas for improved prediction and risk management interventions in those with LD.	details of ethical considerations reported or an LD specific approach to the research. Sex is not differentiated for and the relevance of it as variable in this context. No funding details.
Lofthouse, Lindsay, Totski, Hastings, Boer & Haaven (2015)	Prospective Dynamic Assessment of Risk of Sexual Reoffending in individuals with an Intellectual Disability and a history of sexual offending	UK	Yes	The sample consisted of 64 males with an ID and a history of sexual offences. The mean age at baseline was 32 years (SD = 11.9, range = 17–63).	Quantitative: Study was prospective in design and data was collected from client files (where there was insufficient data the Psychologist conferred with a member of the	The majority of participants (94%) were recruited through a community service for people with an ID in one area of Scotland.	Results suggest that dynamic variables are useful in predicting sexual reoffending with individuals with an LD, confirming previous findings. The ARMLDILO-S	Only IQ measure reported in terms of diagnosis and definition of LD. States that analyses were then repeated for the

Author (s) and Year	**Title of Research**	**Country**	**Published at the time of review**	**Sample size and Sample**	**Design**	**Setting**	**Findings / Outcome**	**Quality Assessment**
	behaviour				nursing staff). Receiver-operating Characteristic (ROC) analyses was conducted to evaluate the predictive accuracy of each risk assessment tool.	Participants were consecutive referrals to the service for assessment, treatment and management of their sexual offending behaviour. Participants lived with their family, independently, or in a group home with four or five other residents. Group homes had 24-hour staff support, which included sleep-over staff during the night. The majority of the participants attended a day centre. During the follow-up period, 4 participants (6%) were inpatients in the 10-bed	is a promising dynamic risk assessment for individuals with an LD.	participants with an IQ score of below 70 (n=42) to examine whether the results would be replicated using a more stringent definition of LD similar to current diagnostic criteria. This is in conflict with DSM-V definition. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
						open unit that forms part of the comprehensive community service		
Verbrugge, Goodman-Delahunty & Frize (2011)	Risk assessment in LD offenders: Validation of the suggested LD supplement to the HCR-20.	Australia	Yes	Sample consisted of 59 community-based individuals convicted of offences with a mean age of 24.68 years (SD = 8.06) at the time of index offence. 55 male individuals convicted of offences and 5 female.The majority of clients (68%; n = 40) had mild LD, IQ between 50–55, 69; 22% of clients (n =13) had moderate LD , IQ between 35–40, 49–54; 9% had moderate LD (n = 5); and one client (2%) was borderline	Quantitative: Retrospective approach. Demographic and assessment data were collected by means of a comprehensive review of CJP client case files. The HCR-20, HCR-20 with LD Supplement, and VRAG were coded by the primary author, who was blind to recidivism outcomes. Rating of the psychopathy item of the HCR-20 and HCR-20 with LD supplement was supervised by a senior psychologist certified in scoring the measure. To assess inter-rater reliability, two	Community based	Predictive validity was generally good. Although statistical significance could not be determined, use of the LD supplement resulted in a small improvement in predictive validity relative to the HCR-20 and VRAG.	Sample which the assessments were scored on is not known – including how their LD has been measured and diagnosed. How the severity of an individuals' LD is classified seems to be predominately based on their IQ score. This is at odds with the emphasis on AF within the DSM-V definition for LD. No details of ethical considerations reported or how the

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				LD (IQ between 70–79 with strong adaptive functioning deficits). At entry into the analysis, 61% (n = 36) of clients had intense service involvement, such as Criminal Justice Prosecution (CJP) involvement consisting of accommodation support, case work services or both. Forty-four percent of these individuals (n =28) were imprisoned following index offences, 25% (n =16) were convicted but not imprisoned, and 28% (n =18) were not convicted. Of the 18 individuals who were not convicted, 18.6%	qualified raters, who were blind to the hypotheses, scored a random sample of 12% of cases (n = 7). To ensure adequate time for follow-up, minimum time to reoffend was set at two years (M = 3y 7m 24d; maximum =8y 5m 22d) and the index offence was defined as the most recent violent offence for which a client had been sentenced and released prior to July 1, 2009. Reoffending data was collected from CJP client case files using the following criteria; recidivism was defined as any charge or conviction for new offences. Re-offences were categorized as non-violent/ non-sexual,			research process conducted was appropriate and considered for this population Sex was not differentiated for or considered as a variable in this context. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				of the total cases (n = 11) were diverted from the CJS under section 32 of the Mental Health Act based on the client's mental health status (Intellectual Disability Rights Service, 2008).	violent/ non-sexual, or sexual. Finally, a violent act was defined as: "actual, attempted, or threatened harm to a person or persons," which is the definition provided for the HCR-20 (Webster et al., 1997, p. 24). Data were scored and analysed using SPSS (SPSS Graduate Pack, version 14.2, 2005).			
Plant, McDermott, Chester & Alexander (2011)	Substance misuse among offenders in a forensic intellectual disability service	U.K	Yes	74 Patients (54 males and 20 females) in a forensic LD service. Limited information.	Information was collected retrospectively from case notes and analyses using SPSS. Limited information	Forensic LD service	Roughly half of the patients audited had co-morbid harmful substance use or dependence with the problem being equally prevalent in men and women. Whilst alcohol and cannabis were the commonest drugs of abuse, cocaine,	Very limited information in relation to sample including how diagnosis of LD achieved. Sex was not differentiated for or considered as a variable in this context. No details of ethical considerations

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
							stimulants and opiates were abused by a small but significant number of the sample still. Of those with harmful use or dependence, 35 per cent had used the drug in the immediate lead up to their index offence. A diagnosis of personality disorder and past history of convictions for violent offences was significantly more likely to be present in the group with harmful use or dependence. There were no differences on major mental illnesses or pervasive developmental disorders.	reported or how the research process conducted was appropriate and considered for this population. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
Fitzgerald, Gray, Taylor & Snowden (2011)	Risk Factors for recidivism in offenders with intellectual disabilities. Study 1: The relationship between recidivism and criminal history and deviant lifestyle variables in offenders with LD . Study 2: The Predictive efficacy of the offender group reconviction scale (OGRS) in offenders with LD .	UK	Yes	Study 1: Sample consisted of 121 patients, 49 had a diagnosis of LD alone. Study 2: The OGRS was completed on a subsample of the patients (n =85) in Study 1.	Study 1: The study was a pseudo-prospective case-note analysis of patients discharged from four independent sector medium secure units in the U.K. The data pertains to patients who were discharged between 1990 and 2001 with each patient followed for two years post-discharge. The predictor variables were criminal history and deviant lifestyle variables. The outcome measure was future criminal convictions (general offending) within the two-year follow up period. Statistical analyses is included. Study 2: The design of Study	Patients discharged from four independent sector medium secure units in the UK. The data pertains to patients who were discharged between 1990 and 2001 with each patient followed for two years post-discharge	Over a two-year follow-up period criminal history variables were found significantly related to general recidivism. A subsequent analysis found the OGRS, a criminogenic risk assessment instrument designed for use in the general population of individuals convicted of offences, was found to have excellent predictive efficacy in individuals convicted of offences with LD.	No information regarding how LD was measured. May be confounders and aspects of co-morbidity in particular given the sample was comprised of patients from medium secure units. No information relating to sex. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
					2 remained the same as Study 1. However, the predictor variable was the OGRS probability of re-offending. The outcome measure of violent reconvictions was also considered in addition to general offending given that ROC analysis was employed, and ROC analysis is relatively immune to base rates of offending behaviour.			
Lunsky, Gracey, Koegl, Bradley, Durbin & Raina (2011)	The Clinical Profile and service needs of psychiatric inpatients with intellectual disabilities and forensic involvement.	Canada	Yes	Mixed sample. The sample of inpatients accessing services within psychiatric hospitals across Ontario included; (1) 74 inpatients with LD and forensic involvement (LD forensic), (2) 282 inpatients with	Quantitative: Cross-sectional design. Inpatients with LD and forensic involvement were compared to non-forensic inpatients with LD and to forensic inpatients without LD. Statistical analyses applied.	Patients were drawn from all of the nine provincial psychiatric hospitals responsible for providing tertiary inpatient mental health services to urban, semi-urban and rural communities.	Inpatients with LD and forensic involvement were younger, more often male, had greater lengths of stay, were more likely to have a personality disorder diagnosis and less likely to have a mood disorder	Mixed sample and some individuals with a diagnosis of LD noted in their hospital chart may have been incorrectly diagnosed and their diagnosis cannot be verified because there

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				LD and no forensic involvement (LD non-forensic), and (3) 506 inpatients with forensic involvement and without LD (non-LD forensic). Forensic involvement was determined if the participant's clinical file stated that he or she had criminal charges currently pending, was on probation or was serving a term of mandatory supervision, was hospitalized because he or she was unfit to stand trial, not criminally responsible, or was required to participate in a forensic assessment for			diagnosis than their counterparts without LD. They were also similar to their forensic counterparts without LD with regards to demographics but were less likely to have a substance abuse or psychotic disorder diagnosis. Furthermore, patients with LD and forensic involvement were found to exhibit more severe symptoms, have fewer resources, and a higher recommended level of care than other forensic patients. The paper concludes that patients with LD and forensic	is no information on IQ and adaptive behaviour available in the dataset. No ethical considerations reported or how the research process conducted was appropriate and considered for this population. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				criminal proceedings.			involvement present with unique demographic and clinical profiles.	
Kelly (2014)	The development and preliminary evaluation of a Thinking Skills Programme for adults with learning disabilities at risk of offending.	UK	Yes	The 20 service users who commenced the group were referred from a range of services: forensic medium secure unit (five); forensic step-down service (four); locked inpatient unit (five); short-term assessment and treatment unit (two); assertive outreach team (two); and community LD teams (two). Participants were all adult service users (two women and 18 men) of the LD service and, as such, had been assessed as	Quantitative: Evaluation – Repeated measures design. Independent variable was the implementation of the Good Lives Thinking Skills Programme. Statistical analyses applied.	Setting not clear (e.g. prison or community).	Findings suggest that thinking skills programmes can be of benefit to adults with LD at risk of offending. Results showed a statistically significant improvement in general empathy and perspective taking.	Mixed sample – not all had criminal convictions. Unclear if the sample is consistent with how the authors have defined LD. No information relating to sex. No ethical considerations/ setting not clear. No details of how the research process conducted was appropriate and considered for this population No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				meeting service criteria for LD. In practice, participants' intellectual functioning fell within the mild LD to borderline ranges and all had capacity to consent to treatment. They had either a recorded offence (seven: one GBH; three arson; and three sex offending) or, had been in some degree of contact with the CJS not leading to conviction.				
Wheeler, Clare, & Holland (2014)	What can social and environmental factors tell us about the risk of offending by people with intellectual disabilities.	U.K.	Yes	46 participants. 27 LD 'active-offender' (A-O)individuals with convictions for offences and 19 without convictions in the non-active offender (N-O)	A case comparison design used to contrast two groups of adults with LD. Structured interview questions were asked of A-O and N-O participants with LD and separately of an	All participants lived in the community.	Provides statistical support for increased consideration of the impact of relevant social and environmental circumstances. Increased	Measures were not identified which were utilised to measure the diagnosis of LD. No information regarding how an approach which was

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
				group. There were 27 % of females in the active group convicted of offences and 47.4% females in the non-active group.	informant (a support worker, carer, or practitioner), to establish and verify the presence of eight potentially negative proximal contextual circumstances. This was in order to create a proximal social and environmental risk score which could be compared between A-O and N-O groups. This risk score was used to assess the extent to which potentially negative proximal social and environmental variables could be used to identify 'active individuals convicted of offences' at different risk cut-off scores.		emphasis on key contextual risk factors is recommended to strengthen community service responses to individuals convicted of offences with LD.	ethical and appropriate for an LD population e.g. the design of and process of conducting the interviews was considered. Sex not differentiated for or considered as a relevant variable in this context. No funding details.
Gray (2018)	Thesis: The assessment and	UK	No	Eight people with LD convicted of	Quasi-experimental design. The study	Private healthcare low-	There were no significant	Small sample size. Male and

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
	treatment of sexual offenders with Intellectual Disabilities: New Directions. Empirical research: Chapter 4- Examining the feasibility and impact of biofeedback in improving emotion regulation in adult sexual offenders with LD.			sexual offences.	delivered a heartrate variability (HRV) biofeedback intervention on eight occasions over a period of four weeks. Success of the intervention was assessed using average heart coherence. Emotion dysregulation was assessed before and after the intervention through self-report using the Modified Difficulties in Emotion Regulation Scale (DERS), and behavioural observations of aggressive acts and sexually inappropriate behaviours.	secure unit for adults with LD.	improvements observed for the sample however, there were some improvements at an individual level. As an illustration, one individual demonstrated a significant decline in sexually inappropriate behaviours. The study demonstrated the feasibility of this novel treatment with a population convicted of offences.	females not distinguished and therefore sex not considered as a variable in this context. Mixed sample relating to presence of convictions. Confounders are not accounted for. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population. No funding details.
Cookman (2010)	Thesis: The utility of the assessment of Risk Manageability of Intellectually	USA	Yes	20 adult males who have intellectual and/or developmental disabilities ages	Quantitative analysis consists of a simple correlational study where the null hypothesis is that	Community based.	Results show significant correlations indicating concurrent validity of the	Problematic definitions – both in terms of LD and how this is met and diagnosed in

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
	Disabled Individuals who offend sexually (ARMLDILO-S) for a community based service.			18 and up, with at least one incident of problematic sexual behaviour on record	there is no relationship between the ARMLDILO-S scores and the STABLE/ACUTE scores. The hypothesis is that there is a significant positive correlation between total scores as the developers have indicated with their initial validity results. This study will provide an indicator of concurrent validity.		ARMLDILO-S with the STABLE 2007 and ACUTE 2007. Replication of this study and larger sample sizes would yield more robust results.	the sample and whether participant's problematic behaviour has received a criminal conviction. There is also a limited sample size. No details of ethical considerations reported or how the research process conducted was appropriate and considered for this population Limited participant information and therefore any confounders are unknown. No funding details.

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
Furniss (2017)	Thesis: Risk Assessment with Intellectually Disabled Offenders.	UK	Yes	191 patient files were collected and examined: 40 from the high secure LD pathway, 106 from the high secure mental health pathway, 11 from the low secure LD pathway and 34 from the low secure mental health pathway	Quantitative. Retrospective cohort study using ROC analysis	LD and mental health pathways within a high secure and low secure forensic setting.	Results demonstrated that there were significant positive correlations between the HCR-20 and different violent behaviours across the diagnoses. Moderate effect sizes were also reported for the HCR-20 V2 and HCR-20 V3 across security settings specifically	Unclear if sample is consistent with how the authors have defined LD and what measures were utilised to reach a diagnosis. Small sample size. Sex not differentiated for or considered as a variable in this context. Mixed sample relating to presence of convictions. Confounders not accounted for. No details of ethical considerations reported or how the research process conducted was appropriate and considered

Author (s) and Year	Title of Research	Country	Published at the time of review	Sample size and Sample	Design	Setting	Findings / Outcome	Quality Assessment
								for this population No funding details.

Appendix 7: Application of AMSTAR 2 (Shea et al., 2017) to Systematic Review.

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1. Did the research questions and inclusion criteria for the review include the components of PICO?

For Yes: ○ Population ○ Intervention ○ Comparator group ○ Outcome	Optional (recommended) ○ Timeframe for follow-up	○ **Yes** ○ No

2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?

For Partial Yes: The authors state that they had a written protocol or guide that included ALL the following: ○ Review question(s) ○ a search strategy ○ inclusion/exclusion criteria ○ a risk of bias assessment	For Yes: As for partial yes, plus the protocol should be registered and should also have specified: ○ a meta-analysis/synthesis plan, if appropriate, *and* ○ a plan for investigating causes of heterogeneity ○ justification for any deviations from the protocol	○ **Yes** ○ Partial Yes ○ No

3. Did the review authors explain their selection of the study designs for inclusion in their view?

For Yes, the review should satisfy ONE of the following: ○ *Explanation for* including only RCTs ○ OR *Explanation for* including only NRSI ○ OR *Explanation for* including both RCTs and NRSI		○ **Yes** ○ No

4. Did the review authors use a comprehensive literature search strategy?

For Partial Yes (all the following): ○ searched at least 2 databases (relevant to research question) ○ provided key word and/or search strategy ○ justified publication restrictions (e.g. language)	For Yes, should also have (all the following): ○ searched the reference lists / bibliographies of included studies ○ searched trial/study registries ○ included/consulted content experts in the field ○ where relevant, searched for grey literature ○ conducted search	○ **Yes** ○ Partial Yes ○ No

	within 24 months of completion of the review	
5. Did the review authors perform study selection in duplicate?		
For Yes, either ONE of the following: ○ at least two reviewers independently agreed on selection of eligible studies and achieved consensus on which studies to include ○ OR two reviewers selected a sample of eligible studies and achieved good agreement (at least 80 percent), with the remainder selected by one reviewer.		○ **Yes** ○ No
6. Did the review authors perform data extraction induplicate?		
For Yes, either ONE of the following: ○ at least two reviewers achieved consensus on which data to extract from included studies ○ OR two reviewers extracted data from a sample of eligible studies and achieved good agreement (at least 80 percent), with the remainder extracted by one reviewer.		○ **Yes** ○ No
7. Did the review authors provide a list of excluded studies and justify the exclusions?		
For Partial Yes: ○ provided a list of all potentially relevant studies that were read in full-text form but excluded from the review	For Yes, must also have: ○ Justified the exclusion from the review of each potentially relevant study	○ **Yes** ○ Partial Yes ○ No

8. Did the review authors describe the included studies in adequate detail?		
For Partial Yes (ALL the following): ○ described populations ○ described interventions ○ described comparators ○ described outcomes ○ described research designs	For Yes, should also have ALL the following: ○ described population in detail ○ described intervention in detail (including doses where relevant) ○ described comparator in detail (including doses where relevant) ○ described study's setting timeframe for follow-up	○ **Yes** ○ Partial Yes ○ No
9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?		
RCTs For Partial Yes, must have assessed RoB from ○ unconcealed allocation, *and* ○ lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all-cause mortality)	For Yes, must also have assessed RoB from: ○ allocation sequence that was not truly random, *and* ○ selection of the reported result from among multiple measurements or analyses of a specified outcome	○ Yes ○ Partial Yes ○ No ○ Includes only NRSI
NRSI For Partial Yes, must have assessed RoB: ○ from confounding, *and* ○ from selection bias	For Yes, must also have assessed RoB: ○ methods used to ascertain exposures and outcomes, *and* ○ selection of the reported result from among multiple measurements or analyses of a specified outcome	○ Yes ○ **Partial Yes** ○ No ○ Includes only RCTs
10. Did the review authors report on the sources of funding for the studies included in the review?		
For Yes ○ Must have reported on the sources of funding for individual studies included in the review. Note: Reporting that the reviewers looked for this information		○ **Yes** ○ No

○ No but it was not reported by study authors also qualifies	
11. If meta-analysis was performed did the review authors use appropriate methods for statistical combination of results?	
RCTs For Yes: ○ The authors justified combining the data in a meta-analysis ○ AND they used an appropriate weighted technique to combine study results and adjusted for heterogeneity if present. ○ AND investigated the causes of any heterogeneity	○ Yes ○ No ○ **No meta-analysis conducted**
For NRSI For Yes: ○ The authors justified combining the data in a meta-analysis ○ AND they used an appropriate weighted technique to combine study results, adjusting for heterogeneity if present ○ AND they statistically combined effect estimates from NRSI that were adjusted for confounding, rather than combining raw data, or justified combining	○ Yes ○ No ○ **No meta-analysis conducted**

raw data when adjusted effect estimates were not available ○ AND they reported separate summary estimates for RCTs and NRSI separately when both were included in the review	
12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?	
For Yes: ○ included only low risk of bias RCTs ○ OR, if the pooled estimate was based on RCTs and/or NRSI at variable RoB, the authors performed analyses to investigate possible impact of RoB on summary estimates of effect.	○ Yes ○ No ○ **No meta-analysis conducted**
13. Did the review authors account for RoB in individual studies when interpreting/ discussing the results of the review?	
For Yes: ○ included only low risk of bias RCTs ○ OR, if RCTs with moderate or high RoB, or NRSI were included the review provided a discussion of the likely impact of RoB on the results	○ **Yes** ○ No
14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?	
For Yes: ○ There was no significant heterogeneity in the results ○ OR if heterogeneity was present the authors performed	○ **Yes** ○ No

an investigation of sources of any heterogeneity in the results and discussed the impact of this on the results of the review	
15. If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?	
For Yes: ○ performed graphical or statistical tests for publication bias and discussed the likelihood and magnitude of impact of publication bias	○ Yes ○ No ○ **No meta-analysis conducted**
16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?	
For Yes: ○ The authors reported no competing interests ○ OR The authors described their funding sources and how they managed potential conflicts of interest	○ **Yes** ○ No

Appendix 8: Information and Consent form

Information sheet and Consent form

This form will be used as a framework to ensure key points are covered in the context of a conversation with the participant about consent. Participants will also receive a copy as a point of reference for them. Consent will be revisited and discussed at the start of every meeting which takes place.

My name is Alex Gill and I would like to ask you to take part in some research. I work here at HMP X as a Psychologist and you may have seen me before. What I am asking you to take part in, is separate from previous work you have completed and could complete with the Psychology and Interventions team however.

What is research?

It is done to help improve the lives of people and understand life for them more so.

What is this research interested in?

You! I would like to hear your life story and the life stories of people with different learning styles.

This is a chance for you to tell your story and for your voice to be heard by others.

Why me?

I am interested in the events which you have experienced in your life. If we understand more about what events led you into prison we can help support people like you in trying to stay out of prison.

Do I have to do this?

No.

You also do not need to tell me why not. If you say no this is your choice and it will not go against you or be seen as a bad thing in any other aspect of your prison life or work.

Also, it is OK to change your mind and I will keep checking each time we meet to see if you have changed your mind. You may change your mind even after you have shared your life story or parts of it and that is OK.

If you would like to go ahead you will be asked to write your signature on this consent form. Or, if you like it better you can say you agree out loud and I will record this. You can also choose a supportive friend to be with you.

What if I say yes?

We will arrange to meet. Once we have met a couple of times to discuss consent and get to know each other better, we will meet up to a maximum of 5 more times to discuss your life story. These meetings will be spread across a period of weeks but no more than 5 in total. Remember this is just a maximum total and we may meet less than this and across a fewer number of weeks depending on how much we discuss and the length of our meetings.

I will ask you to share your life story both on paper and talk me through it. I will also ask you some questions about things which relate to your life story. This could include questions about living with your learning disability, how you learn differently, help and support you may have received, when you first came into contact with the police, and, what your thoughts are about your offending behaviour. This could include asking you to share more detail about an area of your life.

Whilst you are completing your life story on paper I can sit with you or you can do this exercise by yourself and ask me to come in to meet with you if you have questions and/ or would like further help or support. Every time we meet to discuss your life story this will typically last between 30 minutes to 1 hour 30 minutes. You can decide how long you would like our discussions to be depending on how you are feeling and what length of time suits your concentration and learning style best. You can also take a break whenever you feel you would like one. Each of our discussions will be audio (voice) recorded.

Confidentiality

Your name will not be on the paper you complete your life story on or interview notes. No one will know that the things said and drawn are from you and you will have a letter instead of a name. This is called being anonymous.

Your life story will only be used for this research and when this research is shared with others. It will not be put in your Psychology file.

Your life story, interview notes and consent forms will all be kept in a locked cabinet. The recording from our interview will be written up and saved on a computer. All information related to the research on the computer will be kept in a file that only I can use. Anonymised data will be discussed and shared with my University Supervisors at Nottingham Trent University.

If you say anything about harming yourself or others, this will be shared with staff. If you talk about names of others, I will have to also share this with other staff members to try and keep everyone as safe as possible.

Is there anything I might not like if I do this?

I am asking you to talk about your life and the good and bad experiences you have had throughout it. This might make you feel upset or different emotions such as anger at times.

You can stop the interview at any point by saying this is what you would like to do or showing a ‘stop’ card.

If you have any worries you can talk to me about these and ask me any questions. If you take part you will also be provided with a debrief sheet which will highlight other sources of support for you in addition to me.

You will not be paid for doing this.

What might I like about doing this research?

You will help us learn more about people like you and how we can help you. This may help stop people from coming into prison.

What happens after the research?

When the research is completed the results will be written up into a report. This will include a copy of any drawings you may do as part of this process. These will not include any names. I will talk about the report with you and check that I have got right what you have spoken about with me.

This report will also be shared with my supervisors and peers at Nottingham Trent University and, the University assessment team for my psychology qualification. In addition, the report will be shared with staff, including managers at HMP X and other prisons. It may be published or presented at other meetings. This is so more people can find out how we can best support people like you and prevent people from coming into prison.

All anonymised life stories, interview notes and consent forms will be kept in a locked cabinet. Only I can get this work. The recording from our interview will be written up and saved on a computer. All information on the computer will be anonymised and kept in a file with a password, which only I can look at. This data will be kept for my Psychology qualification and potentially further publication.

Whether you decide to take part or not, thank you for for your time.

<u>Consent form</u>

Yes. I would like to take part in the research

Name: ……….

Witnessed by

Researcher: ……………………………………………………………………………………………………….

If the person would rather give a verbal recording of consent please mark this here;

………………………………………………………………………………..

Name of any supportive person present: ……………………………………………………………

Date: …………………………………………..

Appendix 9: Semi-Structured Interview

Semi structured Interview

NB: Whilst the 'River of Experience' is being utilised as a basis for participants to share their life story, a general interview format, including an introduction to the River of Experience, and, semi- structured interview schedule, to ensure key areas are explored, will be utilised to establish a level of consistency and richness of information across participants.

Opening

- Remind the participant about the purpose of the interview using a copy of the Information Sheet.
- Revisit the Information and Consent form and check the participant's understanding of all key points to ensure informed consent remains the same.
- Remind the participant about the use of the audio-recorder
- Remind the participant that they can use the 'stop card' whenever they would like
- Remind the participant that they can have a break whenever they would like
- Remind the participant that there are no 'right' or 'wrong' responses/ disclosures
- Ask the participant if they have any questions.

- **General**

Tell me about you?

Prompts:

How long have you been at X, how long have you been in prison, what do you like to do, what other things do you like, what do you dislike?

At least two meetings with the prisoner prior to them beginning the River Experience will take place in order to establish a rapport and create the sense of a safe environment for the participant.

- **Creating your own river**

I am interested in your life and I would like you to share with me your life story and how that brought you into prison. I would like you to do this as a picture of a river, using this picture as a timeline of the experiences and events throughout your life. We will call it your river of experience. There is no 'right' or 'wrong' way of creating a 'river of experience' and everyone will have a different way of doing this. You can include pictures, words, drawings, different colours and shading if you would like to. You can also use the shape of the river to highlight events within your life. For example;

- Bends that might represent changes in direction
- Rapids or rocks that might represent difficult times
- Waterfalls or islands might represent big events or changes in your life

Also consider how you moved along the river at particular points for example whether you are drifting, swimming or swept away.

Please remember that these are just ideas and suggestions. You can really add anything to your river experience to best share your life story and the events and people in it. You choose how you want to do this.

You can take as much time as you would like to complete your river. You can choose to do this either with me in the room or by yourself with the choice of asking to see me if you have any questions or worries.

When you have completed the river you will be asked to talk through it.

As you think about past events and experiences you may find this upsetting and that it raises some emotions for you. Please ask to speak to me about this. Also,

Key areas for exploration within the River experience and prompts to elicit information if necessary:

- **The nature of the participant's Learning Disability**

Prompts:

Can you tell me about a Learning Disability? What is it? How would you describe it? What images or words do you associate with it?

How do you know Learning Disability is in your life?

How do you experience it in your life? Tell me about this?

- **Diagnosis of Learning Disability**

Prompts:

Who noticed the Learning Disability?

What did you/ they notice?

Before it was called a Learning Disability did you have any ideas what may be causing you difficulties in areas of your life? How did other people explain this?

How do you describe it?

- **Mapping the effects**

Prompts:

Did Learning Disability stop you from achieving things (e.g. school, relationships, employment)?

Are there/ have there been good things about having a Learning Disability?

Are there/ have there been not so good things about having a Learning Disability?

- **Recognising the participant as a person**

Prompts:

Is there something which you have done which was really hard to do but you did it?

What skills and qualities do you have?

Do other people celebrate your strengths and skills?

- **Interventions and Support**

Prompts:

What help and support have you had during your life for your Learning Disability? Who from?

What help did you want?

How much support have you received from health and medical services?

How much support have you received from the Criminal Justice System, for example the police?

How understood and listened to by others have you felt when talking about your Learning Disability?

Before you came into prison what daily challenges did you experience?

How would you describe your quality of life before you came into prison?

How can your knowledge and experiences of LD help others?

Have you found any ways to live with your Learning Disability that you think could help others?

- **Offending behaviour**

Prompts:

When did you first start getting into ‘trouble’ for your behaviour? Who was this with? What help, if any, did you receive to try and prevent you from getting into trouble? Who from? How much did this help? What would have helped more?

When you got into ‘trouble’ how did other people describe this? How did other people explain this to you?

When did you first come into contact with the police/ law? Why?

Please share all the times you had contact with the police and why?

Tell me about your offending? When and how did it start? How much did you view it as offending behaviour? How would you describe this behaviour? Was this behaviour different from previous behaviour? Why? Have people described this behaviour in different ways to you?

What did other people say about your offending behaviour/ how did they react? Was this different to how they had reacted/ what they said about your previous behaviour? How? Why do you think this was?

What help have you received for your offending behaviour/ behaviour which got you in trouble? How helpful was this? What help would you have liked? What could have made the help better?

What does offending/ offending behaviour mean to you? How much do you understand why you offended/ got into trouble?

What might make your offending behaviour happen more or less?

What key things/ events do you think led you into prison?

What key things/ events may have helped prevent you from offending/ getting into trouble/ coming into prison?

How many times have you been into prison? Tell me about these? Why do you think you have come back to prison more than once? What was life like in the community after/in-between prison? What help did you receive in between prison sentences? What help did you receive to try and stop you from offending again?

Closure

- Provide the participant with the debrief sheet and discuss key points
- Praise the participant and support self-efficacy
- Ask if there is anything else they would like to add at this stage
- Explain what will happen next and timeframes.

Notes for researcher:

Visual prompt cards could be utilised following the completion of the River Experience to elicit further information if considered necessary as the participant is asked to talk through their river experience. For example:

Appendix 10: Debrief Schedule

Debrief Schedule

This form will be used as a framework to ensure key points are covered in the context of a debrief conversation with the participant. Participants will also receive a copy as a point of reference for them.

<u>Debrief</u>

First, a massive thank you for taking part in the research.

Talking about and drawing your life will help us think about how we can support people with learning disabilities in the community and in prison better. My aim is to change things to make things better for you and people like you.

What next?

- The audio- recordings from our meetings will be written up into a report and your drawings will be included. No one will know that things said and drawn are from you. No names will be included. This is called being anonymous.

- I will share the report with my supervisors and peers at Nottingham Trent University and, the University assessment team for my psychology qualification.

NOTTINGHAM
TRENT UNIVERSITY

- The report will be shared with staff, including managers, at HMP X and other

  prisons.

HM Prison &
Probation Service

- The report may then be published or presented at meetings so other people will want to help change things for the better for people like you.

- I will discuss the report and my findings with you in April 2021 and you can let me know if I have ‘got it right’ for you.

- All anonymised life stories, interview notes and consent forms will be kept in a locked cabinet. Only I can open this work. The recording from our interview will be written up and saved on a computer. All information on the computer will be anonymised and kept in a file with a password, which only I can look at. This data will be kept for my Psychology qualification and potentially further publication.

Support

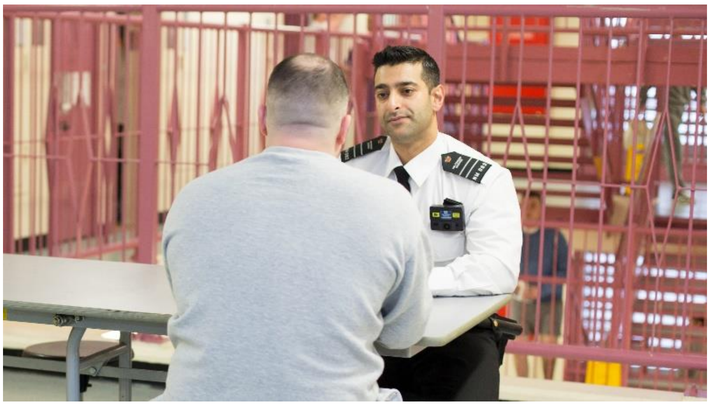
Please do not keep any concerns or worries or thoughts about anything you found upsetting from your life story to yourself.

Please contact me if you do and I will come and see you as soon as I can. You can ask a member of staff to do this for you or send an application form to me.

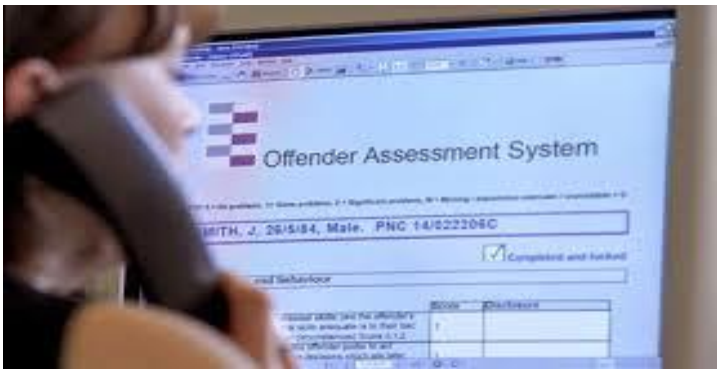
If I am unable to be contacted immediately and/ or I am not there, for example it is night time or, you would like more support other and/ or alongside me you can speak to;

- **Your personal officer**.

- **Your Key worker**



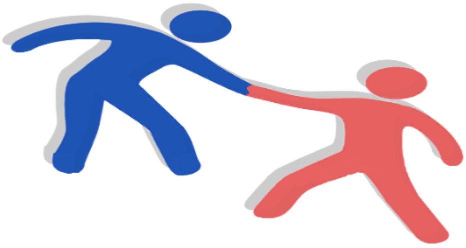
- **Your Offender Supervisor**



- **A mentor**

- **Any member of staff you like and find friendly and helpful to talk to**

- **A friend**



- **The Listeners**

- **The Samaritans**

SAMARITANS

- **Chaplaincy**

What if I change my mind about completing the research?

It is OK to change your mind and I will keep checking each time we meet if you have changed your mind. You may change your mind even after you have shared your life story or parts of it up to December 2018 when the data will begin to be written up. I will destroy the information relating to you and you can choose whether to keep your River of Experience.

Appendix 11: HMPPS Ethics Committee approval Email which informs NRC.

From: [redacted] [HMPS]
Sent: 27 November 2018 08:39
To: [redacted]>; National Research [NOMS] <National.Research@noms.gsi.gov.uk>
Cc: Gill, Alexandra [HMPS] <Alexandra.Gill@hmps.gsi.gov.uk>
Subject: FW: For Action 2018-362 - Research for Consideration

Dear All,
Please accept this e-mail as my approval for the attached research.
Take Care

[redacted]

From: National Research [NOMS]
Sent: 26 November 2018 17:25
To: [redacted]
Cc: Gill, Alexandra [HMPS]
Subject: For Action 2018-362 - Research for Consideration

Dear [redacted]***, High Security Estate***

Please find attached a research application for consideration *for* ***HMP X*** only.
Research Title: What are the life experiences of individuals with Learning Disabilities which have brought them into contact with the Criminal Justice System?
Ref: 2018-362
Researcher: Alex Gill

Alex Gill - Please take this as confirmation that your application has been sent to [redacted]***, High Security Estate*** for consideration/processing.
Research approval criteria are as follows:

- There are sufficient links to NOMS business priorities.
- The demand on resources is reasonable.
- There are no concerns regarding overlaps with other (current/recent) research.
- The proposed methodology is appropriate and robust.
- Data protection/security issues have been sufficiently considered and addressed.
- Ethical issues have been appropriately addressed.
- The applicants possess the relevant experience and skills.

If the research is approved, the researcher should complete the attached research summary document for HMPPS (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for HMPPS decision-makers. The research summary should use language that an educated, but not research-trained person, would understand. It should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. It should be submitted to the NRC. Provision of the research summary is essential if the research is to be of real use to HMPPS. The form should be completed and submitted once the research project has ended (ideally within one month of the end date).

[redacted] ***High Security Estate -*** Please can confirmation of the decision be sent to the researcher and the NRC. Kind regards. NRC

Appendix 12: NTU Research Ethics Committee approval Email

Message sent on behalf of the Chair of the College Research Ethics Committee

Dear Alex

Thank you for the resubmission of your application (No. 2018/279) to the College Research Ethics Committee (CREC) on 24 January 2019 requesting ethical clearance for the project entitled: *What are the life experiences of Learning Disabled individuals who have offended which have brought them into contact with the Criminal Justice System?*

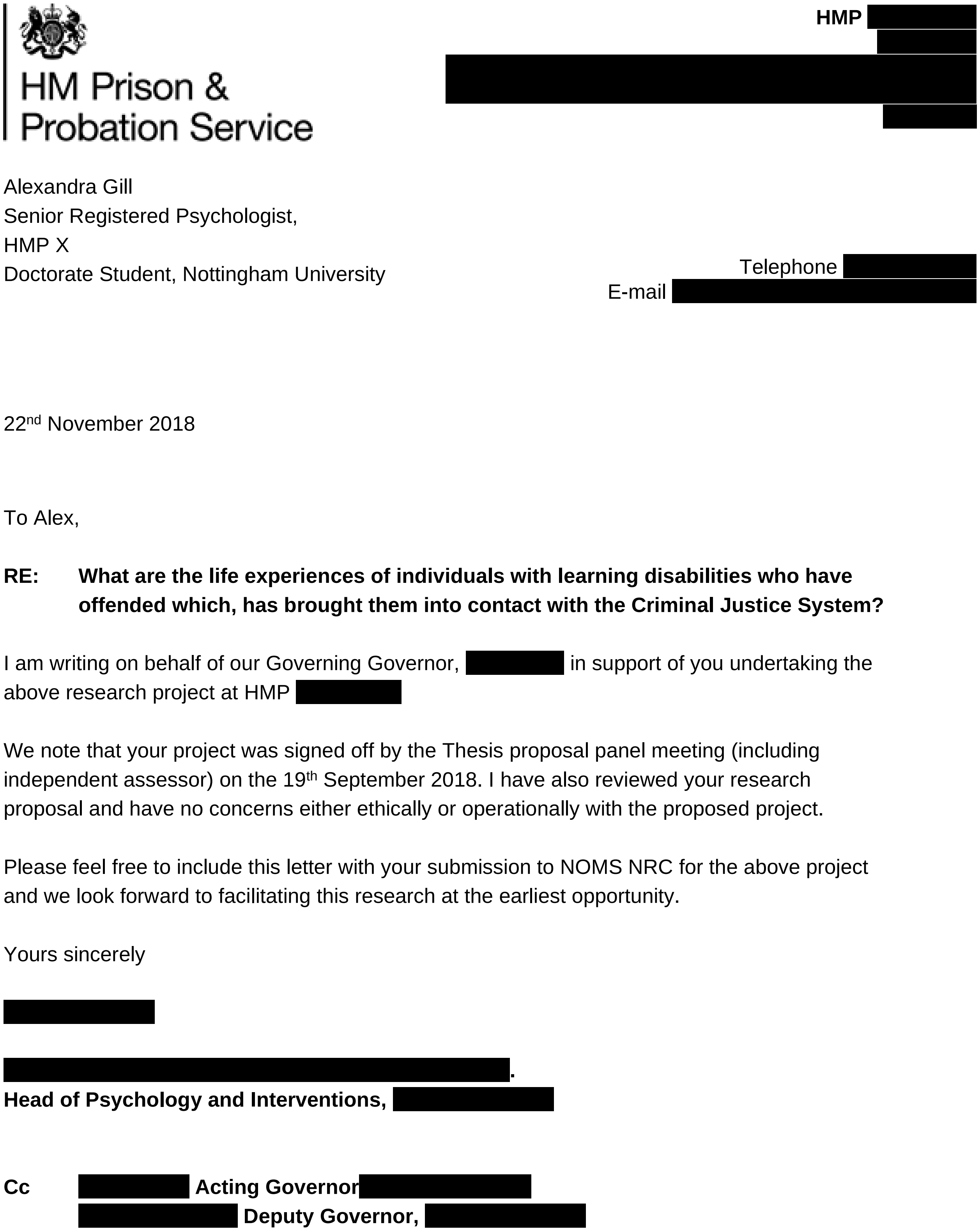
We are pleased to inform you that the Committee were happy to confirm that in its judgement there were no further outstanding ethical concerns that required further discussion or exploration prior to data collection and the reviewers are satisfied that your resubmission now meets with their ethical approval.

The Committee would like to wish you well in the completion of your project.

Sent on behalf of K Wheat
Chair CREC

[redacted]
Research and REF Administrator
Research Office
Nottingham Trent University

Appendix 13: HMP X Support Letter



HM Prison &
Probation Service

HMP [redacted]
[redacted]

Alexandra Gill
Senior Registered Psychologist,
HMP X
Doctorate Student, Nottingham University

Telephone [redacted]
E-mail [redacted]

22nd November 2018

To Alex,

RE: What are the life experiences of individuals with learning disabilities who have offended which, has brought them into contact with the Criminal Justice System?

I am writing on behalf of our Governing Governor, [redacted] in support of you undertaking the above research project at HMP [redacted]

We note that your project was signed off by the Thesis proposal panel meeting (including independent assessor) on the 19th September 2018. I have also reviewed your research proposal and have no concerns either ethically or operationally with the proposed project.

Please feel free to include this letter with your submission to NOMS NRC for the above project and we look forward to facilitating this research at the earliest opportunity.

Yours sincerely

[redacted]

[redacted].
Head of Psychology and Interventions, [redacted]

Cc [redacted] **Acting Governor**[redacted]
[redacted] **Deputy Governor,** [redacted]

Appendix 14: Master Table of Themes

Table A2

Evidence for Theme	Evidencing Lines
LD specific trauma? Because of how the world treats us	
I am a nuisance and victim	
P1: You know animals got better treated than me, people have time for them but me, no, they just wanted me to go away	Lines 76-77
P2: What a joke, to feel like a burdon, erm burden at school and I was and I was a target because of it	102-103
P3: I was a punchbag and I remember crying going to school cos I didn't want to go. They said someone like me shouldn't be there, you know making life difficult for everyone	90-92
P4: I was a pain in the bottom and other people picked on me because of this	37-38
P5: so I was ignored because I was the problem	101
P6: A pest, trouble, who always got bullied	25
Isolation	
P1: People pretty much shut you out in life	303
P2: so alone, so isolated	388
P3: I never wanted to live a life by myself but the people on this earth see you as invisible and I am better away from them	320-321
P4: loneliness sticks out most for me, there is me and then it feels probably everyone else	379-380
P5: felt alone, I was alone, no one reaches out to you	500
P6: it's just me, myself and I, that's because of what the world has been like with me	510-511

Evidence for Theme	Evidencing Lines
B: It can be fun you know, you gave us the bad label	
P1: You lot, well not you you, but people generally gave me a title of a learning disability, sounds shi*t to me like I can't ever enjoy myself	456-457
P2: There are fun times too but people would never think that with our label	666-667
P3: Why not label us when ya know us, know the fun we can be	200
P4: What do others know about me and people like me, we are some of the funniest people because we understand things differently so why the serious and depressing name of disability, like I am a write off	111-113
P5: That word, disability isn't, doesn't sound fair, makes us sound boring, like we have no enjoyment and we do you know, I can play, practical joking	250-252
P6: I can really amuse myself, it's not all black and white, like the label of disability sounds, I can still lark about	380-381
C. Life before Prison was a Struggle, 'I couldn't survive'.	
'I couldn't cope with daily life' and dysfunction'	
P1: Drink was like a friend to help me get through the day	444
P2: I knew I wasn't coping, no human touch, I couldn't even do one of those online shops, some days I was starving, I drank because life was getting on top of me	360-362
P3: No structure to help keep head above water and soon you start flapping, going under, turning to bad things, anything you can even if it is not good for you or the law	453-455
P4: I couldn't handle life, erm let me explain another way, I knew I couldn't survive so you do what you have to even though that that can hurt you, like you see drug addicts	669-671
P5: Think you feel you cannot do anything, nothing for yourself ,your life is empty so you turn to bad things to make it better, to get by, fill in the gaps	461-463

P6: To sum it up I couldn't cope so I went spiralling	559

Evidence for Theme	Evidencing Lines
Envy as a risk factor	
P1: I use to say prayers to ask for everything they had, people say that is called a green-eyed monster	201-202
P2: People have everything I want and have it or get it easier, they just have friends, have a job, go to restaurants with girlfriends, understand the menu	520-522
P3: I would give anything to hand my mum rent money like other people, bring home my family, show her how I can manage on my own	427-429
P4: I wanted to be like them, I still do, family, house, bills for me to pay	292-294
P5: don't get the same chances so we don't get the same lives and I want the same lives as others	390-391
P6: they have what I don't, but I want that too, they have a life	337

Appendix 15: Participant One's River of Experience

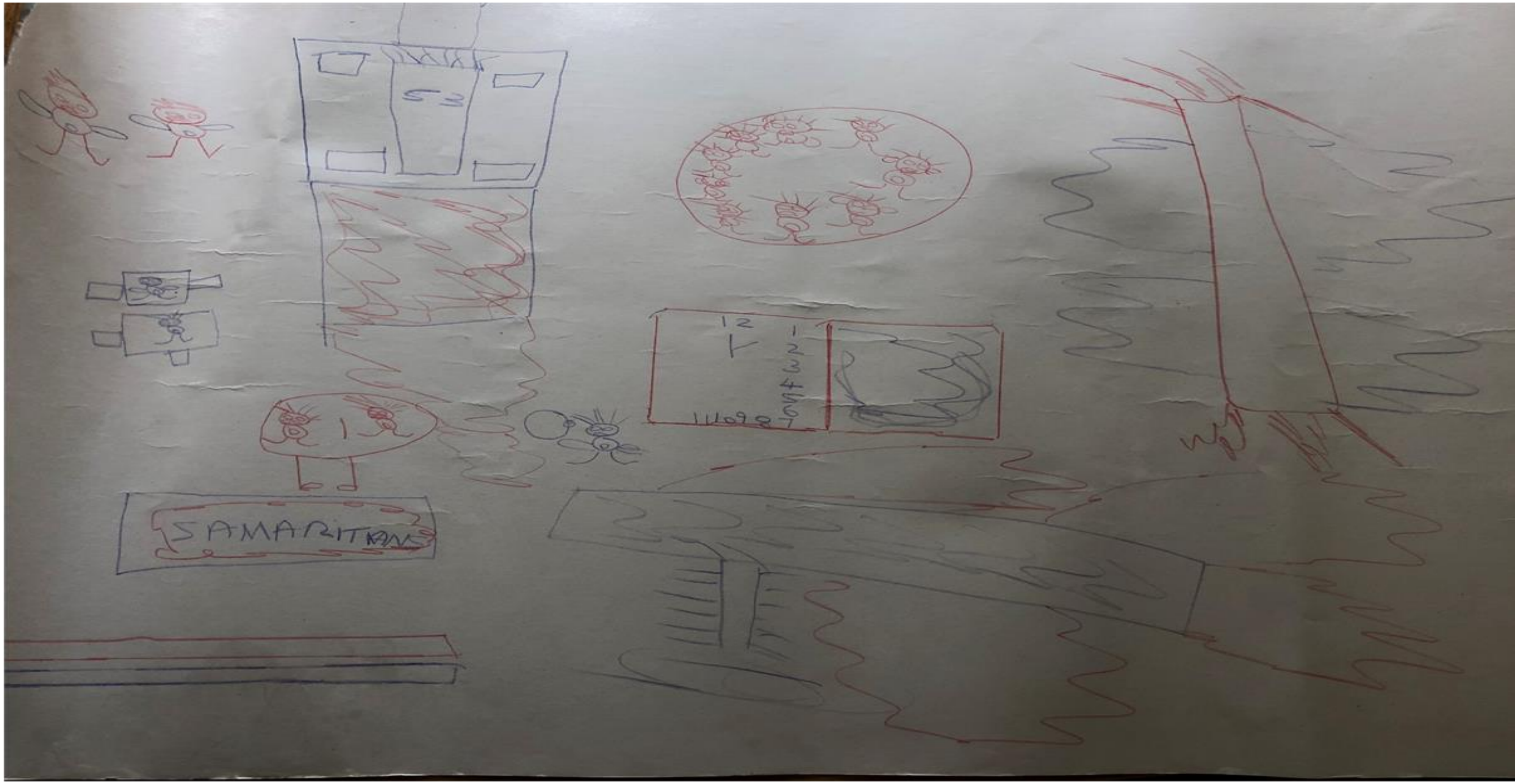
Figure A1

Appendix 16: Participant Two's River of Experience

Figure A2

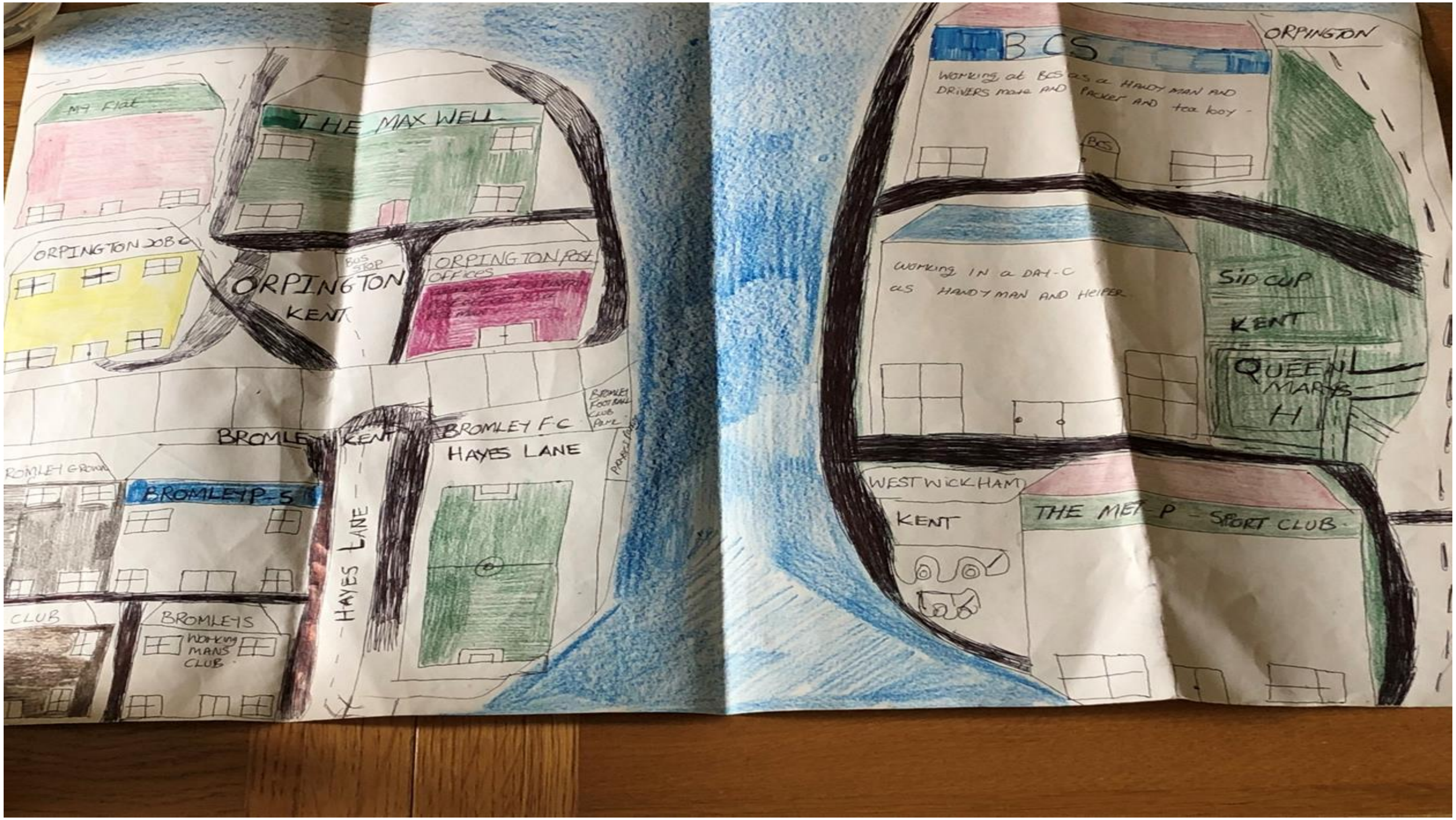
Appendix 17: Participant Three’s River of Experience

Figure A3



Appendix 18: Particpant Four’s River of Experience, background to life

Figure A4



Working at BCS as a HANDY MAN AND DRIVERS mate AND PACKER AND tea boy -

Working IN a DAY-C as HANDYMAN AND HELPER

Appendix 19: Participant's Fours River of Experience, 'happiest memory'

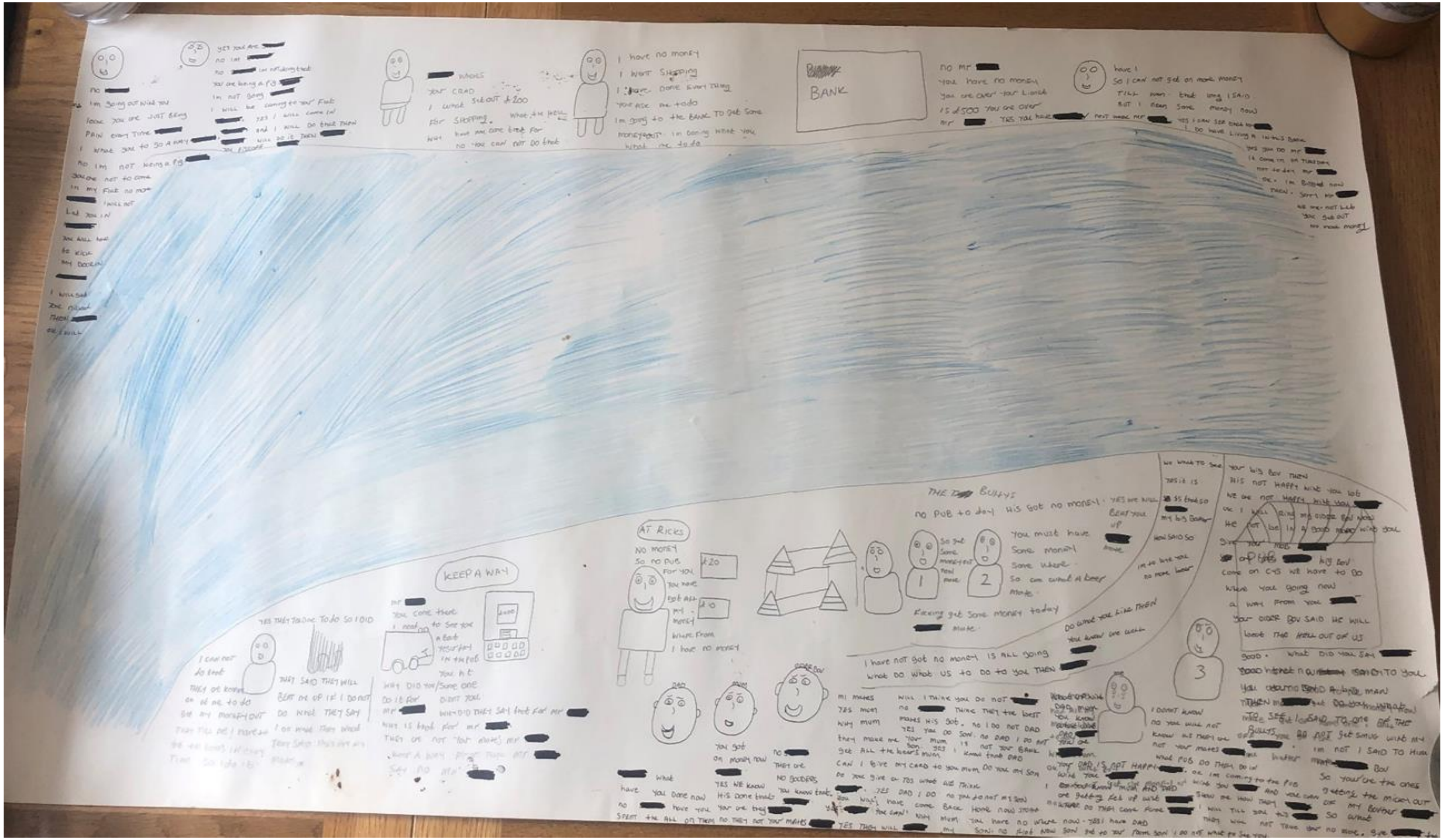
Figure A5

Appendix 20: Participant's Fours River of Experience, 'Island'

Figure A6

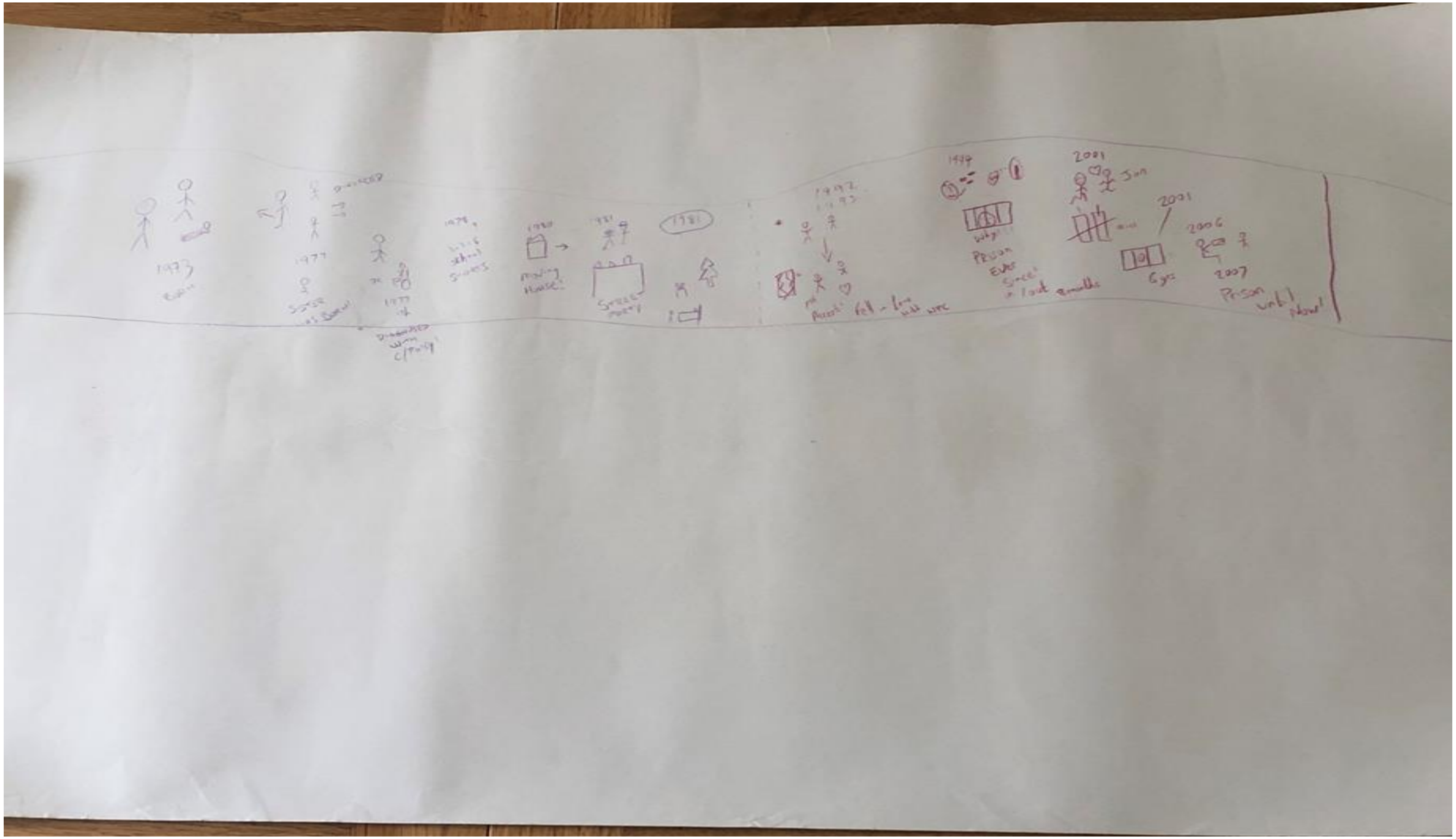
Appendix 21: Participant Five's River of Experience

Figure A7



Appendix 22: Participant Six's River of Experience

Figure A8



Appendix 23: Extracts of Memos from the Researcher's Reflexive Journal

I considered how I found it sometimes difficult in a role which was exclusively as a researcher and not in the capacity of some of my other roles as a Forensic Psychologist. I reflected how I had fourteen years' experience of challenging prisoners when appropriate to do so in roles such as risk assessor or as an Interventions Facilitator. I recognised how I found myself having to utilise self-talk to say 'stop' when I recognised that a participant had shared a cognitive distortion so as not to challenge it and enable them to tell their story from their perspective. I identified how this was particularly pronounced for me when rape was described as sex either with the participant describing themselves as the perpetrator or as the victim.

Diary entry – 7th July 2019

When participant One initially shared their river of experience, I was aware I experienced feelings of shock given how the visual representation of abuse, colour coded in red and orange appeared dominant in the river. This visual had a powerful impact upon me as I could 'see' the frequency of abuse in comparison to other life experiences and the breadth of this throughout the participant's life. I considered how I am very much a visual person, I remember things visually and can often access information better though visual representations rather than words. I noted cognitively that my thought processes turned to patterns such as 'what a terrible life they have had' and when I reflected upon this I recognised that my exploration of his life experiences did as a result become more focussed on his experiences of abuse. I therefore recognised the need to ensure I let the participant lead the agenda and focus on the areas they wished to talk about by identifying the bias in my thought patterns and not attending to this.

Diary entry- 10th April 2019

The participant engaged with a Stepping Stones exercise as part of a Kinaesthetic approach. To do this he moved around the room from paper 'stone' to paper 'stone' and I became aware of the uncommonness of this type of movement when interviewing people with convictions generally. I reflected how movement from a prisoner within an interview room context would be seen as a negative and security issue if spontaneous both by myself and the wider staffing group. I reflected how as a Trainee Psychologist I had previously worked with a prisoner to complete his risk assessment and he said he would like to 'show me' the events which led up to his offence as this was easier for him rather than words. I considered how my Supervisor and I had considered this as a cause for concern in that he may be taking enjoyment from reliving aspects of the offence rather than 'showing' actually being his preferred way to express himself and communicate.

Diary entry, 4th July 2019

I began to notice that on occasions when participants were referring to their experiences of sexual abuse as a child I potentially felt more empathy than I recognised I had in previous experiences I have had over the years I have worked as a Psychologist. I reflected on what this change was linked to and identified that as a new mother I now had a reference point whereby I would at times visualise my child in such a situation or it would trigger protective feelings I *believe I hold stronger now and can relate to further as a mother. Once I had recognised this, I was able to put in place challenges to this, such as self-talk and reminding myself why I was experiencing more emotion and, and what this emotion could be attributed to. I ensured that I utilised de-briefs after sessions when I recognised this was activated to unpick and address this further and,to aid my objectivity when interpreting the interviews,as well as protecting my well-being.*

Diary entry, 31st August 2019.

I recognised when working with Participant Three that he held a strong accent which was the same as my parents. I recognised at various points how I needed to remain mindful of this and open to the idea of transference and countertransference. I recognised transference was taking place on occasions and that I was associating the participant to some level with parental figures given the accent and description of some of their life experiences, for example from a coal mining village. I also reflected how countertransference wastaking place as at times I could respond to this participant with increased feelings of warmth and empathy. I utilised debriefs to reflect upon this further and unpick cognitive processes and feelings in this context. During the analysis process I also considered how this may influence my interpretations and sought to protect against this by considering interpretations repeatedly and questioning what thoughts and feelings had played a part in the interpretation process. As another example of this I became aware that Participant One could be critical in their interviews of themselves and others, most probably influenced by their childhood experiences. However, I also recognised how I then at times had critical or defensive reactions to this sometimes internally and sometimes in how I responded. I recognised the redirection of the participant's emotions to me and the importance of recognising this throughout all stages of the research given my response could influence their response to me and the research ,and, the potential for these feelings if not identified and placed appropriately to influence my interpretation process.

Diary entry, 16th May 2019

During the interview I recognised that the participant was becoming increasingly upset. I reflected how I had emphasised to participants' that they could at any time take a break from the interview. This participant had however chosen not to do this and when I asked if they were OK they stated that they were and wanted to continue. They then became increasingly distressed and I found myself feeling uncomfortable as I let the interview continue. I reflected how for me cognitively there was a battle between not wanting to stop the interview and potentially take some of the participants feelings of empowerment away, whilst also taking responsibility as an ethical practitioner. I considered how ultimately my role was to 'do no harm' to the participants and the greatest threat to this I identified would be to let the interview continue. I therefore paused the interview to allow time to check in with the participant's well-being and for a debrief to take place. I explained as part of this that this decision would have been made in terms of any participant and thanked them for their bravery and willingness to continue to try and protect their sense of empowerment, whilst also emphasising their well-being must be prioritised. I reflected how I had become quite fixated on not pausing the interview as the person had LD and I did not want to enforce a decision upon them, given the tendency historically for this to have been the experience of the LD population. I then considered how if this had been another prisoner without LD I would have stopped the interview without as much hesitation. As such I reflected how I had become too concentrated on 'LD' and my knowledge of the historical and political backdrop for this population had *complicated and influenced my decision making processes as a researcher including, how I respond in an interview setting.*

Diary entry April 30th, 2019