

**EXPLORING HOW WOMEN INVOLVED IN THE UK
CRIMINAL JUSTICE SYSTEM EXPERIENCE
PSYCHOTHERAPY IN THE COMMUNITY: AN
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

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ABSTRACT

This study centers on women in the UK Criminal Justice System (CJS), a notably underserved and vulnerable population whose experiences and needs have historically been marginalized within criminal justice and support systems. The research delved into the experiences of women involved in community-based psychotherapy, aiming to understand their perceptions and approaches to therapy within the complex backdrop of the CJS. Using Interpretative Phenomenological Analysis (IPA), interviews were conducted with five women who had participated in therapy through two specialized charities.

The analysis yielded three main themes: "Trust and safety in therapy after a life full of unsafety", "From depersonalisation to personalisation", and "Rise above adversity: growth and personal development in tackling distress". These themes highlighted the complexities of the women's experiences, ranging from the struggle of establishing trust in therapy to finding empowerment amidst systemic powerlessness. The study revealed profound insights into the transformative nature of therapy, with participants describing significant intrapersonal growth and the challenge of overcoming systemic and internalized barriers.

The findings underscore the importance of a personalized, empowering approach in therapeutic interventions for women in the CJS. They challenge traditional, risk-focused perspectives and suggest the need for therapies that address the unique vulnerabilities and strengths of these women. The study recommends adopting holistic, trauma-informed models and stresses the need for integrating the women's

voices in therapy design and implementation. It also emphasizes the role of therapy in facilitating reintegration from prison to the community and personal development. The study offers practical implications for service providers, suggesting the adoption of targeted interventions that focus on empowerment, resilience-building, and addressing the complex interplay of emotional, social, and systemic factors.

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ABBREVIATIONS

ACE	Adverse Childhood Experience
CJS	Criminal Justice System
CoP	Counselling Psychology
IPA	Interpretative Phenomenological Analysis
MoJ	Ministry of Justice
OOCD	Out-of-court Disposals
PTMF	Power Threat Meaning Framework
SGM	Sexual and Gender Minority
UEL	University of East London
YoT	Youth Offending Team

INTRODUCTION

1. Overview

This section introduces the context and fundamental concepts integral to this research. Key terms integral to the study are defined, including what is meant by “Criminal Justice System (CJS) involvement”, “psychotherapy in the community” and “gender differences”. Subsequently, the chapter presents an overview of the UK CJS today, providing a backdrop against which the research is set. Subsequently, I explore my personal engagement with the topic, illuminating how my experiences informed my choices and interests to conduct this research. The introduction ends with a discussion of the study's relevance to the field of Counselling Psychology (CoP), thereby establishing its contribution to the broader discourse, and a brief reflection of my own philosophical perspectives as a CoP trainee and researcher.

2. Terms & Definitions

In this section, I have presented a selection of definitions from scholarly sources for key terms used in this thesis. This collection is not comprehensive and does not cover every possible interpretation of each term. Furthermore, these terms are not static, and their meanings are not immutable.

Firstly, the term “CJS involvement” denotes women who are actively engaged with the CJS due to suspicion or conviction of an offence. This engagement can span multiple phases, including arrest, police caution, court processes, prosecution, imprisonment, serving a community order, or undergoing post-release probationary oversight (Ministry of Justice, 2020).

Secondly, the term “psychotherapy”, also referred to as “talk therapy, counselling or psychosocial therapy”, encompasses a variety of therapeutic approaches tailored to assist people experiencing emotional distress (National Institute of Mental Health, 2023). I will be using the words “psychotherapy” and “therapy” interchangeably reflecting the diverse approaches employed by different professionals such as psychologists, psychotherapists, or counsellors to support women within the CJS. The phrase “psychotherapy in the community” implies services delivered to clients within community settings such as outpatient clinics, contrary to inpatient, residential or secure environments. A rationale explaining why the focus is on women's experiences with community therapy rather than prison therapy is provided in the literature review.

Thirdly, while several studies reference "gender differences," it is important to differentiate between gender-based and sex differences. "Sex differences" pertain to the biological distinctions between males and females. In contrast, "gender differences" derive from societal expectations and are tied to sociocultural roles, such as child-rearing, attire, professional choices, and responsibilities (Belknap, 2020). These gender disparities often stem from ingrained societal inequalities (MacKinnon, 1991). However, the distinctions between sex and gender become intricate when acknowledging that sex is not strictly binary, and some individuals present ambiguous biological sex markers (Sanz, 2017). Historically, the two terms have been confused within the CJS, leading to an oversight of societal contributions to gender inequalities. Musto (2019) argued that transcending the male-female binary can illuminate the diverse ways gender both privileges and marginalizes. In this study, while striving to understand gender beyond a binary scope, I will use the terms "male" and "female" carefully due to their biological connotations.

The subsequent section offers an overview of demographics and statistics, focusing on gender differences and the high prevalence of mental health issues within the UK CJS.

3. Gender and the UK Criminal Justice System

In June 2023, the UK prison population was approximately 95,526, with 85,851 in England and Wales, 7,775 in Scotland, and 1,900 in Northern Ireland (House of Commons Library, 2023). Data shows variations in reoffending rates depending on the type of sentence served. The latest figures highlight that the dynamics of reoffending rates continue to be a critical factor in discussions about the effectiveness of custodial versus community sentences in the UK (Ministry of Justice, 2023). Figures show that 25.4% of offenders reoffend within one year, pointing to a significant rate of recidivism among released prisoners (Ministry of Justice, 2021). The total social and economic costs of reoffending (i.e., costs in response to, because of, and in anticipation of crime) in the UK has been estimated to be £18.1 billion yearly (Newton et al., 2019).

In the UK CJS, males are consistently overrepresented compared to females. As of 2021, males constituted 79% of those involved in the CJS, whether through out-of-court disposals (O OCD) or court proceedings, in contrast to females at 21% (Ministry of Justice, 2021). O OCDs address minor offenses like graffiti, while court proceedings usually result in fines, community service, or other sentences (Ministry of Justice, 2020). While men historically commit crimes more frequently than women (Carson & Golinelli, 2013), there has been a notable increase in female incarceration rates in recent years (Ministry of Justice, 2021). Interestingly, 75% of women released from prison are likely to reoffend within a nine-year span (Alper, Durose, & Markman, 2018), and females tend to reoffend at a higher rate than males (4.33 vs. 3.99, respectively) (Ministry of Justice, 2020). This upward trend is also echoed by the Prison Reform Trust (2023), underscoring

the complex challenges and the need for targeted interventions within the female prison population.

Unlike their male counterparts, most females in the CJS are sentenced for non-violent offenses and often receive shorter prison sentences. In 2020, out of 5,011 women sentenced to prisons, 72% faced charges for non-violent crimes, and 70% were handed sentences under 12 months (Ministry of Justice, 2021). Notably, women are more likely to be imprisoned on their first offence (23%) compared to men (14%) (Ministry of Justice, 2021), prompting reflections on potential gender disparities within the CJS.

While both genders in the CJS have complex needs, women show heightened vulnerabilities (Forrester et al., 2020). Many challenges are unique to women and have been historically overlooked by justice agencies (Baldwin, 2021). Studies reveal that female prisoners often face more severe mental health issues, substance abuse, and financial and housing problems than males (HM Chief Inspector of Prisons, 2020). From March 2022 to 2023, self-harm incidents reported an 11% increase, with 59,722 cases. Interestingly, male facilities saw a 1% dip, while female institutions witnessed a significant 52% rise. Accounting for the prison population growth, self-harm incidents per 1,000 prisoners declined by 5% in male institutions but escalated by 51% for females (Ministry of Justice, 2023). Prior Safety in Custody Statistics echoed this disproportionate spike in self-harm among female vs. male offenders (Ministry of Justice, 2020, 2021).

Despite increasing focus on women in the CJS, the predominant attention on men has limited understanding of women's unique challenges. The London Women's Diversion report notes that, despite typically committing lower-level offenses, women have multifaceted needs requiring comprehensive, sustained support in advocacy, housing, and mental health (Advance, 2021).

4. Personal Involvement with the Topic

Since 2019, I have been working part-time for a charity dedicated to providing complimentary psychotherapy to women in the UK CJS. While my role does not encompass clinical duties, my close collaboration with the charity's therapists has deepened my understanding of the significant vulnerabilities and challenges faced by women in the CJS, especially during their transition from prison back into the community. Remaining updated on current CJS policies, I have recognized systemic factors that amplify the sense of powerlessness these women experience as they continuously interface with the CJS. As a CoP trainee, who worked in an addiction service for two years, I have encountered individuals who not only struggle with substance misuse difficulties but are also members of various ethnic, gender and/or sexual minority groups, therefore, have become more able to appreciate the level of inequality and marginalisation they face.

Both personal experiences and recent research highlight that women in the CJS face heightened vulnerability and marginalization, often belonging to racial or ethnic minority groups, and grappling with significant financial, physical, and emotional challenges (Belknap, 2020). Therefore, the concept of “power” feels particularly relevant in the current research. Moreover, recognizing the power dynamics at play can help researchers analyse how intersecting identities and social structures impact on women's experiences and interactions with the CJS. The CJS itself is a powerful institution with significant control over individuals' lives. Understanding the power dynamics within the CJS is essential to examine how policies, practices, and decision-makers affect women in the CJS, from arrest to sentencing and rehabilitation. Acknowledging the various operations of power and how these contribute to “threat responses” and emotional distress feels paramount when attempting to understand women's experiences of therapy within the

wider context of the CJS and how lacking agency or voice might render them even more vulnerable than they already are.

Given these insights, I hope that this research will augment the limited existing literature, highlighting women's CJS experiences and the invaluable role therapeutic support can play in their healing journeys post trauma, incarceration, and marginalization.

5. Relevance to Counselling Psychology

What sets our profession apart is its foundation in a core set of ethics and values (Walsh & Frankland, 2009; Woolfe, 1996). In contemplating my evolving identity as a CoP, I find it pertinent to introduce a set of essential values that have been discussed in various texts (British Psychological Society Qualifications Office, 2008; Gillon, 2007; Orlans & Van Scoyoc, 2008). These values encompass: prioritizing clients' subjective experiences, focusing on growth rather than pathology, empowering individuals, recognizing clients' uniqueness and autonomy, and acknowledging the impact of social and relational dynamics, including experiences of discrimination.

These principles are grounded in a "humanistic value-base" (Joseph, 2008; Orlans & Van Scoyoc, 2008), which calls upon practitioners to approach and engage with others in a manner that is respectful and appreciative, valuing their "unique, un-classifiable, and un-analysable totality" rather than reducing them to objects of scientific inquiry. Levina's (1969) concept of "welcoming the other" encapsulates the essence of humanism, emphasizing a profound willingness to allow the Other to exist in their full Otherness (Cooper, 2009), rather than imposing discourses, theories, and assumptions in an attempt to alter them.

To effectively implement the aforementioned principles, it is crucial for CoPs to develop, contribute, and lead evidence-based practices (Cooper, 2008; 2009). Despite the predominance of quantitative, nomothetic studies in the field of psychology, it is worth noting that a significant body of empirical evidence aligns with the notion of “welcoming the other” by conducting research that has the potential to challenge existing assumptions and advocate for marginalized individuals. As I progressed through the Doctorate, I developed an understanding of the relationship between epistemology and methodology and began to recognize the significance of conducting research that adheres to CoP values. This involves an orientation towards intelligibility, enhancing responsiveness, and respecting the individuality of clients. Therefore, I felt a sense of duty to leverage my existing interest in working with minority groups and conduct research that has at its core the empowerment of those who are disempowered and discriminated against.

6. My Axiological Stance

In subscribing to the above values and to the scientist-practitioner model, I find myself functioning in dual capacities: a 'scientist', where the prevailing perspective is empirical, and as a 'reflective practitioner' within the therapeutic realms of counselling and psychotherapy (Goldstein et al., 2010). This model, despite its widespread acceptance within the profession (Blair, 2010), is not without tensions and challenges, particularly when endeavouring to integrate research with practice. Furthermore, CoPs often grapple with diverging paradigms that offer different interpretations of reality, science, and the human experience. To navigate these inherent tensions and conduct meaningful research, it is crucial to acknowledge and contemplate one's own "guiding paradigm, methodology, and personal orientation" towards their research (Ponterotto, 2005, p.132). Therefore, I choose to briefly introduce my own axiological views regarding this research from the

outset, as these will inevitably shape the way I interpret the literature, conduct my analysis, and discuss my findings (Henton, 2016).

As a researcher embarking on this journey, my positionality is shaped by a relativist ontological stance, which means that I acknowledge the co-existence of multiple, equally valid realities (Willig, 2013). I strive to appreciate the complexity and richness of individual experiences and believe there is no single 'truth' to be discovered, but rather, a multitude of truths that exist within each person's unique perspective. This standpoint aligns with a constructivist epistemological stance, where knowledge is seen as a by-product of human interpretation and understanding, rather than an objective reality that exists independently of human perception and the social world (Ponterotto, 2005). Although I recognize the inherent worth in diverse research approaches and methodologies, when studying specific populations, it is pivotal to prioritize research that could offer the most meaningful insights and benefits for the targeted population. Within the scope of this research, this means valuing individual narratives and the unique lived experiences of marginalised and oppressed women involved in the CJS. Hence, my research is not about uncovering a generalisable reality regarding the effectiveness of psychotherapy in the CJS, but about deeply understanding, respecting, and amplifying the individual truths and stories that these women bring to the fore.

In the methodology chapter, I explain how my choices aim to amplify participants' unique voices, shaping the research outcomes. I hope this research will enhance psychotherapeutic knowledge and inform clinical practice, especially in specialized charities. Additionally, understanding community-based therapeutic support for women in the CJS could illuminate socioeconomic and systemic issues, helping to break the cycle of reoffending.

Summary

The above introduction sets the groundwork for the study, outlining the current state of the UK CJS with a focus on gender disparities and the unique vulnerabilities faced by women. Through sharing reflections on my personal engagement with this demographic, my aim is to underscore the urgency and pertinence of this study. Rooted in CoP's core values and ethics, the research aims to empower marginalized individuals by amplifying their voices and enhancing clinical provision. The next chapter will review the literature and present the theoretical frameworks supporting this study.

CHAPTER ONE

LITERATURE REVIEW

Overview

This chapter begins by discussing existing inequalities within the CJS, explaining why certain minority groups are disproportionately represented. An intersectional perspective will be used to explore the layered identities and experiences of marginalized individuals (e.g., Van Wormer & Bartollas, 2021). The dynamics of power and the Power Threat Meaning Framework (PTMF) (Boyle, 2022) will also be introduced, highlighting their significance to this study.

Focusing on women's unique experiences, the chapter highlights the often unspoken traumas faced by females in the CJS, including histories of abuse and trauma, mental health issues, and substance misuse (Forrester et al., 2020). It discusses how imprisonment can compound trauma and how systemic structures exacerbate their struggles (Vince & Evison, 2021).

The chapter concludes with a section on the role of therapy in rehabilitation and transformation (e.g., Doherty et al., 2014; Beaudry et al., 2021). It reviews existing therapeutic approaches in the CJS, comparing the outcomes of prison-based therapy with community-based therapy and examining their impact on reoffending rates. Despite the prevalence of quantitative, male-dominated studies, the focus will be on qualitative studies that center women's voices (e.g., Baldwin et al., 2021).

Finally, the chapter will articulate the motivations behind this study, highlighting its unique insights into the experiences of women in the UK CJS and its importance. The

research questions guiding the inquiry will also be introduced, providing a transition to the research methodology and setting a clear direction for further investigation.

1.1 Intersections of privilege and 'Otherness' in the CJS

The intersection of poverty, minority racial status, female gender, and a troubled family background can substantially shape an individual's life path. Bell hooks (1984) emphasized this, defining oppression as "the absence of choices" (p.5) and originating from imbalances perpetuating powerlessness for certain groups. Multiple studies underscore the importance of grasping these dynamics and oppressions in addressing women's needs within the CJS (Dominelli, 2017; Mullaly, 2010; Van Wormer & Bartollas, 2021). For instance, Chesney-Lind and Pasko (2016) delved into the life narratives of six women involved in the CJS and found that their turning points included strained maternal relationships, early sexual abuse experiences, and traumatic encounters with the CJS. Factors like drug abuse, violence, economic and racial marginalization, and lack of supportive relationships contributed to women feeling constrained, criticized, and punished, pushing them back into criminal behaviours. Similarly, Quinn et al. (2023) identified a high prevalence of trauma in detained Black girls, primarily originating from family and peer relations.

While these studies highlight significant individual and relational factors influencing the criminal behavior of women and minority girls, they may underemphasize how institutional practices within the CJS itself perpetuate these cycles of trauma and oppression. Furthermore, these analyses often fail to address the broader sociopolitical structures that shape these personal experiences, potentially oversimplifying the complex interplay of systemic discrimination and personal adversity.

1.1.1 Overrepresentation of minorities in the CJS

There is consistent global evidence pointing towards the overrepresentation of minority groups within the CJS (Franklin, 2018; Lehmann & Gomez, 2021; Lehmann, 2023). In the U.S., it was estimated that 1.6 million youths (i.e., children aged 10 to 17 years) interact with the CJS annually, with youth of colour exhibiting significantly higher involvement rates than their White counterparts (Dmitrieva, Monahan, Cauffman, & Steinberg, 2012). Black youth, irrespective of the nature of their offense or criminal record, are subjected to stricter sentences and have three times the likelihood of court referrals compared to White youth (Mitchell, 2015; Onifade, Barnes, Campbell, & Mandalari, 2019). Referrals to secure confinement are also notably higher for Black youth within the US juvenile justice system (Lowery, Burrow, & Kaminski, 2018).

A recent study involving 1,216 youth after their first arrest explored the relationship between race, offense history, and the likelihood of rearrest. Despite committing fewer or similar number of offenses, Black and Latino youth experienced higher rates of legal processing and rearrest, highlighting potential racial disparities in CJS involvement (Padgaonkar et al., 2021). Camplain et al. (2020) conducted a study to analyse the correlation between race/ethnicity and the outcomes of 36,073 drug-and-alcohol-related arrests between 2009 and 2018. Findings revealed that American Indian/Alaska Native (AI/AN), Latino, and Black individuals faced a notably higher likelihood of imprisonment compared to their White counterparts. The study further implied that the prevalent overrepresentation of minority groups in the CJS could not be solely ascribed to higher levels of drug and alcohol use within these communities.

Both studies were conducted in the U.S., shedding light on systemic issues within the U.S. CJS. While these studies are revealing, a deeper exploration into the mechanisms

through which institutional biases manifest within judicial processes and lead to such disparities is needed. Assessing whether similar patterns exist across different U.S. states and the UK could enhance understanding of localized practices and help in formulating more targeted reforms to address these pervasive issues.

Conducted in the UK, the study by Jonnson et al. (2019) involving a systematic review of 31,258 youths, highlighted the overrepresentation of sexual and gender minority (SGM) youth in the CJS. This review juxtaposed the rates of SGM youth in the CJS against those in the broader community, revealing a disproportionate involvement of sexual minority girls in the system. Notably, lesbian and bisexual girls demonstrated a higher propensity for 'criminal' behavior compared to their heterosexual counterparts, a trend that was not paralleled among gay males and their heterosexual peers (Beaver et al., 2016). The designation of behaviors as 'criminal' could be influenced by societal biases and the discretionary powers of law enforcement skewing the perceived criminality of SGM youth. However, further research might be needed to shed light into the underlying causes of this overrepresentation, such as societal stigma or discrimination, which could be explaining the higher rates of engagement with the UK CJS among these groups.

The mentioned studies highlight the role of ethnicity and sexuality in amplifying a child's vulnerability within the CJS. It is essential to note the paradox associated with the term 'youth', which initially aimed to abolishing systemic mistreatment of children involved in legal conflicts. However, over time, it transformed perceptions, viewing vulnerable children in need of protection and care as less vulnerable and more potentially threatening and dangerous when they exhibited concerning behaviours (Hendrick, 2006; Case & Haines, 2021). While this term has been utilized in this research to align with the language used in the cited studies, it should be employed and interpreted with caution.

The studies imply that the impact of sexual orientation on one's likelihood of engagement with the CJS varies based on gender and ethnicity. For example, the experience of an African American girl identifying as bisexual is shaped by the interplay of her gender, sexuality, and racial identity. To grasp such experiences, it is essential to examine the confluence of these identities, rather than isolating the individual influences of gender, sexuality, and race on CJS involvement (Potter, 2015; Robinson, 2017). In considering the intersection of various identities within the CJS, it is also crucial to acknowledge all the protected characteristics under the Equality Act 2010. These include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act, 2010). Each of these characteristics can intersect and compound, influencing the unique experiences of individuals within the CJS (Equality and Human Rights Commission, 2021). For instance, a woman with a disability may face different challenges compared to her non-disabled peers, just as religious beliefs can impact how individuals engage with and are treated by the CJS (Burchardt, 2018).

Recognizing the full spectrum of these characteristics helps to ensure a comprehensive understanding of how systemic biases and inequalities manifest, ultimately affecting the delivery of justice and access to supportive interventions such as psychotherapy. Intersectionality Theory, developed by Crenshaw (1989), offers a theoretical framework that recognizes the interconnectedness of multiple identities and how they are concurrently experienced — a topic further explored in the following section.

1.1.2 Adopting an intersectional lens

In the discourse on equality and feminism, Davis (2008) underlines the need to transcend the binary debate of white male vs. white female. She advocates for a multifaceted discussion that genuinely encompasses the experiences of all women. Echoing this sentiment, Crenshaw's work spotlights the frequent side-lining of women of colour within predominant feminist narratives (Cho, Crenshaw & McCall, 2013). She posits that to understand oppression it should be explored beyond simple categorizations of identity, delving into the complexities of interwoven identities and the challenges faced in a world shaped by power dynamics (Crenshaw, 1989; Carastathis, 2014).

Intersectionality Theory examines how varying identity aspects such as gender, race, and class intersect to frame experiences of oppression (Crenshaw, 1989). Crenshaw's 1994 research underscored this by exploring the struggles of immigrant women of colour, victims of domestic violence, in accessing support due to factors like social isolation, deportation risks, and unfamiliarity with legal resources. Central to intersectionality is recognizing that belonging to multiple marginalized groups results in experiences that are not merely additive, but multiplicative (Van Wormer & Bartollas, 2021).

Adopting an intersectional perspective is crucial in research involving women, especially within the CJS where minority overrepresentation is prevalent (e.g., Lehmann, 2023). By acknowledging intersecting oppressions, researchers can gain deeper insights into the inequalities participants face within their distinct historical and cultural contexts. For example, Sabri et al. (2020) employed an intersectional lens to explore the needs of domestic violence victims during the Covid-19 pandemic, uncovering unique barriers to accessing support for minority women, such as limited access to specific communication means.

Despite widespread acceptance of Intersectionality Theory, Nash (2008) is vocal in his critique, pointing to the theory's disproportionate emphasis on black women and highlighting its lack of a clear methodology. He also comments on its seeming 'vagueness', raising concerns over its empirical validity. Additionally, some argue that intersectionality might inadvertently imply that having more identity layers leads directly to greater oppression, overlooking the nuances and privileges individuals might inherently possess. This notion is further compounded by certain inconsistencies in intersectionality literature that remain unaddressed by feminist and anti-racist scholars, blurring their understanding of identity and oppression. Echoing this viewpoint, Zack (2019) suggests that, given intersectionality's significant stance in feminist discourse, it is crucial to confront its inherent contradictions and ambiguities.

Yet, the insights provided by intersectionality are invaluable. Within the CJS, Intersectionality Theory complements the principles of restorative justice, emphasizing truth-telling, healing, and peace-making (Van Wormer & Bartollas, 2021). This perspective resonates with arguments by Kahle and Rosenbaum (2019) about making gender-responsive strategies also "queer responsive", acknowledging the challenges faced by the LGBTQ community, members of which are also overrepresented in the CJS (Puzzanchera & Hockenberry, 2019).

Overall, Intersectionality Theory illuminates often-overlooked layers of identity, fostering a fuller understanding of marginalized individuals' experiences. Without such insight, many minority groups might remain unseen (Cho et al., 2013). In psychotherapy, this oversight could lead to inadequate recognition of the 'other,' with prevailing Western cultural structures determining which identity facets are acknowledged. Thus, when

investigating the experiences of women undergoing therapy in the CJS, it is essential to adopt a holistic approach that recognizes the interconnected impact of gender, class, and race.

1.1.3 Introduction to the concept of ‘power’

David Smail, a renowned theorist on power dynamics, argued that there is a direct correlation between the exertion of power and the onset of psychological distress. He proclaimed that individuals are embedded within a power matrix “from which [we] cannot be abstracted as individual[s] able somehow to choose or decide how to relate to the field of power independently of its influence” (2001, p. 228). Historically, the role of power in accounting for emotional distress and ‘troubling’ behaviour has been overlooked or underestimated. Yet, there is substantial evidence suggesting that the socio-political dynamics underpinning life experiences can shape behaviours and emotions, often resulting in them being labelled as socially deviant or criminal (e.g., Dube et al., 2001; Anda et al., 2007). These behavioural and emotional paths are often shaped by the intricate interplay of varying power dynamics (Johnstone & Boyle, 2018; Boyle, 2022).

Moreover, the relative powerlessness of children compared to adults makes them particularly vulnerable. Research has established a clear connection between social context, adverse childhood experiences (ACEs), and ensuing emotional and behavioural difficulties (McGee, 2021). A study by Turner et al. (2021) illustrated that female offenders experience a higher prevalence of ACEs, such as neglect and abuse, compared to their non-offending counterparts. Additionally, female offenders were more susceptible to a range of mental health challenges than male offenders. These findings are corroborated by other studies, underscoring the detrimental impact of ACEs —

encompassing emotional, sexual, and physical abuse, neglect, bullying, and poverty (McGee et al., 2018; Bloom & Covington, 2008).

Beyond childhood, a multitude of adult life experiences are profoundly correlated with emotional and behavioural challenges, encompassing criminal behaviour. For women navigating the UK CJS, these influences are of paramount importance. Encounters with poverty, unemployment, enduring sexual and domestic violence, and exposure to traumatic events like war are significant factors. Moreover, grappling with bullying, harassment, discrimination, and the stresses stemming from residing in societies marked by pronounced income inequalities, such as the UK, play a pivotal role (Rogers & Pilgrim, 2010; Wilkinson & Pickett, 2018).

While certain events may unfold sequentially, there is substantial evidence pointing to a direct link between these adversities and subsequent behavioural challenges. This underscores the crucial understanding that it is not merely an inherent inclination towards specific outcomes in these individuals, but rather, these adversities can act as the root causes of such outcomes (Bentall & Varese, 2012; Read, Johnstone & Taitimu, 2013; Pickett & Wilkinson, 2010). The common thread weaving through these adversities is the manifestation of power, a core principle highlighted by the PTMF, which is introduced in the following section (Johnstone & Boyle, 2018; Chapter 4).

1.1.4 The Power Threat Meaning Framework and its relevance to the research

The PTMF presents a nuanced, socially contextualized approach to understanding emotional and behavioural difficulties, distinguishing itself from other traditional paradigms in psychology. Rooted in the social constructionist perspective, PTMF underscores the belief that our existence is inextricably linked with the social milieu

around us (Boyle, 2022). This viewpoint finds its foundation in the works of Henriques et al. (1998) and others (Billig, 1991; Sampson, 1981; Shotter, 1993), which assert that even processes we perceive as highly personal, such as thinking, are influenced by the broader social context.

Central to PTMF is the role of power, emphasizing its impact in linking the social environment with diverse emotional and behavioural challenges. The framework also accentuates the importance of meaning-making and how our understanding of events and experiences are shaped by society (Boyle, 2022). Unlike traditional models which often conceptualize individuals as mere subjects of external forces, PTMF presents a more agency-affirming perspective. Moreover, it challenges the notion of individuals being unintentional arenas for impersonal, detrimental cause-effect dynamics (Jacobs & Cohen, 2010). Furthermore, the PTMF offers a fresh lens, emphasizing the interconnectedness of social, power, and meaning components to comprehend human experiences and distress. Its emergence marks a significant shift in the mental health landscape, advocating for a more comprehensive and contextually aware understanding of human emotional well-being and behaviour (Boyle, 2022).

The PTMF highlights that power manifests in various interconnected forms, rather than as isolated entities, illustrating the multiple channels through which power influences individuals and systems. Particularly relevant to this research topic is the realm of legal power, encompassing acts like coercion, arrest, and confinement, juxtaposed with ideological power. The latter signifies the capability to mould language, frame narratives, and shift viewpoints. This type of power allows for the establishment of group-specific stereotypes, and the interpretation and validation of personal or external behaviours and emotions. It also encompasses the authority to suppress or invalidate certain narratives.

For instance, the societal justification for legally imprisoning individuals perceived as mentally unstable or threatening stems from specific conceptualizations of madness and/or criminal behaviour. Likewise, societal rankings, such as those based on gender or ethnicity, are perpetuated by the meanings attributed to different tiers within these hierarchies. Conversely, it is easier to use the ideological power when it is combined with more tangible types of power, like the law (Boyle, 2022).

While primarily anchored in critical realism (e.g., Ussher, 1997; Yardley, 1997), the PTMF integrates a variety of concepts, highlighting the pervasiveness of power dynamics and the pivotal role of meaning and knowledge. These elements not only mould one's self-perception and personal interests but also every distinct facet of power exertion. It becomes clear that a singular perspective on power falls short of encapsulating all its nuances and psychological ramifications. Consequently, I find the PTMF harmonious with my philosophical stance. It emerges as an indispensable framework for exploring the unique experiences of women in the CJS, who face diverse power dynamics originating from various oppressive structures.

Summary

To sum up, this section introduced Intersectionality Theory and the PTMF, highlighting their significance in researching minority groups, such as women in the CJS. The subsequent section delves into the primary challenges faced by both genders in the CJS, emphasizing gender-specific vulnerabilities that especially marginalize and leave women unsupported.

1.2 Women's invisible trauma in the CJS

As briefly discussed in the introduction, women in the CJS face distinct and heightened vulnerabilities, particularly relating to unaddressed trauma and mental health issues (Forrester et al., 2020). The notable increase in self-harm incidents among female detainees, in contrast to a decrease in male facilities, highlights these unmet needs and underscores the deep-seated traumas women endure within the CJS (Ministry of Justice, 2023). The presence of unique predisposing factors such as exposure to violence, substance misuse and motherhood are further discussed in the following subsections in the hope of emphasizing the urgency for tailored support to address the often-hidden challenges faced by women in this context.

1.2.1 Historic abuse, rejection, and trauma

Studies indicate a high prevalence of trauma among women in UK prisons. A 2023 review by the National Women's Prisons Health and Social Care Review highlights that many women in prison have experienced significant trauma, including physical and sexual abuse, which has substantial impacts on their mental health. The review found that trauma and adverse life experiences are common among incarcerated females, contributing to higher rates of mental health issues compared to their male counterparts and the general population (HM Prison and Probation Service, NHS England, 2023). Further examination reveals the pervasive impact of domestic abuse and coercion by partners during adulthood, as reported by 60% of female prisoners in the UK (Vince & Evison, 2021). This type of coercion heavily influences the sense of agency in some women and contributes to their engagement in offending behaviors, underscoring the complex interplay between victimization and criminality (Hulley, 2021). The high prevalence of trauma and abuse among incarcerated women underscores a need for trauma-informed

care within the CJS, yet there remains a critical gap in implementing these approaches effectively.

Recent studies reveal a notable link between early foster care involvement and subsequent interactions with the CJS. According to data from Office for National Statistics (2022), 5% of all children (aged 10 to 17 years) in the UK have encountered the CJS, a figure that doubles for those with a history in the care system. Moreover, it was reported that 52% of children in care in the UK acquired a criminal record by the age of 24, a stark contrast to the 13% of their counterparts without care experience. This disparity is especially pronounced for girls, particularly those of Black and Mixed heritage, who face higher rates of imprisonment and a 25 times greater likelihood of immediate detention (Hunter, 2022b; ONS, 2022). By extension, early CJS interactions can establish a pattern of future encounters and stigmatization, with significant repercussions, particularly on employment opportunities for females (McAra & McVie, 2005; Unlock, 2021). These statistics not only reflect systemic biases but also indicate a cyclical pattern of disadvantage that the current system fails to break, necessitating a reevaluation of care practices and post-care support systems.

Staines et al. (2023) interviewed 17 females and 8 Youth Offending Team (YOT) members in the UK to explore the repercussions of being in the care system on delinquent behaviour among girls and to identify supportive strategies for this underserved group. The findings underscored the importance of adopting a gendered perspective to understand why girls with care backgrounds are overrepresented in the CJS. The introduction of gender-specific and trauma-informed programs by YOTs has highlighted the need to prioritize the well-being of these girls to reduce their interactions with the CJS. Despite the valuable support from YOTs, incarceration should not be the default

response for girls in care exhibiting challenging behaviours. Petrillo (2021) further emphasizes the need for a trauma-informed approach in providing support for girls within the care and justice system.

The aforementioned studies reveal the layered challenges faced by girls of different ethnic backgrounds, coupled with the experience of a 'broken' or abusive family environment. Exploring the intersectionality of their experiences is essential to fully understand the intricate challenges faced by these individuals, and to develop tailored interventions that address their distinctive needs. Corston (2007) was a pioneer in shedding light on the gendered pathways into crime for women. She emphasized the dual role of women in the CJS as both victims and offenders, necessitating gendered pathways out of crime. This calls for the incorporation of therapeutic support and community-based interventions, preferably facilitated by women-focused specialist services. However, despite such insights, there is often a disconnect between policy recommendations and actual practice, highlighting a gap that needs addressing to truly benefit this vulnerable population.

In conclusion, the synthesis of the above data illustrates the pervasive nature of trauma among women and girls involved in the CJS, particularly those serving prison sentences. The multifaceted challenges stemming from varied backgrounds necessitate a nuanced understanding and a shift towards gender-specific and trauma-aware programs. Such steps seem paramount in reducing CJS interactions and addressing the systemic issues ingrained in societal structures that perpetuate reoffending for marginalized girls and women. Nonetheless, the success of these initiatives depends heavily on sustained political will, adequate funding, and a commitment to systemic change.

1.2.2 Addressing substance misuse: a disparity in support

The link between substance abuse and mental health issues is a pressing concern in the CJS. Substance abuse often acts as a coping mechanism for mental illness or trauma among females in custody (Goodman et al., 1997; RachBeisel et al., 1999). A staggering 82% of women in prison exhibit signs of mental health and/or substance misuse problems (Hyde, 2011). Moreover, the prevalence of mental health issues among females is considerably higher in correctional settings—a stark 75%, compared to 12% in the general population (James & Glaze, 2006). Paradoxically, these women, especially those of lower-income and minority status, are less likely to receive adequate drug and mental health treatment while confined. These alarming findings underscore the intertwined challenges of mental health and substance misuse within the CJS and highlight the pressing need for providing effective support and rehabilitation to these females.

However, recent studies suggest that the methodology used in assessing mental health and substance abuse in correctional settings may overestimate prevalence due to self-report biases and inconsistent diagnostic criteria (Fazel et al., 2016). Additionally, the relationship between substance abuse and mental health is complex and bidirectional, influenced by pre-existing conditions and socio-economic factors (Kouyoumdjian et al., 2016). This complexity indicates that simplistic causal interpretations might overlook important contextual factors such as prior victimization and the criminalization of addiction (Mears et al., 2020).

These contrasting findings highlight the need for nuanced, comprehensive approaches in addressing the intertwined challenges of mental health and substance misuse within the CJS. Effective support and rehabilitation for these females must consider these

complexities, ensuring that treatment programs are evidence-based and adaptable to the diverse needs of the prison population.

The CJS presents a stark contrast in the treatment of women with drug-related issues compared to their male counterparts. Moreover, a significant 25% of female inmates are sentenced for drug-related offenses, whereas only 12% of males share a similar sentence (Carson, 2021), raising concerns about a potential gender bias in the way female offenders involved with substances are perceived compared to their male counterparts. Perhaps law enforcement agencies have different approaches when it comes to policing drug-related offenses among males and female. This disparity takes on greater significance when considering the lack of accessible comprehensive services, including re-entry transition programs, job readiness, mental health treatment, and specialized programs tailored to address the victimization experienced by minority women (McGee et al., 2018a; Bloom & Covington, 2008; McGee & Gilbert, 2010). The absence of these crucial support systems further exacerbates the challenges faced by women in the CJS, making it imperative to strive for equitable treatment and the provision of these essential services.

Strategies recommended in the literature include employing gender-specific screening and evaluation tools (Henriques, 2002) and providing holistic mental health counselling, addressing the therapeutic linkage between mental illness, substance abuse, and trauma (Bloom & Covington, 2008). Praetorius, Terry, and Burse (2017) conducted a qualitative study exploring the prevalent issues of trauma, substance misuse, and mental health concerns, which are often mischaracterized as criminal activity. The study highlighted a gap in services and an environment of revictimization within prisons, creating additional barriers to rehabilitation. The emergent themes from 132 participants' journals highlighted the potential of comprehensive prison programs that encompass substance misuse

treatment, mental health support, life skills development, and community-building initiatives.

In summary, this subsection highlights the significant disparities and challenges faced by women in prison, especially concerning substance misuse. It underscores the urgent need for holistic, gender-specific, and trauma-informed interventions to address mental health issues and reduce recidivism in this marginalized population.

1.2.3 Re-traumatization through imprisonment

One of the most distressing elements of custodial sentences for women is the loss of contact with their family and children (Crewe, Hulley & Wright, 2017). Research indicates that both mothers (Baldwin, 2021; Masson, 2019) and their children (Jones et al., 2013; Minson, 2019) face numerous challenges due to maternal imprisonment. In England and Wales alone, around 17,000 children were impacted by their mothers' incarceration in 2019 (Kincaid, Roberts & Kane, 2019). Female prisoners are significantly more likely than their male counterparts to be primary caregivers for their children. Studies indicate that approximately 60% of incarcerated women, in contrast to roughly 45% of incarcerated men, have children (Niven & Stewart, 2005). Alarmingly, as most of these women are sole caregivers, only 9% of their children stay in their family homes after maternal imprisonment (Williams, Papadopoulou & Booth, 2012). These children often grapple with grief, feelings of stigmatization, and profound isolation due to their mothers' absence (Minson, 2019).

Beresford et al. (2020) conducted a recent study to explore the effects of maternal imprisonment on children whose mothers were entangled in the CJS. Drawing from literature and in-depth discussions with 25 children and 31 affected mothers, four pivotal

insights emerged: children often feel unseen by protective systems; they experience extensive life disruptions; they grapple with stigmatization due to their mother's involvement with the law; they face significant hurdles in seeking support. This study emphasizes the urgent need for reform, concluding with suggestions for both local and national initiatives to shield children and their mothers from the detrimental impacts of imprisonment.

Women in custody often face isolation due to being held far from their hometowns. In the UK, the average distance for women is 63-100 miles, compared to 50 miles for men (Farmer, 2019). This is due to fewer suitable female prisons. As a result, organizing visits is costly and time-consuming, preventing many women from maintaining regular contact with their families and children. Vince and Evison (2021) studied 16 women serving long-term prison sentences (10+ years) and identified three main themes: lack of trauma support, issues with familial relationships and reproduction, and uncertainty about sentence progression. Women felt isolated, fearing that discussing their trauma with staff could hinder their progress. Losing contact with their children led to social withdrawal, emotional numbing, and psychological pain, impacting their wellbeing and identity. Feelings of powerlessness, hopelessness, and helplessness were also reported due to uncertainty and lack of control. These findings support diverting women from imprisonment to community sentences to better address childcare, mental health, housing, and employment needs.

As discussed in this subsection, recent feminist research has addressed the distressing topic of mother-child separations due to maternal incarceration (e.g., Chesney-Lind & Pasko, 2003; Corston, 2007; Baldwin, 2021; Masson, 2019) and it has indicated that imprisonment does not diminish a mother's desire to nurture and care for her children.

Rather, incarceration forcefully reshapes the roles and responsibilities that a mother has traditionally assumed. Despite the attention this issue has received, policy changes regarding maternal imprisonment have been minimal (Booth, 2020). This inertia could stem from societal beliefs that juxtapose femininity with criminal behaviours. More specifically, females within the CJS may be experiencing what is referred to as a ‘triple whammy’ of negative stereotyping based on their care status, CJS involvement and gender – with race and sexuality compounding it further (Baidawi et al., 2021; Hunter, 2022b). For instance, it has been argued that women have been treated more punitively than men within the CJS due to being seen as ‘doubly deviant’, transgressing both the law and the ‘laws’ of femininity (Sharpe, 2015). Consequently, the PTMF may assist in the appreciation of how various forms of power (e.g., legal, ideological) may interact and impact on their distress levels, behaviors, and experiences of therapy within the CJS (Boyle, 2022).

Summary

This section outlined the unique challenges women face in the UK CJS, which is primarily designed for men (Messina & Esparza, 2022; Simkins & Katz, 2002). These challenges include unaddressed mental health issues, socioeconomic vulnerabilities, and lack of consideration for individual circumstances like motherhood when sentencing. The next section reviews therapeutic interventions in the CJS, evaluating their efficacy in supporting individuals and reducing reoffending rates, with a focus on qualitative studies exploring women's experiences of support.

1.3 Psychotherapeutic interventions in the CJS

To adequately address the needs of women in the CJS, it is crucial to evaluate the effectiveness of existing support systems and psychological interventions. The upcoming

sections will explore both historical and modern therapeutic approaches in the CJS, review research on the effectiveness of these interventions in curbing reoffending and emphasize the importance of community support and continuity of care post-release. Drawing from several qualitative studies on women's experiences in the CJS, this section aims on demonstrating the potential value of this research in contributing to existing gaps in the literature.

1.3.1 Historic and contemporary therapeutic approaches

Several therapeutic interventions aim to reduce recidivism while enhancing offenders' psychosocial wellbeing (e.g., Bonta, Pang, & Wallace-Capretta, 1995; Tripodi et al., 2011). Two commonly employed approaches are the 'risk-reduction' and 'enhancement' model. The 'risk-reduction' model targets factors like substance misuse, also known to contribute to female offending (Peugh & Belenko, 1999; Dowden & Brown, 2002), and is often applied through approaches such as cognitive-behavioural therapy (CBT) within secure units (Hall et al., 2004; Pelissier, Motivans, & Rounds-Bryant, 2005). Conversely, the 'enhancement' model focuses on improving psychosocial health by tackling issues like trauma and physical risk, including HIV education, with the intention of influencing future behaviours (Schram & Morash, 2002; Sorbello et al., 2002). A systematic review by Tripodi et al. (2011) on the effectiveness of the two models indicated that women who received substance misuse support in prison were less likely to reoffend than women who did not receive such support. Nonetheless, the efficacy of other interventions under the 'enhancement' model, such as parenting skills, yielded mixed results.

While these models show promise, some critiques suggest that they often fail to address the broader systemic and socio-economic factors contributing to criminal behaviour (Hollin, 2008). For instance, interventions focused on individual behaviour modification

may overlook the impact of structural inequalities, such as poverty and lack of education, which can limit the effectiveness of these programs in achieving long-term reductions in recidivism.

Furthermore, Peters et al. (2017) conducted a systematic review on evidence-based treatment approaches for individuals with co-occurring challenges in the CJS. Their findings highlighted three primary therapeutic approaches. The Integrated Dual Disorders Treatment (IDDT) approach, which merges mental health and substance misuse treatments. Unlike more conventional models, IDDT uses an integrated method with a unified team addressing co-occurring challenges, which is considered to improve outcomes by tackling ‘criminal’ thought processes (Chandler, Fletcher & Volkow, 2009; Horsfall, 2009; Peters et al., 2012; Lurigio, 2011). The Risk-Need-Responsivity (RNR) model directs resources towards high-risk offenders, suggesting that service intensity should match recidivism risks (Bonta & Andrews, 2007; McMurrin, 2009; Andrews & Bonta, 2010). Finally, CBT was also found effective in supporting individuals with co-occurring mental health issues. Within the CJS, CBT has primarily focused on the relationship between ‘harmful’ thoughts and ‘troubling’ behaviour, encompassing skills development and cognitive restructuring to counteract criminal behaviour triggers (Lipsey, Landenberger & Wilson, 2007; Peters et al., 2017).

Despite their efficacy, these approaches have limitations. The integrated and intensive nature of IDDT, requires substantial coordination and resources, which are often unavailable in under-resourced prison environments. Maintaining fidelity to the IDDT model in such settings is challenging and necessitates continuous quality improvement processes to achieve optimal outcomes, including the use of multidisciplinary teams and comprehensive service access (OCEACT, 2024). The RNR model, while effective in

theory, can sometimes lead to overclassification of risks and underestimation of individual potential for change (Andrews, Bonta & Wormith, 2024).

More recent UK policy changes enabled the integration of more contemporary psychodynamic approaches to treatment, in women's prisons. In 2007, Corston advocated for tailored approaches to achieve equal outcomes for women. These shifts allowed some community mental health teams (CMHTs) to operate within prisons, treating the prison environment as their community. This diverged from the conventional visiting therapist model, where psychotherapists were supplemental to an existing system (Hinshelwood, 1993), and from the institution-wide approach that focused on specific treatments for targeted groups. Moreover, such approaches operate on the belief that an offender's crime has a significant, often unconscious, meaning (Cordess & Williams, 1996; McGauley, 1997) that needs to be understood. Blumenthal (2010) argued that a psychodynamic approach should continually consider the offense during therapy as it is equated to a symptom requiring comprehension. Despite these treatment advancements occurring within prison settings, challenges arise. For instance, women usually enter prison soon after their offence, yet often start therapy much later, after their mental defences related to the offence have evolved (McGauley & Bartlett, 2015).

Probation officers and social workers play a crucial role in supporting women within the UK CJS. Probation officers are responsible for supervising offenders in the community, ensuring compliance with court orders, and facilitating access to support services such as housing, employment, and mental health care. They work closely with social workers, who provide additional support by addressing underlying social issues that may contribute to offending, such as family relationships, substance misuse, and mental health concerns (HM Inspectorate of Probation, 2021). Together, they help create a

comprehensive support network aimed at reducing reoffending and aiding rehabilitation. The effectiveness of their support is often contingent on adequate resources, training, and inter-agency collaboration. Despite these efforts, challenges remain, particularly in addressing the specific needs of women and ensuring continuity of care post-release (Williams & Bath, 2018).

While probation officers and social workers are pivotal in providing ongoing support, there are critiques regarding their capacity to meet the complex needs of female offenders. Limited funding, high caseloads, and bureaucratic constraints often impede their ability to deliver personalized and effective support (Barry, 2021). Additionally, the effectiveness of these roles can be compromised by systemic issues such as lack of inter-agency communication and inconsistent application of policies (Justice Inspectorates, 2023) (Robinson & McNeill, 2008).

Drawing from the above studies it appears that most interventions in the CJS target individual-specific issues, like substance misuse, often overlooking broader socioeconomic influences that might have predisposed certain individuals to offending. Modern psychodynamic methods represent promising advancements as they seek to understand 'troubling' behaviour by placing the 'offence' in context. However, delivering these interventions within prison settings can pose challenges to effectively addressing trauma amid the prison's social dynamics (McGauley & Bartlett, 2015). The subsequent section introduces research on the efficacy of therapeutic interventions in reducing reoffending, both in prison and in the community, with an emphasis on the importance of continuity of care upon release from prison to the community.

1.3.2 Reoffending rates: prison vs community support

Given that many individuals in the CJS are likely to reoffend (Yukhnenko, Sridhar & Fazel, 2019), much of the current research centres on the efficacy of interventions to mitigate this risk. For instance, Papalia et al. (2020) conducted a meta-analysis to investigate whether psychological interventions, delivered to individuals with a history of offending in secure settings (86% males), were associated with changes in dynamic risk factors. Results from 22 studies yielded a small to moderate treatment effect in reducing anger and improving social skills and problem solving, factors thought to mediate offending behaviour. Although the results were promising, there were few high-quality outcome studies, limited information regarding how changes in risk factors actually impact recidivism rates and most participants were males. This gender imbalance raises questions about the applicability of these findings to female offenders, who may have different pathways to criminal behaviour and rehabilitation needs.

In a more targeted review, Bartlett et al. (2015) delved into the mental health progress of female offenders, post-therapy. Their review, which focused on depression, trauma symptoms, and general mental health, suggested the potency of interventions, particularly those addressing trauma and associated substance misuse. Notwithstanding, the evidence was constrained by small sample sizes and an emphasis on US prison demographics. Still, compared to earlier narrative reviews, Bartlett's work offers a broader global understanding. Conducted by a diverse team of clinicians and non-clinicians, the review provides a more holistic outlook on mental health advancements post-therapy for female offenders. However, the reliance on US-based data may limit the generalizability of these findings to other contexts, such as the UK, where prison systems and support structures differ significantly.

A more longitudinal study by Prendergast et al. (2004) investigated the effectiveness of prison-based treatment over a 5-year period. A sample of 715 participants in custody were randomly assigned to either treatment or no-treatment and were subsequently contacted by researchers five years post-release. Findings indicated that treatment groups showed significantly lower rates of recidivism compared to controls. Interestingly, that relationship was mediated by age and post-release community support. Specifically, aftercare support in the community was associated with a reduction in reincarceration, longer periods to reincarceration, and improved levels of employment. These findings underscore the critical role of community support in sustaining the benefits of prison-based interventions. However, the study's focus on a single treatment model and its lack of consideration for gender-specific needs limit its broader applicability.

Similar findings were observed in Sacks, McKendrick, and Hamilton (2012)'s study, which investigated the usefulness of community and prison-based therapeutic interventions for 468 female offenders experiencing substance misuse difficulties. Results suggested that although gender-sensitive prison interventions were helpful, community interventions were more effective in reducing substance misuse, exposure to trauma, and likelihood of reoffence one year post-release. Improved mental health functioning was also observed following community interventions. Despite these positive outcomes, the study did not explore long-term effects beyond one year, leaving questions about the sustainability of these interventions unanswered.

More recently, Beaudry, Yu, Perry and Fazel (2021) conducted a meta-analysis of 29 randomised control trials (RCTs) (11.7% females, 85.9% males, 2.4% unknown) to investigate the effectiveness of prison-based psychological interventions in reducing reoffending. Findings from all 29 RCTs showed an association between psychological

interventions and reduced reoffending rates, however, when smaller studies were excluded ($n < 50$ participants in the experimental group), this relationship was insignificant. A sub-analysis of specific studies showed that therapeutic interventions in the community were associated with lower rates of recidivism. Also, certain gender specific interventions were found more effective in reducing recidivism compared to non-gender specific ones. Overall, the study points to the importance of therapeutic interventions that ensure continuity of care in community settings, one reason being that prison-based psychological interventions do not address risk factors such as accommodation, employment and financial difficulties that can increase reoffending post release (Hirschtritt & Binder, 2017). Two systematic reviews (Auty, Cope & Liebling, 2017; Perry et al., 2019) further supported the role of therapeutic communities on reducing recidivism. Again, only a small percentage of participants were females, therefore, generalisations should be made with caution. To conclude, Beaudry et al., (2021) argued that the lack of continuity of care in the community may be undermining the effectiveness of prison-based interventions.

While these studies have attempted to quantify the effectiveness of psychological interventions in reducing reoffending rates (e.g., Beaudry et al., 2021; Prendergast et al., 2004), there is a need for more rigorous research that includes diverse populations and considers long-term outcomes. This has been helpful in illustrating positive and negative ‘associations’ between different types of interventions (i.e., prison-based, community-based) and reoffending rates. However, little is still known about why and how certain interventions are effective or ineffective from the unique perspective of the service user. Additionally, there is a need to consider the broader socio-economic factors and systemic barriers that influence reoffending, which are often overlooked in individual-focused studies. The next subsection involves a collection of a few qualitative studies that focus

on women's unique experiences post-imprisonment, as well as a study on the significance of community-based psychotherapy in the context of the CJS.

1.3.3 Post-prison reintegration: women's experiences and therapeutic insights

Community reintegration for individuals post-prison encompasses various simultaneous changes: cultivating positive social networks, abstaining from drugs, acquiring job skills, distancing from old drug-associated environments and peers, recognizing the importance of community-based treatment, and committing to a constructive community role (Cobbina, 2010; Adams et al., 2011; Graffam et al., 2004; O'Brien, 2001; Serin & Lloyd, 2009). With limited finances and the ever-present threat of parole violations, these myriad responsibilities can often set women on a path to failure (Richie, 2001). This multi-faceted approach is essential but often hampered by systemic inadequacies and societal biases that fail to provide a conducive environment for successful reintegration.

Drawing from qualitative interviews with 31 women previously incarcerated in Canadian prisons, a framework for reintegration readiness emerged. Interviews shed light on both personal and environmental factors that aided or hindered re-adaptation into society post-release. Notably, unresolved trauma and addictions stood out as significant hindrances to women's reintegration. While addressing personal issues is critical, the broader societal context, including persistent stigmatization and limited access to supportive services, plays a crucial role in either facilitating or impeding successful reintegration (Doherty et al., 2014).

Addressing personal issues, coupled with adjusting to the broader societal context, was crucial for enhancing readiness for reintegration. However, systemic barriers such as inadequate access to mental health care, housing instability, and employment

discrimination exacerbate the challenges faced by these women. What evolved as pivotal for the transition was the evolution of self-identity, moving from seeing oneself as an offender to an 'ordinary citizen'. The incarceration experience, marked by stigmatization and a decline in self-esteem, can solidify one's identity as a prisoner or drug user. Consequently, restructuring this sense of self was fundamental to successful re-entry into society (Doherty et al., 2014).

Moreover, the lack of gender-responsive post-release programs often leaves women ill-equipped to deal with the unique challenges they face. While some interventions focus on skill acquisition and employment readiness, they often neglect the deeper, gender-specific traumas and social reintegration needs. This gap indicates a pressing need for comprehensive, gender-sensitive reintegration programs that address not only the practical aspects of reentry but also the emotional and psychological needs of women (Berman & Dar, 2013).

Clinicians can gain valuable insights from Terrill and Chowdhury's (2020) holistic model, which emphasizes the collaborative efforts of various stakeholders, including former prisoners, their families, and professionals from different sectors. Originally focused on men, this model can be effectively adapted to meet the specific needs of women in the CJS. It highlights the necessity of personalizing therapy to address the unique challenges faced by women, such as gender-specific vulnerabilities like motherhood and the additional complexities of belonging to minority groups. This model is particularly significant for its emphasis on culturally sensitive resources and interventions, advocating for comprehensive support systems that are tailored to the diverse needs of individuals. It goes beyond addressing specific ethnic categories, focusing instead on fostering positive internal narratives and addressing individual needs beyond just risk factors. The model,

structured around Maslow's Hierarchy of Needs, identifies incremental needs ranging from basic physiological well-being to higher levels. This structured approach is aimed at promoting long-term well-being, skill development, and successful community reintegration, thereby potentially enhancing outcomes for women transitioning from prison.

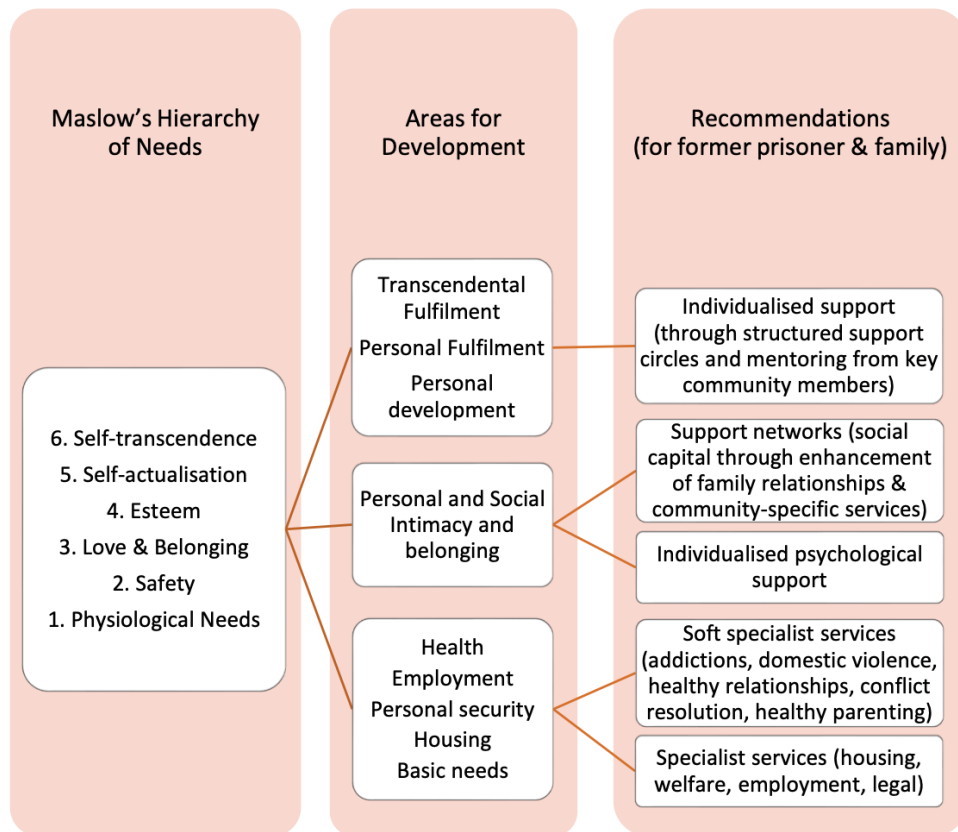


Figure 2: Terrill and Chowdhury's (2020) collaborative model of holistic support within policy and practice.

Furthermore, the CJS's tendency to prioritize surveillance over support, especially through mechanisms such as parole and probation, often hinders rather than helps reintegration efforts. The constant threat of re-incarceration for minor parole violations creates an environment of fear and instability, which can undermine efforts to establish a new, law-abiding identity (Haney, 2018). Effective reintegration requires a shift from

punitive to supportive measures, emphasizing rehabilitation and community support over surveillance and control.

While personal resilience and adaptive strategies are essential for post-prison reintegration, the broader societal and systemic context plays a critical role in shaping outcomes. Without addressing the structural barriers and providing comprehensive, gender-sensitive support, the risk of recidivism remains high. It is imperative that future policies and programs adopt a holistic approach, recognizing the interplay between individual efforts and systemic factors in the reintegration process.

Furthermore, a recent qualitative study by Baldwin (2021) investigated the experience of maternal imprisonment in the UK by interviewing and collecting letters from 43 mothers during and after prison. The study powerfully demonstrated the lost opportunities for support prior to imprisonment and before criminalisation, with many of these missed opportunities tracing back to the women's own childhoods. Testimonies highlighted the continuation of these lost opportunities to support motherhood during and after imprisonment through examples of how imprisonment impacted their mental health and that of their children. The study emphasized how the CJS is largely designed for men, failing to embrace motherhood as a motivating and rehabilitating factor. This highlights a significant oversight in the system's approach to female offenders, often neglecting the unique and critical aspects of motherhood in the rehabilitation process.

Additionally, Baldwin stressed the importance of tailoring interventions to the unique needs of female offenders to improve their lives and break the cycle of re-traumatisation and reoffending. However, the study also suggests that the systemic issues within the CJS

may limit the effectiveness of even well-intentioned reforms if they do not address the underlying gender biases.

In another qualitative study, Yakeley and Wood (2011) conducted semi-structured interviews to address participants' experiences of community-based psychotherapy. Participants (8 males, 2 females) had experienced problems with violence, criminality, and compulsive sexual behaviour and were either undergoing one-to-one or group therapy. They were either currently in treatment or had recently completed therapy and had had a minimum of two years of psychotherapy at the Portman Clinic. The study used a 15-item interview schedule aimed at eliciting views on various aspects: experiences before referral; experiences of assessment and initiation of therapy; changes during therapy; perceptions of the underlying mechanisms of change; and how they experienced the therapist. Results from a thematic analysis demonstrated the importance of trust and acceptance within the therapeutic relationship and changes in how one perceived the self, interpersonal functioning, and unhealthy behavioural patterns. While the study underscores the effectiveness of community-based psychotherapy in addressing deep-seated behavioural issues, it also highlights the challenges of ensuring long-term engagement in therapy, especially given the complex needs and often unstable lives of people involved in the CJS.

1.4 Rationale for exploring women's experiences of psychotherapy in the community and research questions

Existing literature has indicated that women in the CJS have gender-specific, complex needs, which are unmet and can result in systemic problems (e.g., childcare difficulties) (e.g., Baldwin, 2021). Within the majority of male dominated, quantitative studies, few qualitative studies have attempted to explore the experiences of women in prison in order

to better understand their needs (Vince & Evison, 2021; Baldwin, 2021). Despite existing evidence demonstrating the importance of community support in reducing reoffending rates (Beaudry et al., 2021; Prendergast et al., 2004; Doherty et al., 2014), there is a gap in the literature regarding the lived experience of women in the CJS having psychotherapy in the community. To my knowledge, one qualitative study (Yakely & Wood, 2011) explored the experiences of men and women in the CJS, who were having psychotherapy in the community. However, only two of the participants were females, therefore, little can be inferred about women's experiences of psychotherapy within the context of the CJS. Also, most participants had committed violent crimes, contrary to the majority of female offenders who tend to commit non-violent crimes (Ministry of Justice, 2020). Another important consideration would be that participants were purposely selected to take part in the study if thought to have benefited from therapy after two years of engagement, leading to selection bias. This means that little can be inferred about the experiences of individuals who did not engage well or were thought not to have benefited from psychotherapy in the community. Based on the aforementioned it appears that there is a gap in the literature.

Recent advances have underscored the significance of acknowledging the uniqueness and understanding individuals' in-depth experiences in relation to the sociocultural context. Consequently, this study calls for a research approach that honours and emphasizes women's subjective experiences of therapy, within the broader context of the CJS. IPA stands out as this kind of methodology because it prioritizes the interpretation of experiences and individual perspectives, allowing participants to articulate their distinct stories (Smith et al, 2021). Hence, an IPA study is suggested to address the subsequent research questions:

- How do women, involved in the CJS, experience psychotherapy in the community?
- What does psychotherapeutic support in the community mean for women in the CJS?

CHAPTER TWO

METHODOLOGY

Overview

The following chapter provides a rationale for the methodological choices employed to address the following questions:

1. How do women, involved in the CJS, experience psychotherapy in the community?
2. What does psychotherapeutic support in the community mean for women in the CJS?

This chapter will outline the ontological and epistemological position of the research as well as the theoretical underpinnings of the chosen methodology; Interpretative Phenomenological Analysis (IPA). Details around procedural aspects will also be provided. Namely, information about the participants, how data was collected and the analysis approach. Finally, the chapter will end with a discussion on how to assess the quality of qualitative research as well as ethical considerations. To promote transparency, step by step personal reflections on the process of undertaking an IPA study are incorporated in the appendices (see Appendix J).

2.1 Ontology and Epistemology

Ontology has been defined as ‘the nature of reality’ (Ponterroto, 2005) and can be conceptualised in a continuum from realism to relativism. Realism apprehends reality or truth as objective, knowable and independent of the individual (Cohen et al., 2018). On the opposite end of the spectrum, relativism describes reality as subjective i.e., that individuals make sense of their world through their own lived experiences (Robson & McCartan, 2016).

Epistemology refers to how one acquires an understanding of reality i.e., how knowledge is obtained (Heaviside, 2017). Ponteroto (2005) argues that researchers adhere to different research paradigms. By research paradigm he refers to a “set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organized study of that world” (Filstead, 1979, p. 34). These assumptions are about the nature of reality (ontology) and the acquisition of knowledge (epistemology) and thus can inform the process and procedure of a research study (methodology).

To conduct meaningful research, it is important to acknowledge the researcher’s worldview so that the reader can better understand why the research was conducted in certain ways. It also provides insight as to why the researcher may have reached specific conclusions in their research (Heaviside, 2017). As a CoP researcher aiming to conduct reflective and meaningful research, I will attempt to describe my own epistemological position and how it relates to my proposed study in the section below.

2.1.1 Constructivism and Relativism

Psychology research has been largely dominated by quantitative studies whose methods are anchored within positivist and post-positivist paradigms (Morrow & Smith, 2000; Rennie, 2002); this is also reflected in the above literature review, where most discussed studies within the CJS are quantitative. Positivist paradigms are based on philosophical realism and the use of hypothetico-deductive methods (Cacioppo, Semin, & Berntson, 2004; McGrath & Johnson, 2003). This means that a priori hypotheses, tested in controlled experiments, are converted into quantifiable statistical data in order to express functional relationships (Guba & Lincoln, 1994). Therefore, the ontological premise

underpinning quantitative methods is that a single reality exists which can be observed and objectively measured (realism) (Willig, 2017).

On the contrary, a qualitative approach to research attempts to explore the experiences of participants in context specific settings (Denzin & Lincoln, 2000b). Qualitative research exists within a philosophical spectrum ranging from realism to relativism. For this research, a constructivist stance is assumed as an epistemological position. Constructivism is grounded in the idea that someone's understanding of a phenomenon derives from their life experiences, which in turn affects the meaning they ascribe to it (Ponterroto, 2005; Creswell, 2009). Moreover, individuals make sense of the world through interactions between their existing beliefs and experiences (Ültanir, 2012). Therefore, research rooted within constructivism aims to understand unique, subjective experiences of participants rather than generate universal laws (Cohen et al., 2018). As a researcher embracing a constructivist stance, a relativist ontological position was also adopted. Relativism assumes that there are "multiple apprehendable and equally valid realities" (Schwandt, 1994) rather than a single objective truth. In the current research, the idea is that the researcher and the participant are jointly co-constructing meaning through interactive dialogue and interpretation.

Adopting a constructivist view was important for addressing the research questions as the purpose was to understand how women involved in the CJS experience psychotherapy. Furthermore, the research aimed to explore the phenomenon of psychotherapeutic support and its meaning as it is experienced and perceived by women who have been involved in the CJS. By acknowledging the other person as a unique, complex entity there is a shift from the nomothetic intake to research observed in quantitative approaches to a more idiographic approach (Ponterroto, 2005; Willig, 2017). Regarding relativism,

participants, the researcher and the reader all have their own perception of what it means to be a woman in the CJS having psychotherapy based on their own unique experiences and beliefs. Therefore, the research questions invite an exploration of multiple realities of all those involved in the research.

2.2 Overview of Interpretative Phenomenological Analysis (IPA)

To conduct meaningful research, it is important that the chosen methodology aligns with the epistemological and ontological positions of the research. For this research, the chosen method of analysis is IPA. The following section involves an introduction to IPA and its theoretical foundations as well as an explanation of how IPA corresponds to the researcher's epistemological and ontological stance.

2.2.1 Introduction to IPA

IPA is a qualitative approach to research, committed to examining how people make sense of significant life experiences (Smith, Flowers & Larkin, 2021). IPA research is conducted on small, homogeneous samples as the aim is to get a detailed account of the experience of each participant. Contrary to hypothetico-deductive approaches, IPA is inductive in nature hence there are no predefined tested hypotheses (Reid et al., 2005).

The fundamental goal of IPA is to understand the topic of study from the unique perspective of the individual. Moreover, it aims to understand an individual's experience of a 'phenomenon' (e.g., event, relationship, process) and how they make sense of it instead of exploring the phenomenon itself (Eatough & Smith, 2017). This offers the researcher an 'insider perspective' to interpret and situate within a context (Reid et al., 2005, p. 22).

Historically, IPA was developed as a distinct qualitative approach to research in the mid 1990s. A key incentive for developing IPA was the enunciation of a research approach which situates itself within psychology and takes into account the profession's historical lineage regarding qualitative research (Eatough & Smith, 2017). The idea was that IPA could capture both the experiential and the qualitative and hence revive a more pluralistic psychology. It is rooted within the philosophy of phenomenology, hermeneutics, and idiography and is predominantly concerned with personal accounts and subjective experience (Smith et al., 2021).

The rationale for preferring IPA for this research is that it is intended to explore the experiences of women having psychotherapy in the community, situated within the CJS. There is limited qualitative research in that area, hence an exploratory approach seemed most appropriate. IPA places women's voices at the centre of the research by conceptualising them as the experts (Williams, 2004; Kaur & Nagaich, 2019). Furthermore, IPA aligns well with the epistemological and ontological positions of this research. Through an in-depth exploration and interpretation of women's experiences in this way, it enabled a constructivist approach i.e., that participant's experiences of psychotherapy are influenced by their own previous lived-experiences and the context of the CJS. This also advocates relativism by acknowledging a subjective stance towards reality through describing, 'bracketing' and reflecting on the researcher's own values and how these impact on interpretation (Ponterotto, 2005; Smith, Flowers & Larkin, 2021).

In the initial stages of research design, the researcher evaluated alternative methodologies to ensure alignment with the research aim and the researcher's epistemological stance. One of the methodologies under consideration was Narrative Analysis, as it was perceived to be compatible with the chosen epistemological standpoint and had the potential to

amplify the voices of marginalized groups, which was highly relevant to the study. However, upon closer examination, it became evident that Narrative Analysis might have led to a shift in the study's focus, primarily emphasizing storytelling and potentially overshadowing the primary objective: gaining a profound and nuanced understanding of the psychotherapy experience within the intricate web of the CJS.

Additionally, Discourse Analysis was also under consideration. Still, it predominantly accentuates the role of language in shaping social constructs. In contrast, the research aimed to explore not only how participants constructed their understanding of this experience but also how they interacted with the broader environmental context of the CJS. This holistic perspective was pivotal to comprehending the intricacies of their psychotherapy experiences.

Therefore, while alternative methodologies were considered thoughtfully and with due regard to their respective strengths, the final selection of IPA was grounded in its alignment with the research aim and its capacity to unearth the layers of meaning and emotions associated with the psychotherapy experiences of women within the unique milieu of the CJS. IPA emerged as the most fitting choice to delve deep into these multifaceted experiences while preserving the study's overarching objectives and contextual intricacies.

2.2.2 Theoretical Underpinnings of IPA

To better understand the appropriateness of IPA for the current research, greater emphasis will now be given to the theoretical underpinnings of this approach. IPA is rooted within three philosophical constructs: phenomenology, hermeneutics, idiography.

Phenomenology

Phenomenological philosophy aims to connect abstract speculation with concrete living experiences (Moran, 2002). Despite differences, phenomenologists share a fundamental interest in the human experience. This is valuable for psychologists seeking to understand lived experiences (Smith et al., 2021).

Husserl advocated for a shift to a phenomenological attitude, describing the world through consciousness, free from biases and assumptions, to grasp the essence of phenomena (Langdrige, 2007). Smith et al. (2021) emphasized reflexivity and attention to all aspects of experience, focusing on perception rather than objects themselves.

IPA also relates to Heidegger's concept of Dasein, or 'Being-in-the-world,' which rejects dualism and views individuals as socio-historically bound (Spinelli, 1989; Heidegger, 1962/2004). Heidegger argued that bracketing oneself from the world is impossible due to this immersion (Smith et al., 2021). Merleau-Ponty (1945/2004) and Sartre further emphasized our inextricable link to the world.

Phenomenology, influenced by these key figures, sees individuals as part of a socio-historical world shaped by culture, language, and time. IPA research focuses on participants' experiences and the meaning they derive, rather than the structure of the phenomenon itself (Smith et al., 2021). This study explores women's personal accounts within the CJS and their perceptions of community-based psychotherapy.

Hermeneutics

Hermeneutics, the second philosophical foundation of IPA, is the theory of interpretation. Hermeneutic theorists like Schleiermacher, Heidegger, and Gadamer focused on

interpretation methods, drives, and the role of context in meaning-making (Smith et al., 2021).

Schleiermacher differentiated between grammatical (textual meaning) and psychological (speaker's uniqueness) interpretation. He viewed interpretation as a holistic art requiring multiple skills, including intuition, allowing analysts to offer unique perspectives (Smith et al., 2021).

Heidegger posited that phenomena have both visible and hidden meanings and that analysts bring their own biases and experiences ('fore-conceptions') to the interpretation process. While he acknowledged that bracketing these preconceptions is only partially achievable, he emphasized their influence on interpretation (Heidegger, 1926/2004; Smith et al., 2021).

Gadamer expanded these ideas, highlighting the dynamic relationship between the interpreter and the interpreted. He suggested that understanding a text involves a dialogue between preconceptions and new information, where the analyst's biases can influence and be influenced by their interpretations (Gadamer, 1989/2004; Smith et al., 2021).

The hermeneutic circle, another key concept, describes the relationship between the parts and the whole: understanding any part requires reference to the whole, and vice versa. This principle is crucial in IPA, encouraging a dynamic, non-linear approach to data analysis (Smith et al., 2021; Willig & Stainton-Rogers, 2017).

Idiography

Most research in psychology is ‘nomothetic’, meaning that the end goal is to establish general laws about human behaviour. IPA’s third theoretical underpinning is idiography. Idiography emphasises on the particular. Within IPA research this typically translates into a small sample size and a detailed, in-depth analysis of particular phenomena from the perspective of the participants, situated within a specific context (Smith et al., 2021). Therefore, to answer the research questions in an idiographic manner, a small number of women was needed to allow for a thorough and systematic analysis of each interview.

2.2.3 Theoretical underpinnings of IPA within this research

The current research embraced a phenomenological and idiographic approach to exploring the lived experiences of women having psychotherapy in the community, within the context of the CJS. This topic involves a description of experience that encompasses a complex interplay between the personal, the environment, relationships and the wider sociocultural context; hence, consideration of phenomenological constructs was imperative. The UK CJS is multifaceted as a ‘whole’. Applying the principles of IPA and the concept of the hermeneutic circle, this research attempts to understand ‘parts’ of the CJS by exploring the experiences of women undergoing psychotherapy in the community as part of their rehabilitation.

2.2.4 Critique of IPA

Willig (2013) has outlined certain practical and conceptual limitations of IPA. Moreover, phenomenological analysis relies upon text (e.g., interviews, diaries, descriptions), hence language represents the way in which participants attempt to communicate their experience. Such data collection methods assume that language is a sufficient tool to capture the totality of an experience. In other words, Willig argued that

“phenomenological analysis relies upon the representational validity of language” (Willig, 2013, p.94). The words used to describe an experience, construct a version of that experience. Therefore, it could be assumed that an interview transcript discloses more about the way an individual talks about an experience rather than about the experience itself (Willig, 2013).

To address this critique, IPA researchers are encouraged to ask probing questions that elicit participants’ detailed responses to stay as close to the actual experience as possible (Starks & Trinidad, 2007). They also strive to remain curious and bracket off preconceptions regarding perceived understanding during interviews.

Additionally, Willig raised concerns around the suitability of participants’ accounts of an experience. More specifically, IPA aims on capturing experiences and meanings of a phenomenon rather than individuals’ opinions of the phenomenon. The question is how able are participants to describe their experiences and to what extent their accounts constitute rich enough data for a phenomenological analysis (Willig, 2013)? With regards to this research, it was assumed that because participants will have engaged in talking therapy for a period of time, they would be able to articulate their experiences. As Smith et al. (2021) emphasised, it is also the researcher’s role to interpret participants’ accounts and form an understanding of the phenomenon of study.

A third point made by Willig was that phenomenological research “describes and documents the lived experience of participants but it does not attempt to explain it” (Willig, 2013, p. 95). She argued that focusing solely on appearances (description), without regarding causes or origins (explanation) sets a limit to our understanding of a phenomenon. She also claimed that phenomenological research focuses on the personal

(i.e., an individual's perception of the world) and thus cannot make assertions about the world itself.

In response to this third critique, Smith et al. (2021) argued that the interpretative nature of IPA rooted in the hermeneutic circle enables researchers to explore an experience with much more detail than how it is usually presented by the participant, which may include exploring the cause.

2.3 Participants

2.3.1 Purposive sampling and Homogeneity

IPA is fundamentally concerned with the in-depth understanding of specific phenomena. As such, IPA studies typically employ small, purposive, and 'fairly homogeneous' samples (Smith et al., 2021). For this research, a purposive sampling method was adopted to align with IPA, the research questions, and the epistemological and ontological positions underpinning the study.

Smith et al. (2009, p. 51) proposed that theoretical transferability of findings might be achievable through the homogeneity of the sample coupled with a "rich, transparent and contextualised analysis" of participants' accounts. The concept of homogeneity, however, can vary across studies. Smith et al. (2021) noted that when dealing with a large potential study population (e.g., public opinions on a new president), it is necessary to consider multiple demographic factors (e.g., women aged 18-21 from Newcastle). Conversely, when the total population is small, such as in this study—focusing on women involved in the UK CJS for low-level/non-violent offences, who have undergone psychotherapy in the community—it is feasible to be selective about which factors to prioritize for homogeneity.

2.3.2 Inclusion and exclusion criteria

The inclusion and exclusion criteria were shaped by the small study population and existing literature, which indicates that women involved in the CJS are considered a "hard-to-reach group." This is because they face unique challenges like stigma, mental health issues, and socio-economic barriers that can hinder their participation in research or access to support services (Penal Reform International, 2021; Heriot-Watt University, 2024). Moreover, participants were chosen primarily based on their ability to provide meaningful insights into the phenomenon under investigation: women's lived experiences of psychotherapy within the context of the UK CJS. Age was not considered a critical factor for demographic homogeneity; therefore, adult women aged 18-65 years were included in the study. However, all eight participants who consented to be interviewed were between 30 and 45 years old.

All participants were involved in the UK CJS through either a custodial or community sentence for a non-violent/low-level crime, consistent with the majority of women in the UK CJS (Ministry of Justice, 2020). Of the five women included in the study, four had been incarcerated, and one had served a community sentence.

To ensure participants could give a rich and in-depth account of what it means to have psychotherapy within the CJS, certain inclusion and exclusion criteria were also outlined around the minimum number of therapy sessions required to assume suitability of accounts. Research has suggested that definitions around the 'optimal' number of therapy sessions needed varied depending on the setting and complexity of the presenting problem (Robinson et al., 2020). However, a classic study comparing treatment lengths indicated that no advantage was observed in clients who had completed 16 sessions of psychotherapy compared to those who had completed no more than 8 (Sapiro et al., 1994).

Therefore, participants who had completed 8 psychotherapy sessions or more were thought to be suitable to provide insight on the phenomenon being studied and were included in the research. Ultimately, all participants had undergone more than six months and up to one year of therapy in the community.

To enhance homogeneity, all participants were recruited from the same two charitable organizations and had received psychodynamic therapy from two different psychotherapists. Both organizations offered up to one year of free psychodynamic psychotherapy sessions to clients.

Despite these measures, several factors contributed to the lack of complete homogeneity within the sample. Firstly, the time elapsed since participants completed their therapy varied. Interviews were conducted from the end of 2022 to the beginning of 2023, with one participant having completed therapy in 2019. The remaining four participants had either completed therapy few months prior to the interview or were nearing completion during the interview process. This temporal variability could have influenced participants' recollections of their therapy experiences, potentially impacting the study's findings.

Moreover, factors such as ethnicity and sexuality were not included as criteria for inclusion or exclusion. For two participants were of African origin and English was not their first language. This could have impacted their experience of therapy and the depth in which they were able to verbally describe such experiences. Nonetheless, they had had therapy in English. In addition, two participants identified as gay and three as heterosexual introducing further nuance to the sample. While the primary focus was on capturing the essence of women's experiences of psychotherapy within the CJS, these

demographic variables may have influenced the findings in ways that were not accounted for in the study design.

In conclusion, while the sample was purposively selected to achieve a level of homogeneity suitable for IPA (Smith et al., 2021), the inherent variability among participants presents limitations. These aspects will be explored in greater depth in the discussion section, providing a critical evaluation of their potential impact on the study's outcomes.

2.3.3 Introduction to participants

Participant information is presented below. In total, 8 women consented to be interviewed for the research, however, one participant withdrew her consent following the interview, another changed her mind before the interview and a third did not meet the inclusion criteria. Overall, five participants were included in the study. This sample size is aligned with Smith et al.'s (2021) guidance, who suggest that the optimal number of participants for doctoral research is between 4 and 10. All participants were recruited from two charities offering free support to women involved in the UK CJS, located in Greater London. Participants were given a pseudonym at interview to protect their anonymity.

1. Natalia is a Black female in her mid 30s who has been involved in the CJS for 5 years through a community sentence because of a fraudulent document. She had psychotherapy from November 2021 to April 2022.
2. Eva is a Black female in her late 30s who was involved in the CJS from 2012 until 2019 because of immigration related issues. Eva served a 17-month jail sentence. She had psychotherapy for 6 months in 2019.
3. Sabrina is a White British female in her early 30s who has been involved in the CJS on and off since she was 14 years old. Sabrina has been detained multiple

times due to drug related offences but primarily served community sentences. She completed a year of psychotherapy in March 2022.

4. Jenn is a White British female in her mid 40s who identifies as gay. She was imprisoned for two years because of a historic sexual offense. Jenn had completed a year of psychotherapy in March 2023.
5. Liana is a White British female in her early 30s who identifies as gay. She was imprisoned for two years because of a financial crime. Liana had completed a year of psychotherapy in March 2023.

2.4 Data collection

2.4.1 Semi-structured interviews

IPA aims to collect ‘rich data’ which means that participants should be invited to share their stories in an open and reflective manner and have the space to elaborate on their ideas and concerns. The preferred data collection method for IPA is one-to-one, semi-structured interviews (Reid, Flowers & Larkin, 2005). Firstly, one-to-one interviews are thought to facilitate the development of a rapport between the interviewer and the interviewee, hence are well-suited for eliciting personal accounts, thoughts, and feelings (Smith et al., 2021).

Secondly, interviews that are semi-structured allow for flexibility between pre-determined questions (Zhang & Wildemuth, 2009), enabling participants to guide the interview process through non-verbal communication; for instance, bypassing a topic if a participant feels uncomfortable or inviting elaboration on a topic that seems important. As Smith et al. (2021, p.52) described, the “researcher and participant engage in a dialogue whereby initial questions are modified in the light of participant’s responses, and the investigator is able to enquire after any other interesting area which arise”. Therefore,

for this research, the data collection method that seemed most appropriate and aligned with the researcher's epistemological and ontological position was one-to-one semi structured interviews.

2.4.2 Developing an interview schedule

Smith et al. (2021, p.54) described interviews as “a conversation with a purpose” where the aim is to “facilitate an interaction which permits participants to tell their own stories, in their own words”. Therefore, interviews should be primarily led by participants, while the researcher encourages them to explore further their experiences. However, the process of developing an interview schedule in advance is important as it allows the researcher to plan for difficulties (e.g., phrasing complex questions, introducing sensitive topics, exercising duty of care) as well as reflect on expectations of what the interview will cover. Moreover, an interview schedule should comprise of open, non-leading questions that bracket the researcher's preconceptions about participants' experiences (Smith et al., 2021).

2.4.3 Conducting interviews

The researcher collaborated with therapists working in two charities offering support to women in the CJS. Therapists then disseminated the study leaflet (see Appendix B) via email to current or past clients who had provided a consent to be contacted for research and met the inclusion criteria. Women who expressed interest in taking part in the study were then brought into contact with the researcher via email. The next step involved sending out the participant information sheet and the informed consent (see Appendix C). At this point, the researcher offered the option of a brief telephone call before arranging the online interview to give participants the opportunity to ask questions and to highlight

the voluntary nature of participation. Subsequently, a second email was sent containing a Microsoft Teams link.

Interviews were planned to last approximately 1 hour. The researcher dedicated time at the beginning of each interview to familiarise participants with the aim of the interview i.e., that there is no right or wrong answer to the questions and that the researcher is interested in hearing their stories and opinions. The researcher hoped that being transparent about the interview process would help build rapport and momentum as well as get a sense of what participants expected from the process. At the end of each interview, the researcher invited participants to reflect on whether anything important has been missed or has not been asked.

2.5 Data analysis

2.5.1 Steps of Analysis

The data was analysed following the steps outlined by Smith et al. (2021). IPA analysis has been described as an “iterative and inductive cycle” (Smith et al., 2021, p. 75), therefore, the below steps do not represent a prescriptive account, but rather a set of processes and principles that have been followed flexibly by the researcher. Namely:

1. Single case reading and re-reading
2. Exploratory noting
3. Developing experiential statements
4. Looking for links across experiential statements
5. Naming Personal Experiential Themes (PETs)
6. Repeating steps 1-5 for all cases
7. Looking for Group Experiential Themes (GETs)

Step 1: Single case reading and re-reading

The first step in IPA analysis involves immersing oneself in the data, centering the interviewee and ensuring thorough processing. The researcher initially reads the Microsoft Teams transcript while listening to the audio recording to verify and amend it as needed. Repeatedly listening to the recording and reading the transcript allows the researcher to immerse themselves in the data, evaluate rapport, identify richer personal accounts, and reflect on preconceptions. During this process, the researcher also records personal recollections of the interview in a diary.

Step 2: Exploratory noting

This stage of analysis focuses on semantic content and language used to convey an experience and it is a process employed to ensure further familiarity with the transcript and the identification of ways in which participants make sense of an issue (Smith et al., 2021). In practice, the researcher made notes on the data in the form of a commentary besides the transcript. Notes were either descriptive (i.e., describing the content disclosed by participants), linguistic (i.e., focusing on the language used including metaphors, pauses, laughter etc.) and/or conceptual (i.e., adopting an interrogative stance and asking questions). Overall, this stage is a fluid way of engaging with the text and pushes the analysis towards a more interpretative level.

Step 3: Developing experiential statements

In this stage the researcher attempts to consolidate and crystallize provisional notes. Moreover, to construct experiential statements the researcher tries to reduce the level of detail (i.e., notes and transcript) while preserving complexity and articulating key features of exploratory notes. In practice, the researcher focused on smaller ‘parts’ of the transcript, hence re-organised the data, while holding in mind the ‘whole’ narrative of the

interview. This process represents one manifestation of the hermeneutic circle where “the part is interpreted in relation to the whole; the whole is interpreted in relation to the part” (Smith et al., 2021, p.87). Overall, coming up with experiential statements is a synergistic process where statements reflect participants' own words and thoughts but also the researcher's interpretation (see Appendix D for an example of stages 2 & 3).

Step 4: Looking for links across experiential statements

In this stage of the analysis, the researcher attempts to ‘map’ how statements from stage 3 fit together. This is a manual process whereby the researcher cut out the statements so that each statement is in a separate piece of paper. Subsequently, all statements were randomly placed in a large surface. This created a ‘bird’s eye view’ which allowed flexibility in the clustering of experiential statements (Smith et al., 2021, p.91) (see Appendix E).

Step 5: Naming Personal Experiential Themes (PETs)

Each cluster of experiential statements from step 4 then received a descriptive title. These clusters subsequently became the basis for a Personal Experiential Theme (PET). More specifically, a PET comprises of sub-themes and each sub-theme comprises of experiential statements, which in turn contribute to an evidence trail back to participant's accounts. This process of re-organizing the data was represented in a table (see Appendix F).

Step 6: Repeating steps 1-5 for all cases

This stage of the analysis involves repeating steps 1-5 for the rest of the participants. To adhere to IPA's idiographic stance, one should treat each case separately and be cautious not to merely reproduce similar ideas. During this process, the researcher will have

inevitably been influenced by what has already been discovered in the previous transcript (i.e., hermeneutic circle) however, an effort should be made to remain open to new analytic forms (Smith et al., 2021).

Step 7: Looking for Group Experiential Themes (GETs)

In this cross-case analysis stage, the researcher looks for patterns across PETs generated in the previous steps in order to develop Group Experiential Themes (GETs). Table of PETs for each participant were placed next to each other to facilitate the process of finding GETs. The aim here was not to come up with a ‘group norm’ across cases, but to try and shed light to shared and idiosyncratic features of participants’ experiences (Smith et al., 2021) (see Appendix G).

2.5.2 Quality within IPA research

In order to ensure that the research reflects the researcher’s epistemological position of constructivism with a relativist ontological stance and remains true to the principles of IPA, Yardley’s (2000) four principles on how to conduct reliable qualitative research were considered. These are: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

Sensitivity to context was primarily addressed through the literature review, which provided a comprehensive understanding of background research and sociohistorical assumptions about women involved in the CJS and their rehabilitation process. Considering a sociohistorical context aligns with the principle of hermeneutics, were interpretation of a phenomenon becomes meaningful when taking into account the ‘whole’ (Smith et al., 2021). Furthermore, by following the idiographic roots of IPA, the researcher attempted to remain sensitive to the individuality of the participant and their

unique experiential accounts. This has been addressed via reflexivity and transparency throughout the research process. For instance, the researcher kept a research diary to explore how the self (e.g., gender, age, ethnicity) and the process of recruitment, interviewing and analysing may have influenced participants' accounts.

In addition, the researcher was able to use existing counselling skills (e.g., active listening, empathy, rapport building) to obtain rich experiential data as well as reduce the power imbalance between the interviewer and interviewee (e.g., clarifying that the goal of the interview is to provide an opportunity for women to voice their experiences). Nevertheless, power imbalance was something the researcher considered throughout the analysis process. Previous research on power relations within qualitative research interviews has suggested that power shifts between the interviewee and interviewer during the process and that it is impossible to develop a complete equilibrium of power (Anyan, 2013; Edwards & Holland, 2013).

Yardley defined *commitment and rigour* as “prolonged engagement with the topic” and “the development of competence and skill in the methods used, and immersion in the relevant data” (2000, p. 221). Therefore, the researcher followed Smith et al., (2021) steps of how to conduct an IPA methodology. In addition, the researcher also followed Nizza, Farr and Smith's (2021) quality guidelines for conducting good IPA research, which refer to:

- a. *Constructing a compelling unfolding narrative* (i.e., findings should communicate a story)
- b. *Developing a vigorous experiential and/or existential account* (i.e., depth should be achieved by focusing on experiential/existential meaning of participant's accounts).

- c. *Close analytic reading of participants' words* (i.e., analysis should involve a thorough interpretation of quoted).
- d. *Attending to convergence and divergence* (i.e., patterns of similarity and idiosyncrasy should be considered)

The above four qualities also facilitate *transparency and coherence* within the research process. Finally, the researcher participated in an online workshop that took place on the 10th of Feb in 2023 and was led by Johnathan Smith. The workshop included practical exercises of analysing raw data, which helped consolidate Smith et al., (2021) steps of analysis.

Regarding *impact and importance*, Yardley stated that ‘the ultimate value of a piece of research can only be assessed in relation to the objectives of the analysis, the applications it was intended for, and the community for whom the findings were deemed relevant’ (2000, p. 223). This research aimed to generate new information on a topic that is relevant for all those involved and/or who are professionals working within the CJS. Although results are not generalisable (i.e., cannot be replicated), qualitative research sheds light to insights useful to other similar contexts (Yardley, 2015). This research is novel as it considers what psychotherapeutic support in the community means for women involved in the CJS.

2.6 Ethical considerations

Ethical approval was requested from the University of East London’s ethics committee and from the two charitable organisations, head of employability. Approval was granted from UEL on the 2nd of November 2022 (see Appendix H) and by the charities on the 27th of September 2022.

As outlined in the approved ethics application, ethical guidelines from the British Psychological Society Code of Human Research Ethics (2014) and the University of East London Code of Practice for Research Ethics (2015) were followed. One of the key principles stipulate that potential risks from participating in research need to be considered and resolved as participants best interest must always be prioritised. Given the high prevalence of trauma in women within the CJS (Forrester et al., 2020), and that revisiting traumatic events can be triggering (Baldwin, 2021), therapists assessed participants' risk before disseminating the study leaflet. A participant information sheet and informed consent was provided to participants before the interview, which informed them about the nature of the interview and that if any of the questions triggers distress, they can withdraw at any point. Distress levels were monitored throughout the interview process enabling participants to have a break or withdraw at any time. All participants were allowed time at the end of the interview to ask questions and/or express concerns. Finally, participants were provided a debriefing sheet containing mental health resources they could access following the interview (see Appendix I).

Ensuring confidentiality and anonymity as well as cultivating trust is particularly important for individuals involved in the CJS (Motz, 2008) as they might have had that breached at different points during their CJS involvement (Vince & Evison, 2021). As Motz (2008) argued, the power dynamics of having psychotherapy within 'forensic settings' are unique as there may be an additional coercive element or external goal implicated in people's decision to have therapy. To mitigate such influences, all research participants, who willingly took part in the study, had either successfully concluded their therapeutic journey or were in the final stages, having initiated it through self-referral in the community. This approach aimed to minimize potential coercive pressures. Despite efforts to clarify the process around data management and confidentiality, one participant

decided to withdraw her consent following the interview due to fear that she might get identified.

Conclusion

This qualitative research adopts an epistemological approach of constructivism, positioning itself within the paradigms of relativism. Reflexivity and transparency are prioritised throughout the process. In line with IPA guidelines, this research used purposive homogenous sampling to recruit women who met the inclusion criteria and agreed to participate in an online semi-structured interview. Transcripts were analysed following Smith et al's (2021) guidelines outlined in the above data analysis section. Analysis of transcripts is presented in the next chapter.

CHAPTER THREE

ANALYSIS

Overview

The below chapter presents the findings of an IPA of semi-structured interviews with five female participants who sought support from two specialized charities offering psychotherapy to women who have been/are involved in the UK CJS. Three Group Experiential Themes (GETs) and 13 subthemes were identified.

3.1 Introduction to the GETs

The three GETs offer a comprehensive exploration of the participants' therapeutic experiences within the challenging context of the CJS. The first GET, delves into the profound impact of fear and uncertainty on participants' lives, leading to habitual lying and mistrust. Therapy then emerges as a transformative safe space, where honesty is encouraged, and trust and authenticity flourish. Moving on, the second GET contextualizes therapy within the systemic issues of the CJS. Participants share their experiences of depersonalization, stigma, and dehumanization as they navigate the CJS. The therapeutic space and relationship then become a catalyst for empowerment, fostering empathy and personalized care. Finally, the third and last GET unravels participants' intrapersonal transformation through therapy. Through introspection, emotional expression, and self-awareness, participants gradually break free from previous self-destructive and avoidant coping mechanisms. This evolution fosters resilience and a positive outlook towards the future. Throughout the analysis, the reader gains valuable insights into the transformative power of therapy situated within the context of the CJS.

3.2 Trust and Safety in Therapy After a Life Full of Unsafety

3.2.1 'Trudging through mud': overpowered by fear and uncertainty

3.2.2 Habitual lying and mistrust in the pursuit of safety

3.2.3 Experiencing safety and trust in therapy

3.2.4 Embracing authenticity and honesty

3.3 From depersonalisation to personalisation

3.3.1 Battling alone: lack of support and depersonalisation

3.3.2 Threat response to power

3.3.3 Experiencing empathy: feeling heard and understood

3.3.4 Personalisation and empowerment

3.4 Rise above adversity: growth and personal development in tackling distress

3.4.1 'Not coping, just momentarily numbing'

3.4.2 Steering towards introspection and reflection

3.4.3 Assertiveness and emotional expression as self-care

3.4.4 Becoming more self-aware and accepting

3.4.5 'Nothing can stop me': resilience and hope

3.2 GET 1: Trust and Safety in Therapy After a Life Full of Unsafety

The subthemes presented here aim to elucidate the gradual evolution of the participants' sense of safety and openness to trusting others throughout their therapeutic experiences. The first two subthemes shed light on the profound and prolonged impact of fear, loss of control, and a feeling of 'stuckness' during their navigation of the CJS and how these challenges hinder their ability to embrace authenticity, openness, and honesty with others once reinstated in the community. Delving into these subthemes facilitates a deeper understanding of the obstacles faced by women in the CJS and how these barriers may impede their therapeutic progress. As we progress through the subsequent two subthemes,

a contrasting picture emerges. These subthemes capture participants' experiences of safety and trust within the therapeutic space, which play a pivotal role in gradually enabling them to reveal hidden and vulnerable aspects of themselves. By analysing these subthemes, one can discern the transformative power of the therapeutic relationship and its capacity to facilitate personal growth and healing. The last subtheme also offers insights into the far-reaching effects of openness experienced during therapy. It explores how these newfound feelings of trust and vulnerability extend beyond the confines of the therapeutic space.

3.2.1 'Trudging Through Mud': Overpowered by Fear and Uncertainty

In this section, the participants share their poignant experiences of chronic unsafety, institutionalization, fear, loss of control, and 'stuckness' within the UK CJS. Their narratives provide profound insights regarding the impact of the criminal justice context on their sense of self and perception of the world and others. Jenn's testimony captures how her chronic sense of unsafety has become ingrained in her identity:

"I just didn't feel safe. And because of my conviction, I never felt safe. Because I was threatened. But I never felt safe before that, either. I think it's something that is part of me." (Jenn, lines 151-153)

For someone like Jenn, unsafety was a familiar concept even before her incarceration due to previous experiences of threat. Her history coupled with her conviction have left an indelible mark, leading her to experience a constant state of unsafety. This fear seems deeply intertwined with her identity, potentially influencing her interactions with others, including within the therapeutic setting. Jenn's repetition of the word 'never' underscores the enduring nature of her fear, reflecting the lasting impact of her experiences.

Furthermore, Jenn provides powerful insights into the consequences of institutionalization during her incarceration:

"After being in prison for two years and four months, uh, and I realized that I was institutionalized as well. So it was, I felt like my world was shrinking, and I became more scared." (Jenn, lines 501-503)

As her time in confinement lengthens, she perceives her world shrinking, resulting in heightened fear and anxiety about the outside world. This sense of institutionalization appears to leave her feeling even more vulnerable than before going to prison, possibly impacting her ability to reintegrate into society and trust others. This internalized fear and perceived loss of control might also influence her willingness to explore vulnerability. Similarly, Eva sheds light on the constant fear and uncertainty she experienced within the CJS:

"A lot of panicking, uncertainty. You don't know when it will start, when it will end, what will happen." (Eva, lines 69-70)

This pervasive fear makes it challenging for her to find stability and security in her life, both during her time in detention and afterward. The prolonged uncertainty and lack of control over her life situation might also affect her willingness to trust and open up to others in therapy. Sabrina's narrative further illustrates the distressing environment created by the absence of agency during detention:

"Umm that whole lack of control not knowing when you're gonna go out, not knowing what time it is, not knowing if it's day or light. Not knowing if you..."

nothing, you've got nothing. To me, it was horrible to me that was that was awful for sure." (Sabrina, lines 165-169)

Sabrina emphasizes the "awfulness" of her experience, underscoring her deep sense of vulnerability. Her longstanding struggles with substances and mention of mental health issues, including a diagnosis of Emotionally Unstable Personality Disorder, may contribute to this feeling, as she sees herself as particularly vulnerable compared to others in similar situations. Natalia's metaphorical description of feeling stuck, like trudging through thick mud, vividly portrays the challenges imposed by the CJS and her own version of lacking agency:

"So it's just like, when you don't know what is going on. Because like when you are walking, the mud is so hard that you find it hard even to lift your feet because it's so hard to lift them up and put it on another step. So it's just like you still continue going because you want to rescue yourself but then you just know, it's going to be slow." (Natalia, lines 40-44)

This metaphor captures Natalia's struggle to progress despite significant barriers imposed by the CJS. Although her lack of control differs from Sabrina's physical confinement within prison, Natalia refers to a state of limbo due to legal restrictions in the community. This feeling of being stuck in the face of prolonged uncertainty is also shared by Eva:

"I was just floating. I was still in the country but floating. Like, you don't know what will happen. You don't know your fate. Yeah, that was it..." (Eva, lines 64-65)

Eva's pervasive feeling of floating, combined with the uncertainty surrounding her fate, adds to her sense of disempowerment and vulnerability. For her, this uncertainty involved the risk of imminent deportation and hence the separation from her children and family.

Overall, these narratives demonstrate the enduring fear and uncertainty experienced by the participants, drawing a link between this subtheme and the first GET. Their struggles with chronic unsafety, institutionalization, loss of control, and 'stuckness' have lasting effects on their sense of self and perception of the world, potentially influencing their therapeutic journeys, as they grapple with past traumas and attempt to heal. The subsequent subtheme delves into how the profound fear experienced within the CJS can instigate feelings of mistrust and compel individuals to resort to deception in a bid to regain a semblance of internal safety and control. At the same time, lying and concealing aspects of the true self becomes burdensome and exhausting.

3.2.2 Habitual Lying and Mistrust in the Pursuit of Safety

Four participants grapple with a complex interplay of fear, mistrust, and deception, as they seek ways to secure a semblance of safety and control within the unsafe environment of the CJS. Jenn's account reveals the harsh reality of prison survival, where manipulation and lying become essential tools for navigating the system:

"to get anywhere in prison, you have to be, you have to manipulate and, uh, lie and and grass people up to officers." (Jenn, lines 539-41)

Here, she describes how the coercive nature of the prison environment forces individuals to adopt deceptive tactics as a means of self-preservation. This adaptation to the harsh reality within the CJS presents a dilemma for other participants as well, wherein honesty

and openness can be perceived as futile and potentially detrimental to their well-being. Moreover, Natalia's narrative speaks of that futility of honesty within the CJS context:

"I've learned that it's it's a no go area. You rather just maybe safer if you are quiet than putting yourself forward, because there is no reward for being honest."
(Natalia, lines 259-261)

For Natalia, the risk of revealing information becomes a deterrent, as it can backfire and expose her to further vulnerability. This dilemma creates a paradox wherein the desire to open up to others is at odds with the anticipation of judgment and adverse consequences. Eva's account further elucidates this paradox:

"I feel like yeah, it's hard to talk to people who are outside, especially those who have no idea or who are already there to judge you immediately. To speak to them. It's really hard. So it's like battling from who should I speak to, to how am I gonna do it. So during that period during the therapy I was able to open up more than I thought I did so." (Eva, lines 226-232)

Eva illustrates the struggle of opening up and sharing personal experiences with outsiders who may not understand or may be quick to judge her. She is also unsure how to go about it which suggests her unfamiliarity in sharing personal experiences with others. It seems that the therapy space provides a unique opportunity for Eva to navigate this paradox. Despite the fear of judgment, she perseveres in therapy, gradually finding a path to open up and express herself authentically. Similarly, Liana's testimony highlights the difficulty of opening up in therapy yet underscores the perseverance and commitment to the therapeutic process:

"It's really hard to open up to someone... But I stuck with it." (Liana, lines 236-238)

Both Eva's and Liana's determination in therapy exemplifies the courage and resilience displayed by participants as they navigate the intricate web of fear, mistrust, and deception, seeking a path to self-discovery and healing within the confines of the CJS. Jenn's upbringing further underlines the impact of growing up in an environment that hinders authenticity, culminating in significant effects on her mental health:

"And growing up, I kept my sexuality to myself. And I've also realised that I grew up keeping secrets because I couldn't, I couldn't, I couldn't be myself, I couldn't share my sexuality and that I didn't realise how much of an effect that had on me."
(Jenn, lines 236-239)

This subtheme delves into the intricate dynamics of fear, mistrust, and deception within the context of the CJS, providing valuable insights into the psychological challenges faced by the participants within this environment. It also highlights the significance of therapy as a potential avenue for growth, authenticity, and healing. The powerful testimonies presented above vividly illustrate the challenges and initial unfamiliarity of embracing authenticity and opening up in a safe space, such as therapy, following a history of chronic unsafety, habitual lying, and mistrust to cope with a harsh environment. Jenn's testimony suggests that authenticity was hindered long before her involvement in the CJS, while Natalia, Eva, and Liana express their anticipation of negative consequences resulting from sharing, opening up, and being honest with others. As we transition to the next subtheme, participants reflect on their experiences of safety and trust

within the therapeutic space, which emerges as a pivotal factor in enabling them to confront their fears, let go of deception, and embrace vulnerability.

3.2.3 Experiencing Safety and Trust in Therapy

Therapy emerges as a significant safe space for three participants, offering a sanctuary where they can openly express themselves, unburden their emotions, and rebuild trust via the therapeutic relationship. Jenn's narrative powerfully illustrates the transformative nature of therapy as a safe haven:

"I felt very safe around her, I trusted her. So, it was nice to have somewhere where I could work could be in an environment where it was safe, we talk about stuff." (Jenn, lines 202-206)

Jenn's words paint a vivid picture of the therapeutic environment, where trust and safety intertwine to create a nurturing space for self-exploration and healing. Feeling safe around her therapist becomes a prerequisite for Jenn to 'work' through and process her traumas. In this secure space, she no longer feels the need to be guarded or defensive through concealing parts of herself. She begins to let go of the protective walls she had built around herself and to open up about her experiences, vulnerabilities, and emotions. This is further highlighted by Jenn's description of this newfound experience of a 'secure attachment' with her counsellor that enabled her to talk openly:

"I had some therapy and a one-to-one counsellor, who was amazing and things started to change more then for me. It felt very safe for me to I just with her I knew I could just talk openly." (Jenn, lines 37-39)

In this excerpt, Jenn underscores the power of therapy as a secure and non-judgmental space, enabling her to transcend barriers that previously hindered her progress. The therapeutic alliance with her counsellor proves instrumental in fostering an atmosphere of safety and trust, which in turn facilitates the deep exploration of her thoughts and emotions. Being able to talk openly with her counsellor becomes somewhat of a cathartic experience for Jenn, contrary to her experiences of chronic fear, mistrust and unsafety. Similarly, Liana reflects on her personal barriers in therapy and her growing ability to break them down:

"Yeah, I think I just. I let my walls down. I need to do that more so." (Liana, line 292)

Liana's words signify a pivotal moment of self-discovery and empowerment within the therapeutic process. The notion of "letting her walls down" refers to the emotional defences she had built over time, possibly as a coping mechanism in response to adversities in her early life and during her involvement in the CJS. Through the therapeutic space, Liana begins to recognize the value of vulnerability and the potential for growth that comes with embracing authenticity. By relinquishing her emotional armour, Liana creates space for genuine self-expression and deeper emotional processing, laying the foundation for evolution. Eva's account further illustrates a sense of control and increasing comfort and trust in the therapeutic relationship:

"Sometimes you feel like you are just here against the wall. You have no one. So, that memory back talking to her was so smooth because I don't see her. So that's beautiful. By the time I saw her, it was. It was the day she said when you are ready, we can see each other. I said I'm ready. I want to see you. So by the time I saw her

in person and not in. Not physically, but.. it's just natural. Just natural because I can't eat back what I've said and I don't wanna swallow it back. I want to come out. I don't want.. I just want to talk. And I did. It helps." (Eva, lines 389-395)

In Eva's narrative, the therapeutic relationship emerges as a source of liberation. The metaphor of feeling "here against the wall" illustrates the emotional isolation she experienced before therapy, wherein she lacked a supportive and empathetic presence in her life. However, the therapeutic space offered a new and profound sense of safety and trust, allowing her to offload and speak her truth without inhibition. Eva's use of the term "natural" conveys a sense of ease and gentleness in her therapeutic exchange. The part of her that wants to 'swallow' and 'eat back' what she has expressed is the part that has kept her safe within a historically unsafe environment. Yet, she chooses the unfamiliar, scary route of opening up and as a result feels liberated from emotional confinement and finds solace in sharing her story.

Overall, the therapeutic space emerges as a sanctuary for these three participants, offering a secure space where they can openly share their stories, regain control over their narratives, and experience transformation and empowerment. Through therapy's safe embrace, these women begin to rebuild trust and open themselves up to vulnerability, enabling personal growth and healing. The sense of safety and trust cultivated in therapy becomes a catalyst for the reclamation of their voices, paving the way for transformative and liberating experiences. The last subtheme of this GET hopes to capture glimpses of the evolution experienced by the participants as they embraced honesty and authenticity.

3.2.4 Embracing Authenticity and Honesty

In this subtheme four participants illustrate how therapy became a transitional space where they could learn to tell their side of the story, embrace authenticity, and uncover hidden aspects of their true selves. Jenn's testimony illustrates the power of honesty in enabling her to provide a more nuanced perspective of her past actions:

"You know what I did do that, yeah I did it, but there is a lot more behind it and it's not exactly what you think it is. Erm, and I just stayed authentic and I... yeah. Some people actually respected me for it." (Jenn, lines 306-310)

In this excerpt, Jenn describes the liberating experience of sharing her narrative truthfully. Through ownership of the truth, Jenn gains agency over her story, reframing it in a way that reflects her unique journey and struggles. This newfound ability to tell her side of the story results in positive outcomes such as feeling respected by others who possibly recognize the courage and vulnerability in her honesty. This differs greatly from her description of feeling 'haunted' due to concealing the truth for years. Similarly, Natalia's experience in therapy reveals the growth and self-acceptance that comes from embracing authenticity:

"I can declare anything if they want me. If they see my CV and they want me and they want to hear my story, I am just OK to tell them because I have nothing to be shy about." (Natalia, lines 134-136)

Here, Natalia expresses her willingness to share her story unapologetically, without shame or reservation. The therapeutic process has allowed her to let go of the burden of secrecy and embrace her past experiences without feeling the need to hide. She now stands proud

of her story and is ready to share it with others. Furthermore, Liana also speak of the transformative power of embracing one's true self through her therapeutic journey:

"I was able I've come out as gay now, so that gave me the confidence to be who I need to be, who I am" (Liana, lines 359-360)

In this excerpt, Liana reveals the growth and confidence she gained through therapy, enabling her to embrace her true identity as a gay woman. The therapeutic process has provided her with a supportive and non-judgmental space to explore her identity and share her truth. This newfound confidence has been instrumental in empowering Liana to be her authentic self, a crucial step towards healing and personal growth. Eva's metaphorical description of the therapeutic process further emphasizes the gentle and inviting nature of therapy to be authentic:

"It was really well for me. It helps. Cause it's like when you are covering something and somebody came over, not forcefully, to remove that cover. What are you? To slow down. Release the cover. And see there is nothing there to bite you. That was the only word I can use to describe that period I spent with her. It was a fantastic period, and I really appreciate it." (Eva, lines 273-277)

In this excerpt, Eva likens therapy to a process of gently uncovering hidden parts of herself, free from the fear of judgment or harm. The therapeutic relationship creates a safe environment for self-exploration, allowing Eva to gradually reveal and confront aspects of herself that she may have kept hidden before. The removal of the metaphorical cover brings relief and reassurance, dispelling her fears and allowing for personal growth and

self-discovery. Finally, Jenn illustrates beautifully how therapy's impact extends beyond the therapeutic space:

"My relationships blossomed [] because I stood there with them at the weekend and I was talking to them [] about how, the effect it had on, you know, everyone. And I said, I'm so sorry that I put you through this, you know, and to be able to look at them." (Jenn, lines 439-448)

Jenn's testimony showcases the effect of therapy on her relationships. The space to share openly with loved ones allows for healing and a deeper understanding of the impact of her past actions on others. Through therapy, Jenn gains the courage to acknowledge her mistakes and take responsibility for her actions, leading to a 'blossoming' of her relationships.

GET 1: Summary

The four subthemes depict a dynamic process of change through therapy. Participants share experiences of profound fear, uncertainty, and 'stuckness,' originating from early life and extending throughout their involvement in the CJS. Enduring feelings of unsafety led to mistrust, lying, and self-censorship. Therapy acted as an 'antidote,' fostering safety, trust, and authenticity, allowing them to reveal hidden truths. In this therapeutic space, they reclaimed control over their narratives, experiencing liberation that extended beyond therapy, enriching their lives and relationships. GET 2 further explores therapy's empowering nature, contrasting dehumanization in the CJS with a personalized, humanized therapy experience where participants feel truly seen and understood.

3.3 GET 2: From Depersonalisation to Personalisation

The tension between contrasting experiences depicted in the first GET is also mirrored in the second GET. Moreover, participants grapple with a sense of powerlessness amidst dehumanization and depersonalization within the confines of the CJS, whilst therapy offers a personalized and empathetic environment that empowers and restores agency. Four subthemes emerged, with two focusing on participants' encounters with depersonalization, lack of support, and powerlessness in the face of systemic forces, while the other two shed light on experiences of care, understanding, and empathy and their profound impact on the participants' sense of self.

3.3.1 Battling Alone: Lack of Support and Depersonalisation

Four participants' testimonies shed light on their experiences of profound loneliness and isolation, as well as the system's inability to consider individual circumstances all of which contributed to feeling unseen and unsupported. Natalia's words capture the emotional burden of battling alone:

"But the sadness starts from the day one and it's just like you are battling yourself. So nobody, I think it's something that has never been thought of, and I don't know whether I can use that nobody cares." (Natalia, lines 244-246)

The use of the word 'battling' and her choice to repeat the word 'nobody' twice emphasises how unsupported and possibly invisible Natalia felt in her fight against those prosecuting her. This feeling of being unseen and unheard is further echoed by Eva's experiences after her release from prison.

"Nobody to call nowhere to call home. Nobody to call family. Even those who think they have family. They were not there to talk to." (Eva, lines 617-618)

Eva describes a heart-wrenching sense of having nobody to call home or family, emphasizing the lack of meaningful support upon her reintegration in society. She uses the third person to describe the absence of familial support as if she is talking about others, however I wonder whether this is a way to distance herself from her own unbearable pain of having been separated from her children for two years resulting to a complete disconnect from her son. Sabrina's narrative echoes a similar experience:

"They should have known something was wrong. But it's the same the police, the medicine, like during that whole phase when I was younger, when it all got bad. I felt no help. Like no help at all. I even like wrote a short film that I never filmed anyway, [] one of them was me in the street screaming and everyone around just hearing it as music and dancing like woo. She's fun. She's fun. And that's how it felt at the time by the justice system, the medical system, all of it. That that is how it felt. That's still how it feels sometimes, but yeah. I didn't feel seen or heard. I felt like I was screaming for help and no one was hearing it." (Sabrina, lines 253-263)

Sabrina expresses her disappointment towards the support systems that failed to respond to her cry for help. She communicates beautifully her experience of 'otherness' and isolation by describing a powerful movie scene where she is the protagonist, expressing her severe distress through screaming and others around her misunderstanding and dismissing it as amusing. As a result, she feels utterly invisible and unsupported. This enduring feeling, which was particularly evident during her involvement in the CJS and

other systems, has persisted overtime and is still present at times. Furthermore, Liana recounts her own disappointing experience with the CJS:

"While you are there, you should be able to get all the support that you need to be able to go on and live a good life. I wasn't offered any support in prison. Look, I had nothing on my sentence plan at all. You should just do your time and leave. And nobody said What? Wait a minute. Why did you do what you did? Nobody ever said that." (Liana, lines 425-428)

Liana not only reflects the absence of support in prison, leaving her without a plan for her future, she also sheds light to her experience of depersonalisation within the CJS, where 'nobody' expressed interest in understanding the reasons behind her offence nor listening to her unique story. Similarly, Eva's testimony further underscores the lack of fairness and consideration from the CJS:

"The justice system is not being fair. The justice system is not being nice. The justice system doesn't weight things. Doesn't consider individual circumstances and think about what they've done or is this something they can do again? Are they really criminally oriented minded people? Are they really this? Are they? So it's it's a pity that." (Eva, lines 414-418)

Eva expresses disappointment in the system's failure to weigh individual circumstances capturing the systems tendency to depersonalise and dehumanise people reducing them into cases rather than appreciating human complexity and contextualising crime. The collective narratives of those four participants paint a stark picture of isolation, neglect, and a lack of support within the CJS, leaving them battling alone against their struggles.

These accounts underscore the significance of addressing the systemic shortcomings within the CJS and the urgent call for empathy. Participants' powerlessness in the face of systemic power is further explored in the next subtheme.

3.3.2 Threat Response to Power

The term 'Threat Response to Power' aims to capture the profound experiences of participants who felt threatened, vulnerable, and disempowered within the CJS. These encounters of power dynamics within the CJS had a profound impact on the participants, leading to feelings of powerlessness and inadequacy. The subtheme delves into their struggles with stigmatization, judgment, and fear of rejection, as well as how these systemic issues affected their sense of self-worth and agency. Natalia's testimony poignantly reflects the enduring stigma attached to having a criminal record:

"The moment you just mention you've got a criminal record and everything, it's just no one wants to hear your story. So it has just been difficult." (Natalia, lines 50-51)

Natalia's words offer a glimpse into the emotional toll of constantly facing closed doors and disinterest when trying to share her story. This ongoing rejection left her feeling unheard and disconnected from society. Similarly, Eva's experience provides a stark illustration of the damaging consequences a criminal record can have on employment:

"You know when you don't work, you are unable to put something down. You look like spare parts. So at that moment, it's like I have been losing it." (Eva, lines 246-248)

Eva's analogy of feeling like "spare parts" speaks volumes about the erosion of her self-esteem and identity due to the barriers she encountered. This loss of dignity and sense of being whole further compounded her challenges within the CJS. Liana's testimony conveys her sense of powerlessness and frustration in the face of media judgment and incomplete narratives:

"There's nothing worse than feeling like somebody is judging you for a story that they don't know all of. If you sit down and listen to my story, you know what I say? If you sit down, you listen to what actually happened and everything that led me there. You can't tell me you wouldn't have done the same. This. You can't instantly judge when people do, and it feels horrible. And when people have people, Google me. Give me the chance to tell my story. I'm really open with the fact I've been to prison." (Liana, 170-176)

Liana's yearning for understanding and empathy is palpable as she describes the longing to have her truth acknowledged and embraced. Her emotional plea highlights the importance of being heard and recognized as an individual, not just a label or stereotype, especially when facing judgment from others. On the other hand, Sabrina's reflections on her White privilege within the criminal justice system offer a unique perspective:

"I honestly was lucky with it. Maybe because at the time I was a pretty little white girl. I guess I had privilege. No, I did. I did have times. I was held, and I had to get a psychiatrist and things like that. [] But generally, I was treated way nicer than some other people, and I'm aware of that." (Sabrina, lines 105-111)

Sabrina's self-awareness of her privilege provides valuable insight into the disparities and inequities within the CJS. Her acknowledgment of the preferential treatment she received emphasizes the urgent need for a more equitable and just system.

Overall, the narratives of Natalia, Eva, Liana, and Sabrina unveil the complexities and multifaceted responses to power dynamics and societal attitudes surrounding criminal records. The challenges faced by these participants underscore the pressing need for understanding and compassion in the face of stigma and judgment. The subsequent subtheme explores the transformative potential of therapy in fostering empathy, personalized care, and empowerment, offering a glimmer of hope amidst the adversity faced by the participants within the CJS.

3.3.3 Experiencing Empathy: Feeling Heard and Understood

Three participants eloquently illustrate the significance of feeling heard and understood in therapy, as they find solace and heal against judgement, stigma, and depersonalisation through these empathetic connections. Natalia states:

"As an individual, my therapist was just there for me, which was I feel like it was a positive thing, and there was no day that she mistakenly said 'ohh your story is like this.' Maybe, you know, it can happen, but she made sure that she referred to me, to my story, to everything like that. Yeah." (Natalia, lines 193-197)

Natalia's account emphasizes the positive and affirming nature of her therapist's approach. She praises her therapist for being truly present with her, using language that

emphasises the importance of personalization and respect for her individuality as she shares her story. Sabrina's narrative further underscores that:

"The patient to therapist relationship moved, and she knew me better, when I would talk she understood me, she knew what kind of person I was." (Sabrina, lines 79-81)

For Sabrina, the patient-to-therapist connection moved beyond surface-level interactions. She expresses a profound sense of being known and understood in her totality as a human being which allows her to open up comfortably. Similarly, Liana uses an elaborate description to communicate her experience of her therapist:

"She just always listens. I think it's just somewhat like a sounding board maybe. And then I think we get on great. I really do. I think in the beginning I was really reserved. But now, I think we get on really well and I think she understands how my head, how I think, and she can pick up on if I'm not sure about something or if I'm processing something, which is good, and she knows not to push too hard. But she also knows what I need to be pushed. So, yeah, I think it's a good relationship. I think it's really good." (Liana, lines 276-281)

Liana's testimony highlights the growth and evolving understanding within the therapeutic alliance. She describes her therapist as an attentive listener and a supportive "sounding board" which suggests that her therapist moves beyond merely listening to actively interacting with her thoughts and ideas. This dynamic allows Liana to experience empathy, build trust and feel comfortable in opening up, which becomes the foundation of their relationship. Collectively, the narratives of Natalia, Sabrina, and Liana

demonstrate the significance of empathy and understanding within the therapeutic space, especially after repeated exposure to depersonalisation, stigma and rejection. Feeling genuinely heard and understood by their therapists fosters a supportive environment which empowers rather than disempowers them. This is explored further in the subsequent subtheme which attempts to show how participants derived a sense of agency and empowerment through receiving personalised care.

3.3.4 Personalisation and Empowerment

The current subtheme highlights the transformative impact of receiving individualised, personalized care, which is akin to the humanistic principles of therapy. Natalia, Eva, and Sabrina recount how this tailored, flexible approach to therapy played a crucial role in helping them regain control and a sense of agency. Natalia stated:

"When you're scheduling everything, even when I'm talking, she'll give me all the time for me to talk. And then when we're just like arranging the appointment, she'll say, OK, what about this one? So. Oh, no. This one will be like this. So it's just like I was sort of like in control." (Natalia, lines 178-181)

Natalia's account reflects her experience of personalized care and a collaborative alliance with her therapist. She emphasizes her therapist's flexibility in scheduling appointments and giving her ample time to choose when and how to express herself during the sessions. For Natalia, this seemingly small gesture is deeply empowering, as it allows her to regain a sense of control after periods of feeling lost and disempowered as a result of ongoing legal battles, she had no control over. Eva echoes her own experience of control within the session:

"It helps. We talked about everything. A lot of times you know she would say I'm not rushing you. Don't rush yourself. Just when you feel like speaking, you speak to me don't think you are compelled to do it and that works for me. Really works for me because each time we have the opportunity, I always jump into it [] And it helps. It helps." (Eva, lines 232-236)

Eva highlights her therapist's supportive approach in not rushing her to share her thoughts. This compassionate encouragement empowers Eva to express herself at her own pace, creating a safe space for open dialogue ultimately inviting her to open up more. Likewise, Sabrina emphasizes the personalized effort made by her therapist:

"she really made the effort. And she came another time to see me that same week. She was, she went above and beyond, honestly." (Sabrina, lines 348-350)

Sabrina experiences her therapist's willingness to accommodate her as an indication of care and is very appreciative of that. This level of care appears to contribute to a positive therapeutic experience where rehabilitation becomes central contrary to the punishing approaches of the CJS. This seems to empower Sabrina to take control of her therapeutic journey. Finally, for Natalia the experience of being in control extended to the conclusion of her therapy:

"The ending came from me because obviously I felt that I was ready and the good thing was that I still had the chance even if I had struggled I could have gone back, which was good for me, because obviously like I said, I was in control." (Natalia, lines 267-270)

Although this was not the case for three of the participants whose therapy came to an end after completing the maximum number of sessions, Natalia describes her readiness to end therapy and how that contributed to a sense of agency and a perceived continuity of care. It could be argued that in this case, enabling Natalia to participate in the decision making minimizes the power differential that exists between her therapist and herself and fosters a more equal and empowering relationship.

Natalia, Eva, and Sabrina effectively illustrate the empowering nature of personalized care and the humanistic approach to therapy. Feeling in control and supported in this way allowed them to reclaim agency in their lives and experiences, contributing to positive therapeutic outcomes. The personalization and flexibility in therapy served as a catalyst for helping them regain their voice after repeated disempowerment within the context of the CJS.

GET 2: Summary

GET 2 comprises of four subthemes that shed light on the profound powerlessness experienced by participants due to depersonalization, dehumanization, and stigmatization within the CJS. However, therapy within this context emerges as a transformative catalyst, empowering the participants to regain a sense of worth, visibility, and validation. The experience of personalized care and understanding from their therapists plays a crucial role, given their past dehumanized and depersonalized life encounters, ultimately contributing to a newfound sense of self and agency. Overall, GET 2 portrays participants' remarkable journeys of growth and empowerment in the face of systemic forces. As we delve into GET 3, the focus shifts towards intrapersonal changes experienced through therapy in the CJS. Moreover, the next and final GET explores how therapy offers valuable opportunities for participants to enhance resilience, engage in self-care practices,

and foster self-acceptance through facing their pain and steering towards introspection. Particularly noteworthy are the positive outcomes for those who have previously relied on self-destructive and avoidant coping behaviours to manage their distress.

3.4 GET 3: Rise Above Adversity: Growth and Personal Development by Tackling Distress

This collection of subthemes explores how therapy facilitates a profound shift in the way participants cope with distress. The acknowledgment of a self-destructive part that once served as a temporary means for regulating distress is witnessed through participants' narratives. However, as therapy invites them to introspect and reflect, they recognize the limitations of their coping mechanisms, prompting them to seek 'healthier' alternatives. These subthemes highlight the life-changing potential of therapy, empowering participants to foster resilience, healing, and personal growth through self-care, self-awareness, and self-acceptance. By delving into the journey of intrapersonal change, we gain valuable insights into how therapy becomes a catalyst for unleashing inner strength and adopting more adaptive coping strategies.

3.4.1 'Not Coping, Just Momentarily Numbing'

This subtheme delves into the intricate struggles faced by participants as they grapple with distress and employ what appears to be self-destructive and avoidant coping mechanisms. Through the poignant accounts of Jenn, Eva, Sabrina, and Liana, we gain insights into their emotional turmoil and the temporary solace they find in numbing their pain, even though these coping strategies prove inadequate in the long run. Jenn describes her instinctual response to vulnerability and discomfort:

"Because then I feel like shit [] it's almost comfortable and it's also default setting and when I feel vulnerable that's what I do. I like push people away and I isolate and suffer as much as I can. It's almost like self-harm." (Jenn, lines 267-271)

For Jenn, pushing people away and isolating herself is familiar and appears to be a means of self-protection. However, she recognizes that this self-imposed suffering is akin to self-harm, acknowledging the depth of her emotional struggles and the need for healthier coping mechanisms. Furthermore, Jenn discloses another way of coping with distress:

"Frightened. Terrified, actually. So I just drank. Well, I wouldn't say coping, but just momentarily numbing for a while. But no, it didn't work. Yeah, it didn't work." (Jenn, lines 328-331)

Jenn reflects on how she numbs her distress through drinking, albeit realizing that this coping mechanism is not truly effective in addressing her underlying trauma. Similarly, Eva echoes her own tendency towards avoidance while navigating the CJS:

"To be honest, I wasn't coping. What I went through, what I have been through... it's like, you know, when you are in there, especially somebody like me, because you you have to block some things [] try as much as possible to block any negativity. [] That was my coping mechanism that moment." (Eva, lines 95-100)

Eva recognises that while she was in prison, she felt unable to cope with her distress and resorted to 'blocking' her pain out in order to survive. As she reflects on her time spent

in prison, she demonstrates awareness that avoiding her pain and negative thoughts was a temporary way to cope in “that moment” and not sustainable in the long run. Sabrina, too, shares her struggle with overwhelming emotions experienced during detention:

"I would go round in circles, just pace around pace, around pace, around until I would start banging my head against the concrete walls and which sounds insane when I say it now, but that's. Yeah, I kept thinking. I wanna leave. I wanna leave. But I can't leave. But I wanna leave. But I can't leave. But I wanna leave. And I would just wind myself up like that till I got to a point were I didn't know how to handle things." (Sabrina, lines 171-176)

The repetition of phrases "I wanna leave. But I can't leave. But I wanna leave" reflect the intensity of Sabrina's internal conflict. It shows her desperate desire to be free from the severe distress experienced due to detention. Yet, she feels trapped and unable to break free from the circumstances that surround her. This internal battle is symbolically represented by her pacing around and banging her head against the concrete walls, which indicate the extreme measures she resorted to in an attempt to cope with her overwhelming emotions and feelings of entrapment. The phrase "wind myself up" suggests that she is caught in a cycle of escalating emotional turmoil. This self-perpetuating cycle creates a sense of disorientation, leaving her feeling even more overwhelmed. Liana also expresses her tendency towards self-destruction:

"I have borderline personality disorder as well. So I have ways that my head thinks that's not maybe as rational as other people's. And I have a lovely self-destruct button that when I feel like everything's going wrong, I'll hit and I'll just make everything really, really bad for myself." (Liana, lines 199-203)

Liana offers a candid and introspective glimpse into her experiences as an individual with a diagnosis of a personality disorder. Her use of the phrase "ways that my head thinks that's not maybe as rational as other people's" conveys a sense of self-awareness and acceptance of her potential vulnerabilities in dealing with stressors compared to other individuals. This self-awareness suggests that she has likely engaged in self-reflection, which is further explored in the following subthemes of this GET. The mention of having a "lovely self-destruct button" is a powerful metaphor that encapsulates her propensity to engage in self-destructive behaviours when she feels overwhelmed. It also carries a sense of irony, which makes one wonder whether sarcasm is employed as a means to deflect and obscure the true gravity of the self-destructive actions she engages in.

These narratives collectively underscore the immense emotional strain faced by individuals within the CJS and the adoption of self-destructive coping mechanisms as temporary respites from pain and vulnerability. However, the realization that these strategies are unsustainable and ultimately harmful marks a pivotal moment in their therapeutic journeys. The next subtheme attempts to capture how participants steer towards introspection and reflection through therapy, a skill that will subsequently impact how they cope with distress and pain.

3.4.2 Steering Towards Introspection and Reflection

This subtheme illustrates the way in which therapy fosters introspection and reflection captured by three of the participants. Through therapeutic engagement, they find opportunities to explore their thoughts, emotions, and life experiences in a meaningful and constructive way. Testimonies from Natalia, Jenn, and Liana highlight the impact of therapy in facilitating this journey of self-discovery. Natalia states:

"There's somebody who's going to sort of like help you with your confidence because I was just thinking, there are some good things that I had, but I never thought that they were useful, sort of like I said, ohh, what good can come out of me? And then sometimes like when you just discussing some general thing and you say, oh, I've done something good there." (Natalia, lines 123-127)

Natalia reflects on her therapeutic experience and acknowledges the role of her therapist in building her confidence. She recognizes that, despite her initial self-doubt, there are positive aspects within her that she had overlooked. The therapeutic space provides her with a supportive environment to look inwards and appreciate her strengths and achievements. From her testimony, it appears that through these realizations, Natalia's self-perception begins to shift, allowing her to see herself in a more positive light. Jenn shared her own journey of introspection which begun in prison:

"It was an opportunity for me to work on myself. It was the first time that, going into prison, was the first time that I'd had an opportunity, to have to sit with stuff. And face it." (Jenn, lines 575-577)

For Jenn, prison marked a period where she found herself facing the consequences of her actions. For the first time, she had the opportunity to confront her past and delve into her emotions and behaviours rather than avoid or numb her pain through substances. The therapeutic process that followed after her sentence invites Jenn to "sit with stuff and face it," which reflects her willingness to confront and process her experiences. Similarly, Liana highlights the transformative impact of therapy on her life:

"It's massively helped me. It's taken a I think it's taken a while for it to sink into my head, But it's. It's realizing that everything that's happened throughout my life, there's a reason for why I am. How I am and why I react and do what I do, the way I do things and makes me stop and think about things a bit more for sure."

(Liana, lines 85-88)

Liana acknowledges that the therapeutic journey takes time to integrate, but it has provided her with valuable insights into the reasons behind her actions and reactions. The process of introspection has made her stop and think more deeply about her behaviours and emotional responses. As a result, Liana becomes more aware of the underlying factors shaping her decisions, reactions, and sense of self.

Overall, the above quotes demonstrate the impact of therapy in guiding the participants towards introspection and reflection. The therapeutic process becomes a space for self-discovery, allowing them to recognize their strengths, confront their past, and gain insights into their behaviours and emotions. In the next subtheme participants recount how embracing emotional expression and assertiveness has felt like a form of self-care and has contributed significantly to their personal development.

3.4.3 Assertiveness and Emotional Expression as Self-care

Jenn's, Eva's and Liana's narratives capture beautifully their shift from chronic avoidance and censorship around their thoughts and emotions to embracing emotional expression and assertiveness through therapy. Jenn states:

"And I was standing there crying. I was. But it was I said, don't feel bad that I'm crying. I said, I just feel emotional, you know? And, um, it's not it's not it's not bad because I just need to do this because I need to I need to get it out of my

system because I know I'll feel lighter after and I can do that [] I just have to. I can't. I can't. I can't shut it down. I have to let it out." (Jenn, lines 448-454)

From following Jenn's story, it has become apparent that she grew up in an environment that was unsafe to be her authentic self and to express her feelings. This quote is almost like a glimpse of the internal dialogue she experiences as she navigates the unfamiliar territory of emotional expression. Moreover, the repetition of the phrase "it's not bad" suggests that she has internalised emotional expression as bad and potentially dangerous. Yet, as she courageously let's go of her protective armour, she experiences liberation and relief from her emotional outlet. Jenn's assertiveness shines through as she proclaims that she "can't shut it down." This assertiveness indicates her determination to be true to herself and her emotions, refusing to suppress or ignore them any longer. Equally, Eva expresses her own urgency to speak about her feelings, stating:

"I said I have to say it, cause I need it. I just want it to get out. I want to speak about it. I just want my spirit to be light. And it was. It was." (Eva, lines 379-383)

Eva recognizes the importance of releasing her emotions verbally, as it serves as a way for her to unburden herself. This sense of urgency highlights the emotional weight she has been carrying and her desire to be free from it. The phrase "I just want my spirit to be light" further emphasizes Eva's quest for emotional liberation and inner peace. This desire for emotional lightness possibly indicates her willingness to confront and process difficult emotions to achieve a sense of emotional well-being. The final sentence, "And it was. It was," reflects the positive outcome as a result of Eva's emotional expression. Liana echoes a similar experience:

“I have a habit of saying it's fine as well, and it's not fine. I can now say like, No, it's not fine. That has upset me, that has that affected me in some way. Whereas before I'd literally just brushed things off and it was very much I just basically said no, its fine." (Liana, lines 228-231)

In this quote, Liana reflects on her past habit of downplaying her emotions by saying "it's fine" even when it wasn't. She acknowledges that she had a tendency to dismiss her own feelings and reactions to situations, often avoiding emotional expression. This pattern of minimizing her emotions and experiences might have served as a coping mechanism to avoid dealing with the emotional impact of certain events or interactions. However, through her therapeutic journey, Liana seems to have developed a newfound ability to recognize and assert herself. Instead of automatically dismissing her feelings as inconsequential, she now acknowledges their importance.

This subtheme shows a change overtime on how participants cope with distress; from avoidance and self-destruction to assertiveness and emotional expression as a form of self-care. The subsequent subtheme aims to illustrate how therapy and an enhanced ability to introspect has also brought about changes in participants' self-awareness and fostered a sense of acceptance.

3.4.4 Becoming More Self-aware and Accepting

In this subtheme, Natalia, Eva and Liana recount their experiences of becoming more self-aware and accepting of their struggles and circumstances. Natalia reflects her evolving self-awareness through the following quote:

"When I started, it was sort of like emotional and blaming yourself, you know, all those things, but then as you continue going on you just know. Yeah, that that's what it is but you've got some skills that you've got. You can use them wherever"
(Natalia, lines 277-280)

Initially, she describes her early emotional state as characterized by self-blame and a strong emotional response to her past experiences or challenges. This emotional intensity may have been fuelled by a tendency to take responsibility for negative outcomes or to view herself as the cause of her difficulties. However, with time, she gains a deeper understanding of her emotions and begins to separate herself from the habit of self-blame. This enhanced self-awareness allows her to recognize that her emotional reactions, such as blaming herself, are not the only way to respond to situations. This newfound self-awareness empowers her to make use of her skills and strengths to address difficulties as they arise. Eva's testimony emphasises on her acquired therapeutic skills and their application following the end of therapy:

"Yeah, I was just like, going back to square one. But I was able to cope sometimes with few things we talked about. It's like a kind of memory start playing back on my head. Reassuring myself that you can breathe and carry on." (Eva, lines 346-348)

Eva highlights the valuable therapeutic skills and insights she acquired during her time in therapy. She describes how, after the end of therapy, she faced challenges that made her feel like she was starting from scratch by "going back to square one". However, she acknowledges that she was able to cope with some of these challenges by drawing upon the tools and techniques she had learned during therapy. Eva's ability to retrieve and

utilize therapeutic skills from her memory demonstrates a heightened level of self-awareness on how to meet her needs. Furthermore, Liana indicates her own improved awareness on the importance of processing painful past experiences:

"I do see the point in it now. And I do understand why certain doors have to be unlocked to explore what was behind those doors to be able to move on from it. So yeah, I think it's been massively positive for me." (Liana, lines 342-344)

Liana's testimony suggests that initially she did not see the value of processing past trauma in order to heal from it. She clearly demonstrates how that perception changed with her experience of therapy. Confronting and processing difficult or suppressed emotions seems to have enabled her to find a sense of closure and resolution. By addressing these aspects of her life, she is now better equipped to move forward in a more positive way. The phrase "massively positive for me" underscores the significant impact that therapy has had on Liana's life.

Overall, the quotes presented above offer valuable insights into the evolving potential of therapy in fostering enhanced self-awareness, acceptance, and personal growth. In each case, the participants experienced a deepened understanding of themselves and their emotional responses, enabling them to recognize the need for alternative coping strategies and access them effectively during challenging situations. As a result of their therapeutic journeys, they have developed profound resilience after enduring sustained suffering, leading to positive transformations in their lives. The final subtheme aims to capture this newfound resilience as well as participants' hope and positive orientation towards the future.

3.4.5 'Nothing Can Stop me': Resilience and Hope

In the face of adversity, the participants in this subtheme exemplify the power of resilience and hope. Natalia powerfully demonstrates this in her statement below:

"Ohh, nothing can stop me. I I can say this loud and clear that you know I always use this phrase. That's yeah, I can fall down, but I will not remain down. I'll lift myself up. That's myself. And continue going so. Nothing can stop me [] I I just you know see myself going on and on and on and I cannot never stop learning and if I want to develop myself from this. I can do it. Nothing can stop me. Yeah."
(Natalia, lines 289-298)

Natalia's unwavering determination to lift herself up after every fall echoes her unyielding spirit. With an unshakable belief that nothing can hold her back, she envisions a future of continuous growth and learning, undeterred by any obstacles. Similarly, Eva looks forward to moving on:

"I see myself going to places if I have the opportunity. I see myself putting things behind me, moving on, thinking about what needs to do. I have one million plans, but sometimes I do think Oh this situation I was at." (Eva, lines 411-414)

Eva's resilience shines through as she navigates life with a sense of purpose and optimism by putting the past behind her and pursuing her myriad plans and aspirations. Liana echoes her own version of resilience:

"If you can get in with the right people that are similar personalities or you get on really well with. You're going to be alright as long as you can laugh. They can't

take your laughter away from you and they can't take your hope away from you.

They can take everything else but they can't take that." (Liana, lines 372-375)

For Liana, connecting with like-minded individuals and maintaining her laughter and hope become crucial sources of strength. She recognizes that these qualities are untouchable, even in the face of challenges. Embracing the power of solidarity and an indomitable spirit, she remains steadfast in her pursuit of a brighter future.

Natalia's, Eva's and Liana's testimonies embody the life-changing power of therapy in cultivating resilience and hope. Through their therapeutic journeys, these participants have learned to overcome setbacks, focus on their aspirations, and remain undeterred by the adversities they encounter. The subtheme of "Nothing Can Stop Me: Resilience and Hope" captures the steadfast determination and positive outlook that have become integral to their identities, allowing them to face the future with courage and optimism.

GET 3: Summary

This third and final cluster of subthemes symbolises participants' intrapersonal transformation via therapy in the way they cope with distress. The "Not Coping, Just Momentarily Numbing" captures participants experiences of soothing their immense pain through unhelpful coping mechanisms. By a steer towards introspection and reflection through therapy they gradually become aware of alternative ways of coping that were more efficient in the long term. The subthemes of "Assertiveness and Emotional Expression as self-care" and "Becoming More Self-aware and Accepting" attempt to capture this. The final subtheme of "Nothing Can Stop me: Resilience and Hope" reveals the evolving power of therapy explored in the aforementioned subthemes in cultivating resilience and hope after prolonged and chronic suffering and self-destruction.

3.5 Analysis Summary

The analysis has been thoughtfully organized to provide a comprehensive understanding of the participants' journey through therapy within the context of the CJS. Each GET contributes to the overall narrative by showcasing the transformative power of therapy in addressing different aspects of the participants' experiences.

The first GET focuses on the pivotal role of safety and trust within the therapeutic space, highlighting how chronic unsafety and fear in the CJS contribute to mistrust, deception, and a lack of authenticity. Through therapy, participants experience a shift towards safety and trust, leading to greater honesty and authenticity.

The second GET further explores this evolution by emphasizing the empowerment participants gain through therapy. It illuminates the systemic issues of the CJS, including dehumanization and stigma, which disempower and isolate individuals. Within the therapeutic space, participants find a sense of worth and validation, allowing them to be seen and heard.

The third GET delves into the intrapersonal changes brought about by therapy. It showcases how self-awareness, acceptance, and assertiveness are nurtured, leading to personal growth and development. Participants become equipped to handle their pain and distress, gradually letting go of self-destructive coping mechanisms.

The intentional structure of the GETs captures the complexity and contrasts inherent in participants' experiences of therapy within the CJS. It highlights the significance of context in shaping their therapeutic journey, while also acknowledging the importance of

addressing powerlessness in the face of systemic forces. By presenting participants' narratives in this way, the analysis honours and respects their unique experiences and showcases the resilience and hope that emerges from therapy.

Overall, the analysis provides a comprehensive and insightful exploration of the transformative potential of therapy within the CJS. It showcases the profound impact of therapy in fostering safety, empowerment, self-awareness, and growth, offering a glimmer of hope amidst the challenges faced by the participants.

CHAPTER FOUR

DISCUSSION

Overview

Following the framework proposed by Smith et al. (2021), this chapter intends to position the research findings within a broader context. Its objective is to analyze the overarching themes within the context of the literature introduced in the first chapter. Additionally, the Discussion section will incorporate supplementary research that was not covered in the Literature Review, aligning with the inductive approach of IPA and the anticipation that the interviews and analysis will lead the researcher into previously unexplored areas (Smith et al., 2021).

The study involved conducting semi-structured interviews with five female participants who had received support from two specialized charities offering free psychotherapy to women involved in the UK CJS. An interview schedule was devised to address the following research questions:

1. How do women, involved in the CJS, experience psychotherapy in the community?
2. What does psychotherapeutic support in the community mean for women in the CJS?

Many of the insights that emerged during the analysis are consistent with existing literature. For instance, participants shared experiences of chronic fear, anxiety, and trauma both before and during their involvement in the CJS. They also reported grappling

with mental health difficulties and highlighted the use of substances as a primary coping mechanism to numb emotional distress. These disclosures align closely with previous research that underscores the prevalence of trauma, mental health issues, and substance misuse among women in the CJS (Forrester et al., 2020; Quinn et al., 2023; Vince & Evison, 2021; Hulley, 2021). Additionally, existing studies have consistently emphasized the lack of appropriate support for women within the CJS, particularly those from marginalized backgrounds (Chesney-Lind & Pasko, 2016; Camplain et al., 2020; Quinn et al., 2023) and when transitioning from prison to the community (Hirschtritt & Binder, 2017; Auty, Cope & Liebling, 2017; Perry et al., 2019). Such findings were also echoed by the participants' testimonies. Specifically, some participants mentioned inappropriate support offered by designated, untrained peers within prison. However, probation officers supporting women upon their release from prison to access housing and appropriate community services were identified by some as helpful (Barry, 2021; HM Inspectorate of Probation, 2021).

Themes of powerlessness and dehumanization within the CJS emerged prominently, making the theoretical frameworks discussed in the first chapter—intersectionality and the PTMF—particularly pertinent. The study's results offer fresh insights into participants' experiences of therapy in the community post release from prison and/or while on probation. A contrasting narrative emerged where the therapy and elements of the therapeutic relationship served as antidotes to fear, powerlessness, and dehumanization experienced prior to and during participants' encounters with justice systems. The findings revealed participants' interpersonal and intrapersonal evolution through their engagement in a 'safe' therapy, encompassing themes like 'Embracing authenticity and honesty,' 'Experiencing empathy: feeling heard and understood,' 'Personalization and empowerment' and 'Steering towards introspection and reflection'.

Discovering safety, agency and a sense of control through therapy by feeling respected, empowered, and understood were highlighted as profoundly transformative for participants who had been marginalized and disempowered by various systems of oppression.

Consequently, this chapter will propose practice implications based on these findings. It will also involve reflections on the research process and acknowledge the study's limitations. Lastly, potential avenues for future research will be discussed.

4.1 Understanding GETs in the context of existing literature

This part delves into more detail on how emergent themes in this study are portrayed in the existing body of literature, and how the findings contribute to a broader understanding of these phenomena beyond what is currently known. These include the significance of trust and safety in therapy after chronic unsafety, the contrast between depersonalization and powerlessness in the CJS and empowerment through personalized care in therapy, and intrapersonal growth as a result of the therapeutic process.

4.1.1 Transition from Mistrust to Openness: Therapist as a 'Transitional Object'

Within existing literature, there is a recurring emphasis on gender differences and the factors that render women in the CJS more vulnerable than men i.e., a higher prevalence of mental health issues, trauma, abuse, and substance misuse difficulties among women in the CJS (Forrester et al., 2020; Quinn et al., 2023; Vince & Evison, 2021; Hulley, 2021). These coupled with other gender-specific vulnerability factors, such as motherhood and membership in minority groups and/or a low socioeconomic background, further compound the vulnerability and marginalization experienced by women in the CJS (Crewe, Hulley & Wright, 2017; Baidawi et al., 2021; Hunter, 2022b).

This vulnerability, as revealed in the emergent themes of the study, is reflected in participants' accounts of chronic fear, anxiety, and unsafety both before and during their involvement in the CJS. The uncertainty surrounding legal procedures and imprisonment intensified feelings of unsafety and a sense of loss of control, contributing significantly to emotional distress. In the initial part of the first GET, participants' testimonies shed light on their experiences of fear and how this fear cultivated censorship and mistrust, which, in turn, became default coping mechanisms to survive within the CJS.

After a history of habitual lying and mistrust, employed as protective measures, the request to open up in therapy presented a unique challenge. This challenge is aptly captured in the subtheme 'Habitual lying and mistrust in the pursuit of safety'. Such learned interpersonal patterns of behavior might have been adaptive within the threatening environment of prison, but upon transition to the community they might prevent individuals from meeting their emotional 'needs' and contribute to further emotional distress and isolation. Therapy can play a pivotal role in overcoming these difficulties by facilitating the adoption of new, more adaptive ways of interacting and functioning. Moreover, the therapist can serve as a catalyst for growth and development.

Subsequent subthemes of the first GET trace a gradual evolution from censorship to openness, mirroring how participants progressively began to trust their therapists and experience a newfound sense of safety within the therapeutic space. To comprehend this phenomenon, it can be valuable to view the therapist as a 'transitional object' (Winnicott, 1953). According to Winnicott, a child's initial ego development involves the establishment of basic trust in the world, often facilitated by the presence of a "good enough mother." The transitional object symbolizes this "good enough mother" by

providing an anchor point that allows individuals to navigate reality and integrate their experiences. In this broader conceptual context, the therapist can assume the role of a transitional object by acting as a defense against anxiety and assisting clients in navigating intrapsychic and interpersonal crises through a comforting and supportive presence.

This dynamic conceptualization of the therapist serving as a transitional object is integral to fostering a therapeutic process centered on ego development and reconstitution. A crucial strategy that the "good-enough therapist" strives to cultivate during therapeutic work is the concept of distancing, often described as establishing an alliance with the observing ego. The observing ego represents an individual's ability to gain a different perspective on themselves and their challenges that could potentially reduce emotional distress. Consequently, clients gain the capacity to explore various psychological facets, encompassing intrapsychic conflicts, external stressors, and challenges within their interpersonal relationships (Murray, 1974). This transformative process is eloquently encapsulated in the final subtheme of the first GET – 'Embracing authenticity and honesty.' Within this subtheme, participants share their reflections on how the adoption of new, more adaptive patterns of behaviour such as transparency, honesty, and authenticity, acquired through therapy, has contributed to feelings of liberation, relief and the "blossoming" of relationships beyond the therapeutic space. Crucially, the idea is that the transitional object does not become repressed or forgotten, nor does its loss necessitate mourning. Its significance diminishes because it is no longer required, and its functions are diffused into other individuals and behaviours (Murray, 1974), hence further cultivating a sense of agency and empowerment.

4.1.2 From depersonalisation to personalisation

Many psychological interventions in the CJS have historically concentrated on addressing specific issues such as substance misuse, enhancing problem-solving skills, and parenting skills, all with the aim of reducing reoffending rates post-release from prison. These interventions typically adopt short-term, cognitive-behavioural approaches (e.g., Lipsey, Landenberger & Wilson, 2007; Peters et al., 2017). While some quantitative studies have indicated their effectiveness in reducing reoffending rates (e.g., Tripodi et al., 2011), it is worth questioning whether such approaches adequately consider the 'personalized' aspect of care.

Moreover, the dominant psychological narrative emphasizes that emotional distress is primarily caused by thoughts, emotions, and behaviors, suggesting that distress can be regulated by understanding and changing existing thought and behavioral patterns. This perspective, inherent in many cognitive-behavioural interventions (Beck, 2011; Dobson & Dobson, 2018), places significant responsibility on the individual to enact change. While this can be empowering, it may also overlook how systemic forces such as institutionalization and preexisting socioeconomic inequalities contribute to and perpetuate emotional distress and 'troubling' behavior (Garland & Wodahl, 2014; Heidari et al., 2020). For women in the CJS, who frequently come from backgrounds of significant socioeconomic disadvantage and face institutionalization, this can be a critical oversight.

The findings from the second GET reveal a complex narrative marked by contrasting experiences, mirroring the themes emerging from the initial GET. Participants grapple with feelings of powerlessness within the dehumanizing and depersonalizing environment of the CJS. In stark contrast, therapy offers a personalized and empathetic

setting that empowers and restores agency. Four distinct subthemes emerged, with two centering on participants' encounters with depersonalization, lack of support, and their vulnerability to systemic forces. The other two subthemes shed light on experiences characterized by care, understanding, and empathy, underlining their profound influence on the participants' sense of self.

The PTMF provides a valuable and novel lens through which to interpret and comprehend the experiences of women involved in the CJS. Fundamentally, the PTMF challenges the notion that emotional distress is solely a symptom of an underlying 'disease,' proposing instead that it often stems from understandable reactions to power dynamics and threats encountered in one's interactions with society (Boyle, 2022). The study's findings emphasize how the CJS disempowers and dehumanizes women, particularly those belonging to ethnic and/or sexual minority groups. This aligns closely with the PTMF's core focus on how power operates at personal, interpersonal, and societal levels to shape one's experience of distress.

The subtheme 'Threat Response to Power' delves into participants' encounters with stigma, rejection, and judgment due to their CJS involvement, elucidating how systemic forces contribute to feelings of powerlessness and inadequacy. Moreover, imprisonment exacerbates institutional power imbalances upon reintegration into the community, where participants encounter numerous barriers due to their criminal records. One participant even acknowledges her white privilege, recognizing racial disparities within the CJS, while four participants reflected on how belonging to a minority group – ethnic or sexual - contributed to their distress overtime. Understanding their unique vulnerabilities resonates with the PTMF's nuanced understanding of power dynamics i.e., that individuals can face multiple, intersecting sources of power imbalances, such as gender,

ethnicity, and sexuality (Boyle, 2022; Lehmann, 2023). Overall, participants reported feeling unseen and unsupported due to depersonalization and the system's failure to recognize how individual circumstances contribute to one's distress and 'troubling' behaviour.

The participants' emphasis on the importance of voicing their unique stories and having these acknowledged aligns with the 'Meaning' aspect of the PTMF. This framework underscores the significance of narratives and meaning-making in comprehending and coping with emotional distress. The findings illustrate how therapy provides a space for these women to reconstruct and make sense of their experiences, crafting narratives that challenge the disempowering narratives encountered within the CJS and the broader community (e.g., how the media portray their stories). When the concept of 'meaning' is excluded from actions within the CJS, it poses challenges in interpreting 'threat responses.' Furthermore, certain threat responses may be unfairly stigmatized, while others not, such as the case of a woman who is also a mother facing harsher punishment due to existing gender stereotypes (Booth, 2020).

What appears to be a novel insight is how therapy serves as a counter-narrative to participants' CJS experiences. Instead of disempowerment, they find a space where they are heard and in control. This further resonates with the PTMF's emphasis on understanding how and acknowledging that power cannot only cause distress but can also be harnessed for healing. In the case of the participants, the therapeutic setting shifts power dynamics from the CJS, allowing them to regain some agency and control as part of their rehabilitation journey.

4.1.3 Inward reflection: From coping mechanisms to inner strength

Prior research has underscored the prevalence of substance misuse challenges among women in the CJS, while also highlighting the dearth of available support (McGee et al., 2018a; Bloom & Covington, 2008; McGee & Gilbert, 2010). A key recommendation in the existing literature revolves around the provision of gender-specific, comprehensive mental health support that conceptualizes substance misuse as a manifestation of underlying mental health issues, such as trauma (e.g., Bloom & Covington, 2008; Petrillo, 2021). Additionally, it is essential to recognize that substance misuse has consistently been misconstrued as criminal behaviour, resulting in individuals being incarcerated for drug-related offenses and subsequently released into the community without adequate resources to address their substance misuse concerns (e.g., Praetorius, Terry, and Burse, 2017). The study's participants frequently discussed the challenges outlined above, contributing to a problematic cycle (see Figure 1).

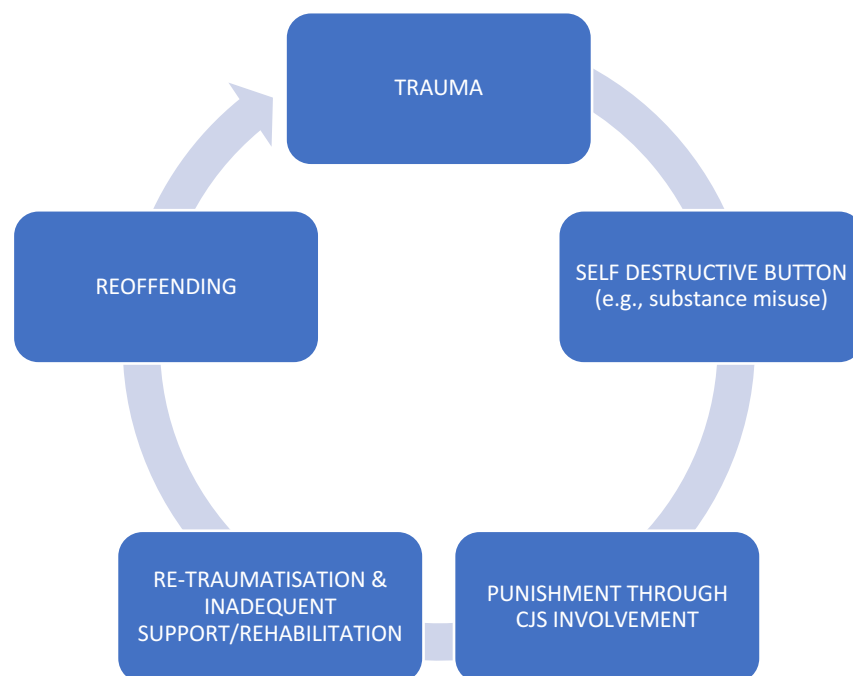


Figure 1: The link between trauma, self-destructive coping mechanisms, lack of rehabilitation and reoffending.

The third GET hones into the therapeutic process and its capacity for transformation, empowering participants to cultivate resilience, healing, and personal growth through practices centred on self-care, self-awareness, and self-acceptance. Exploring the journey of intrapersonal evolution, has illuminated valuable insights into how therapy acts as a catalyst for unlocking inner strength and embracing more adaptive coping strategies.

Furthermore, the emerging subthemes demonstrated intrapersonal evolution experienced by participants through therapy in their approach to managing emotional distress. "Not Coping, Just Momentarily Numbing" reflects participants' journeys of temporarily alleviating intense pain through ineffective coping methods, such as substance misuse. As therapy guides participants towards introspection and self-reflection, they gradually discover more sustainable coping strategies. The subthemes "Assertiveness and Emotional Expression as Self-Care" and "Becoming More Self-Aware and Accepting" aim to encapsulate this transformation. The final subtheme, "Nothing Can Stop me': Resilience and Hope," illustrates the unfolding influence of therapy explored in the earlier subthemes, fostering resilience and hope despite prolonged periods of suffering and self-destructive behaviours.

Therapy serves as a secure and supportive space, allowing participants to gain insight into their established patterns of behaviour and coping strategies. Within this process, clients are encouraged to take responsibility for their own well-being, fostering a sense of agency and control over their lives. For many clients, their self-destructive patterns, such as substance misuse, have become deeply intertwined with their identity, making it challenging to relinquish them. This phenomenon, known as ego-syntonic, creates resistance to change, as letting go of these patterns can feel like a loss of self. However,

therapy provides an opportunity for clients to explore and comprehend the roots of their emotional distress. This exploration can help them recognize their coping mechanisms and begin to perceive their problems as ego-dystonic, meaning these issues are incongruent with their desired sense of self (Young, Klosko & Weishaar, 2006).

In particular, trauma-informed and integrative therapeutic approaches have demonstrated effectiveness in working with complex presentations and trauma (Talbot et al., 2015; Peled et al., 2017; Huntjens et al., 2019). These approaches may prove particularly relevant for women transitioning out of the CJS, as they can offer comprehensive support tailored to the unique challenges faced by this population.

4.1.4 Summary of findings

Existing literature highlights the vulnerability of women in the CJS due to factors such as mental health issues, trauma, and substance misuse difficulties, particularly when compounded by gender-specific factors. These vulnerabilities mirror the emergent themes in the study, where participants reported chronic fear, anxiety, and unsafety throughout their CJS involvement. Testimonies revealed that fear led to censorship and mistrust as coping mechanisms within the CJS. The challenge arose when participants, who had developed habits of mistrust and deception for self-protection, were asked to open up in therapy. This transformation from censorship to openness aligns with the concept of the therapist as a 'transitional object'. Viewing the therapist through this lens, participants began to trust their therapists, experiencing a newfound sense of safety within the therapeutic space. The therapist's role as a 'transitional object' allowed clients to navigate intrapsychic and interpersonal crises, fostering ego development and reconstitution.

Furthermore, traditional psychological interventions in the CJS have typically employed short-term, cognitive-behavioural approaches, focusing on specific issues like substance misuse, problem-solving, and parenting skills, with the aim of reducing reoffending rates. However, the study suggests that these approaches may overlook the personalized aspect of care and the role of systemic forces in perpetuating emotional distress and 'troubling' behaviour. Participants' narratives revealed a stark contrast between their experiences of depersonalization and powerlessness within the CJS and the personalized, empowering care they received in therapy. The PTMF provides a lens to understand these experiences, emphasizing how power dynamics contribute to emotional distress. Therapy emerged as a counter-narrative, offering empowerment and agency to participants, particularly those belonging to minority groups.

In addition, the study revealed that women involved in the CJS often resort to self-destructive coping mechanisms, such as substance misuse, to temporarily alleviate emotional pain. Therapy played a transformative role by guiding participants toward introspection and self-reflection. This shift allowed them to recognize the limitations of their coping mechanisms and view their problems as incongruent with their desired sense of self. Trauma-informed and integrative therapeutic approaches could be valuable tools for working with complex presentations and trauma, potentially benefitting women transitioning out of the CJS. In the therapeutic process, participants embarked on a journey of intrapersonal growth, moving away from unhelpful coping mechanisms toward more adaptive ones. This transformation was reflected in subthemes highlighting assertiveness and emotional expression as self-care, self-awareness, and self-acceptance. Ultimately, therapy served as a catalyst for unlocking inner strength and fostering resilience, offering hope, and healing even after prolonged suffering and self-destructive behaviours.

4.2 Clinical Implications

The findings from this study highlight several critical clinical implications and contributions to the field of Counselling Psychology, particularly focusing on the unique needs and experiences of women within the CJS. This research underscores the necessity of adopting trauma-informed, holistic, and personalized therapeutic approaches. It also provides a nuanced understanding of the complex interpersonal dynamics between clients and healthcare professionals in the context of the CJS and amidst wider systemic issues faced by women rehabilitating.

Trauma-Informed and Holistic Care

Participants in the study reported chronic fear, anxiety, and mistrust, underscoring the profound impact of trauma. Traditional short-term, cognitive-behavioural interventions, while effective in some contexts (e.g., Peters et al., 2017; Beaudry et al., 2021), often fail to address these deep-seated issues. The study's findings suggest that therapeutic approaches should prioritize creating a safe and supportive environment that acknowledges past trauma and its ongoing effects. Trauma-informed care requires therapists to be trained in recognizing trauma responses and providing care that helps clients feel secure enough to open up and engage in the therapeutic process.

The role of the therapist as a 'transitional object' emerged as a critical factor in facilitating trust and openness among women in the CJS. Participants who viewed their therapists in this way were better able to navigate their intrapsychic and interpersonal crises. One participant described her relationships outside therapy “blossoming” because of embracing honesty and authenticity through therapy. This highlights the importance of

building strong, trusting relationships with clients, offering a consistent and supportive presence that can help mitigate the effects of a distrustful and unsafe environment.

Addressing Systemic Forces and Socioeconomic Inequalities

The study underscores the critical need to acknowledge and address systemic forces that contribute to emotional distress and ‘troubling’ behavior among women in the CJS. Issues such as social stigma, mental health challenges, and socioeconomic barriers often isolate these women, making it difficult for them to access the support they need. Effective therapy must extend beyond individual-level interventions to include advocacy and support for systemic change. This involves connecting clients with resources (e.g., appropriate housing, employment support, financial aids) to address these inequalities and fostering environments that reduce the risk of re-traumatization.

Furthermore, participants highlighted the lack of appropriate support before and throughout their journeys in the CJS. This includes the failure of services to prevent CJS involvement through opportunities for therapy earlier on due to substance misuse and/or mental health issues, the lack of appropriate support within prison, and upon release when individuals are most vulnerable. This highlights the importance of probation services liaising with community services (e.g., addiction, mental health, housing, social services) before discharge from prison, to enable sufficient time for healthcare professionals to form relationships with service users in preparation for their reintegration back into the community .

Institutionalization within the CJS exacerbates these problems. The dehumanizing and traumatic environments in prisons reinforce feelings of worthlessness and helplessness. When healthcare professionals fail to recognize how experiences of dehumanization and

depersonalization contribute to emotional distress, they risk re-traumatizing and further disempowering these individuals through their interactions with different healthcare services. Short-term interventions focused on behavior modification are insufficient to address the profound impact of such experiences. Instead, there needs to be a recognition of the damaging effects of institutionalization and a shift towards interventions that prioritize long-term, relational, and systemic support.

By understanding and addressing these systemic issues, therapists can help mitigate the broader socio-economic and institutional factors that perpetuate distress and hinder recovery. This holistic approach can foster more effective and compassionate care, ultimately aiding in the rehabilitation and reintegration of women within the CJS.

Fast Turnover of Healthcare Professionals Hindering ‘Secure Attachments’

One of the significant challenges faced by clients accessing support in addiction and mental health services is the fast turnover of healthcare professionals. This rapid turnover poses a major limitation in forming safe and secure relationships between service users and clinicians, which was highlighted as invaluable by the participants of this study. Sudden changes of designated clinicians can exacerbate existing feelings of anxiety, lack of agency, and mistrust among women in the CJS accessing support in the community. Consistency in therapeutic relationships is crucial for building trust and fostering a sense of security.

Participants emphasized that having a stable therapeutic relationship allowed them to gradually build trust and feel safe. The sudden turnover of clinicians often left them feeling abandoned and increased their anxiety. This disruption not only hampers the development of secure attachments but also undermines the progress made in therapy.

The instability caused by frequent changes in clinicians can significantly disrupt the therapeutic process. Women in the CJS, who have often experienced significant trauma and instability, may find it particularly challenging to form new attachments and engage deeply with new therapists. The lack of continuity can lead to setbacks in their rehabilitation and personal growth, making it harder for them to navigate their emotional and psychological challenges. To address this issue within healthcare services, it is essential to ensure continuity of care by implementing strategies such as:

1. **Increase Funding for Mental Health Services:** Adequate funding is essential to ensure that mental health services can offer long-term interventions and retain skilled professionals. Stable funding can reduce staff turnover and provide consistent care to clients.
2. **Implement Long-Term Employment Contracts:** Healthcare services should consider offering long-term employment contracts to clinicians. This can help in reducing turnover rates and maintaining continuity in therapeutic relationships.
3. **Develop Supportive Work Environments:** Creating supportive work environments that prioritize staff well-being can reduce burnout and turnover. This includes providing adequate supervision, opportunities for professional development, and measures to address work-related stress.
4. **Promote Interdisciplinary Training:** Training programs that emphasize interdisciplinary approaches can prepare healthcare professionals to understand and address the complex needs of women in the CJS. This can enhance collaboration and consistency in care.

By addressing the fast turnover of healthcare professionals, it is possible to foster secure attachments and ensure effective therapeutic outcomes for women in the CJS. Implementing these strategies can provide a stable and supportive environment that

promotes trust, safety, and continuity of care, ultimately aiding in the rehabilitation of this population.

Utilizing the Power Threat Meaning Framework (PTMF)

The Power Threat Meaning Framework (PTMF) offers a novel and valuable lens for understanding how power dynamics contribute to emotional distress. Rooted in the social constructionist perspective, the PTMF emphasizes that our existence is inextricably linked with the social milieu around us (Boyle, 2022). This framework underscores the belief that power, in its various forms, profoundly impacts individuals and systems, shaping experiences and responses to distress.

This study's findings support the application of PTMF to contextualize clients' experiences and design interventions that address the power imbalances and systemic oppression faced by women in the CJS. By utilizing the PTMF in clinical practice, clinicians can better comprehend and interpret 'troubling' behavior as a 'threat response.' This approach involves exploring clients' stories through questions such as "What is your story?" and "What happened to you?" These questions help clinicians understand the underlying causes of distress and empower clients to reframe their experiences, fostering more constructive and empowering narratives about their lives.

Incorporating the PTMF into clinical governance and multidisciplinary team meetings can showcase its effectiveness in working with vulnerable and disadvantaged individuals in the CJS. This integration could positively influence clinical practice across various healthcare professionals, promoting a more holistic and empathetic approach to care. By addressing the root causes of emotional distress and considering the broader socio-

political context, the PTMF can enhance the understanding and treatment of clients, ultimately leading to more effective and compassionate interventions.

The clinical implications of this study emphasize the need for a holistic, empowerment-focused, and personalized therapeutic approach for women in the CJS. By addressing the unique challenges and strengths of these women, clinicians can facilitate a transformative process that fosters trust, empowerment, and intrapersonal growth. Systemic issues such as social stigma, mental health challenges, and socioeconomic barriers often isolate women in the CJS, making it difficult for them to access and engage with the support they need. Developing secure relationships with healthcare professionals can act as a bridge to other resources, facilitating connections to housing, community services, and further mental health care. Punitive institutional settings and fragmented support systems can exacerbate women's distress. In such contexts, the role of the therapist as a transitional object becomes crucial. Providing consistent, empathetic, and supportive care can help mitigate the harsh realities of the CJS, enabling women to process their trauma, develop healthier coping mechanisms, and rebuild their sense of self-worth.

4.3 Reflexivity

During the research process, there were instances where participants withdrew their consent to participate in the study. This experience evoked a complex mix of emotions and reflections. It made me consider the emergent themes around trust and the difficulties participants faced when opening up to me. It was apparent that many of the participants had experienced an environment that favoured silence and self-preservation. The act of withdrawing consent signalled a significant hesitation to engage openly, perhaps mirroring the challenges faced by women in the CJS. As a researcher, there was a palpable sense of wanting to create a safe space for my participants, where they felt comfortable

sharing their experiences, yet also an awareness of the broader context that had conditioned their reluctance. It often felt like walking on eggshells during interviews, particularly when interacting with a participant who held a considerable amount of stigma around her offense. In such moments, there was a heightened caution not to inadvertently trigger feelings of shame, underscoring the delicate balance between exploring sensitive topics and ensuring the well-being of the participants.

One of the intriguing aspects that emerged during the interviews was the participants' reflexivity. Their ability to introspect and reflect on their own journeys was evident throughout the interview process. This reflexivity yielded rich data that seemed to reflect their personal evolution and growth after a year of psychotherapy. It was striking to witness how they navigated their past experiences, acknowledging their roles in past actions, and considering the changes that therapy had brought into their lives. This level of self-awareness provided a deeper layer of understanding of their narratives, shedding light on the transformative potential of therapy within the context of the CJS.

Throughout the interviews, there were moments when a shared, strong sense of injustice and anger emerged in me. This emotional reaction at times steered the focus towards the shortcomings of the CJS rather than exploring the participants' experiences of therapy. I found myself grappling with a residual anger towards the CJS, which contrasted significantly with the positive experiences shared by the participants regarding therapy. This anger was not just personal but also reflected the collective frustration that participants had encountered within the CJS. This contrast between the horrific experiences of these women within the CJS and the positive transformations they experienced during therapy underscored the complexity and depth of their narratives. It

also posed a challenge in maintaining a balanced perspective while ensuring that the research remained participant centered.

To conclude, I hope that with the above reflections I offer some insight into the intricate dynamics of conducting research in a sensitive context, while sharing my emotional and ethical engagement with the study's participants and their testimonies.

4.4 Critique of the research

To evaluate the quality of this study, it is important to refer back to Yardley's (2000) guiding principles for assessing the quality of qualitative research, as outlined in the Methodology chapter. Throughout this research, the researcher has adhered to these principles, aiming for transparency and coherence. Reflexivity has been interwoven into the methodology, and the study is firmly rooted in the foundational tenets of IPA. It embraces a phenomenological approach by delving into the lived experiences of women in the CJS. Additionally, it adopts a hermeneutic stance, evident in the in-depth analysis, which extends beyond mere description. Furthermore, the study maintains an idiographic orientation, emphasizing the unique and individual aspects of participants' experiences. By giving participants a voice, utilizing the interview schedule as a guide rather than a strict script, and anchoring the analysis in the transcripts, this research reflects a commitment to rigor and sensitivity to the context. Ultimately, it is hoped that Yardley's criteria for impact and importance have been met in this study. It offers a fresh perspective into the challenges experienced by women in the CJS and how the context interacts with their experiences of therapy in the community. The comprehensive exploration of the research questions through the emergence of themes further underscores the study's significance and relevance.

Although the depth of data, the meticulousness of the analysis, and the novel insights presented in this study partially alleviate the constraints imposed by the small sample size, it is crucial to recognize that the sample size itself remains a limiting factor. As previously discussed in the Methodology chapter and reflected in the emerging themes from the analysis, challenges related to recruitment can be attributed to concerns surrounding trust and safety. Additionally, the relatively small population of women in the CJS accessing community-based therapy may have contributed to recruitment difficulties.

Furthermore, it is important to recognize that all five participants reported strongly positive experiences with therapy. This positive bias may stem from the fact that participants who dropped out of therapy and had less favourable experiences were less likely to be in touch with their therapists and hence less likely to participate in the study. Their perspectives could have provided valuable insights into areas where therapy may not have worked as effectively. Additionally, participants were approached by their therapists to participate in the study, which may have influenced their decision to take part and what they chose to disclose. For instance, participants' gratitude towards their therapists might have deterred them from disclosing any negative experiences, fearing it could impact their ongoing therapeutic relationships. These limitations should be considered when interpreting the study's findings and may guide future research in this area.

Lastly, another limitation of this study is the lack of homogeneity in the sample regarding the timing of therapy completion among participants. Some participants had completed therapy a few years before the interviews took place, whereas others were nearing the end of their therapy at the time of the interviews. This discrepancy in the timing of therapy

completion could introduce variability in how participants recalled and interpreted their therapeutic experiences.

Research on memory accuracy indicates that the passage of time can significantly affect how experiences are recalled. Over time, memories can become less accurate and more susceptible to distortion (Hardt & Nadel, 2018). Factors such as the emotional intensity of the experiences, the individual's current psychological state, and the presence of intervening experiences can all influence how memories are reconstructed (Smeets et al., 2021). For example, participants who completed therapy years ago might remember their experiences in a more generalized and perhaps idealized manner compared to those who are still in therapy or recently completed it.

Studies have shown that the accuracy of autobiographical memory can decline over time. As time passes, individuals may integrate their experiences into broader narratives about their lives, potentially leading to alterations in specific details (Bohn & Berntsen, 2019). Moreover, the phenomenon of 'memory decay' suggests that individuals may forget specific aspects of their experiences, particularly if these aspects were not frequently recalled or rehearsed (Staniloiu & Markowitsch, 2014).

Furthermore, research by Aksentijevic and Brandt (2018) demonstrated that while people tend to maintain confidence in the accuracy of their memories over time, the actual fidelity of these memories can diminish. This finding is particularly relevant to this study, as participants who completed therapy several years ago may express confidence in their recollections, but the details of their therapeutic experiences might be less reliable than those provided by participants who recently completed therapy.

Future research should conduct interviews at a consistent time point relative to therapy completion, such as six months post-therapy, to help minimize variability in memory recall. Alternatively, implement a longitudinal design where participants are interviewed at multiple time points during and after therapy. This method can provide a more comprehensive understanding of how therapeutic experiences evolve and are recalled over time.

4.5 Suggestions for future research

Several avenues for future research emerge from this study's limitations and findings. First and foremost, it's important to expand research to encompass a broader spectrum of participants, especially focusing on women from minority groups in the CJS. Gaining an understanding of the distinct challenges these individuals encounter is key to developing support and interventions that are specifically tailored to meet their unique needs. Additionally, future research should explore the implementation of personalized care from the early stages of involvement in the CJS, investigating the feasibility and impact of such an approach to lead to more effective and humanistic interventions.

Further research could benefit from utilizing the Power Threat Meaning Framework (PTMF) in research with women involved in the CJS. This could offer a valuable lens to uncover the multifaceted challenges and strengths of these women within the CJS and the therapeutic context. Exploring how power dynamics and institutional power within the CJS impact women offenders and scrutinizing policies and decision-making processes that affect them can lead to more equitable reforms. An intersectional analysis using PTMF is also critical for tailoring interventions that consider the unique challenges faced by individuals with multiple sources of vulnerability.

Lastly, the efficacy of community therapy for marginalized populations in the UK CJS warrants further study to better understand what works in providing therapeutic support. Moreover, the role of researchers' backgrounds and identities in influencing research outcomes should be a continuous focus, considering factors like race, gender, and sexual orientation and how they impact the research process and emergent narratives.

CHAPTER FIVE

CONCLUSION

The methodology chosen for this study, IPA, represents a shift away from traditional positivist research approaches focused on evaluating the efficacy of psychological interventions in the context of the Criminal Justice System (CJS). The existing literature pertaining to gender disparities within the CJS is reviewed, along with research on the effectiveness of psychological interventions in this setting. An intersectional perspective, in conjunction with the Power Threat Meaning Framework (PTMF), underscores the significance of contextual factors in shaping individuals' emotional distress.

This research aimed to amplify the voices of participants who underwent therapy in the community following their release from prison or during probation. Semi-structured interviews were conducted with five individuals recruited from two specialized charities providing therapy to women involved in the CJS. The analysis of interview transcripts yielded 13 subthemes organized into three overarching Group Experiential Themes (GETs). These findings contribute fresh insights into the experiences of women accessing community-based therapy within the broader context of the CJS. These GETs encompass the pivotal role of trust and safety in therapy following prolonged exposure to insecurity, the juxtaposition of depersonalization and powerlessness within the CJS versus the empowerment engendered by personalized care in therapy, and the intrapersonal growth fostered by the therapeutic process.

In summary, this research augments the existing body of literature underscoring the experiences of women involved in the CJS, emphasizing the life-changing potential of

therapy in addressing their complex needs and challenges. Findings contribute to a deeper understanding of the interplay between personal experiences, systemic forces, and therapeutic interventions, offering opportunities for more holistic and effective support for this vulnerable population. By delving into the intricacies of the therapeutic journey for women within the CJS, this study makes a distinctive contribution to the fields of Counselling and Forensic Psychology, shedding light on a hitherto underexplored area of inquiry.

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APPENDICES

APPENDIX A: Interview Schedule (questions asked flexibly and not in the specific order)

1. Can you tell me a bit about your involvement with the Criminal Justice System?
Prompts: How long? What happened? How do you feel about it?
2. What's it like to be involved in the CJS?
3. How has it affected your relationship with yourself and others?
4. What forms of support have you been offered during your involvement with the Criminal Justice System?
Prompt: How do you feel about it? How have you been affected by the support offered?
5. What made you try therapy?
Prompt: How long have you been/were you in therapy? What have you been working towards?
6. How does it feel having therapy?
Prompts: What does it mean for you? What was it like when you started? Has it changed?
7. How do you feel about your therapist?
Prompts: What does this relationship mean for you? How would you describe your therapist?
8. What have you found positive about therapy and what not so positive?
9. How do/did you feel about the ending?
10. Do you see yourself differently now than before therapy?
11. How do you see yourself in the future?
Prompts: How about others?



WOMEN'S EXPERIENCES OF THERAPY IN THE CRIMINAL JUSTICE SYSTEM: A QUALITATIVE EXPLORATION

I am a trainee Counselling Psychologist at the University of East London. I am conducting research to better understand women's experiences of psychotherapy within the CJS.

Looking for research participants – can you help?

- Would you be willing to share your experience of therapy to help us better understand what has or has not helped?
- Are you able to spare one hour for a one-to-one online interview?

There is no right or wrong answer, it is your unique experiences that are important in this study. Your participation will be confidential, voluntary, and will not affect your therapeutic work or involvement with Working Chance.

If interested in participating in this study, please contact:

Anastasia Sgoumpopoulou: [REDACTED]

Email: u2050169@uel.ac.uk



PARTICIPANT INFORMATION SHEET

Exploring how Women Involved in the UK Criminal Justice System Experience
Psychotherapy in the Community: An Interpretative Phenomenological Analysis

Contact person: Anastasia Sgoumpopoulou Email: u2050169@uel.ac.uk

You are being invited to participate in a research study. Before you decide whether to take part or not, please carefully read through the following information which outlines what your participation would involve. Feel free to talk with others about the study (e.g., friends, family, etc.) before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me on the above email.

Who am I?

My name is Anastasia Sgoumpopoulou. I am a postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for a Professional Doctorate in Counselling Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

What is the purpose of the research?

I am conducting research to explore and understand how women who are involved in the UK Criminal Justice System experience psychotherapy in the community. To date, there has been very little research on this topic. Studies suggest that within the male dominated UK Criminal Justice System, women's unique needs often remain unaddressed. Few studies have indicated that community based psychotherapeutic support is effective in addressing those needs and reducing the likelihood of future reoffending. However, there is little understanding on how and why community psychotherapy might be effective or ineffective from the unique perspective of the women who experience it. Exploring this topic can potentially inform and contribute to therapeutic practice as well as help to understand barriers to providing appropriate support to vulnerable women within the Criminal Justice System.

Why have I been invited to take part?

To address the study aims, I am inviting women who are involved in the Criminal Justice System and are currently having or have had psychotherapy in the community to take part in my research. If you are a woman (18-65 years old) involved in the CJS

through a prior custodial or community sentence and have had at least eight psychotherapy sessions in the community, you are eligible to take part in the study.

Please note, it is entirely up to you whether you take part or not, participation is voluntary.

What will I be asked to do if I agree to take part?

If you agree to participate, you will be invited to attend an online semi-structured informal interview via Microsoft Teams or alternatively a telephone interview, which will be recorded. The interview will take about one hour of your time, and you will be asked to reflect on your experience of undergoing psychotherapy in the community i.e., what it means or meant for you to receive support, what was helpful or unhelpful, whether it has impacted the way you see yourself etc.

Can I change my mind?

Yes, you can change your mind at any time and withdraw without explanation, disadvantage or consequence. Participation is voluntary and if you choose to withdraw from the interview or not participate, you can do so at any point of the study. Separately, you can also request to withdraw your data from being used even after you have taken part in the study, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible). If you withdraw, your data will not be used as part of the research.

Are there any disadvantages to taking part?

It is not anticipated that you will be adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. However, it is possible that your participation – or its after-effects – may make you feel uncomfortable in some way, therefore, information on additional supportive agencies will be provided.

How will the information I provide be kept secure and confidential?

All personal information will be anonymised and kept strictly confidential. Moreover, recorded interviews will be safely saved on OneDrive under pseudonyms to protect the identity of participants. All collected information will be stored under protected passwords.

Any data shared will be in an anonymised form, and you will not be able to be identified or identifiable in any of the written reports or transcripts. The data of each participant will be identified with the help of a unique identifier and it will be completely anonymised and scrambled before sharing. Details of the unique identifier will be held securely with the researcher, and there will be no information within the shared data which will disclose the identity of any participant.

Anonymised interview transcripts and related data will not be shared with the general public; however, they will be shared with the research supervisor via secure UEL emails. This is needed to monitor the analysis and interpretation process. Anonymised transcripts might also be shared with the examiners for examinations purposes only.

Examples of the analysed sections of the transcripts will be partially included within the appendices section of the final written thesis.

All recorded interviews, transcripts, analysis and notes will be securely stored upon the end of the assessment submission. Data will be deposited as soon as is practicable after the completion of the research, and as stated by the guidelines of the British Psychological Society (2021), data will be kept for five years following the completion of the study. Personal details of the participants will be kept safely stored by the researcher in case they request a summary of the research following its completion.

Please note that confidentiality will be subjected to legal and ethical practice constraints. For example, disclosing anything that raises the researcher's legal duty to report and disclosing serious or life-threatening risks to self or others may lead to a breach of confidentiality.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference

presentations, talks, magazine articles, blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

My Director of Studies, Dr. Lucy Poxon, and I will securely store the anonymised research data for a maximum of 5 years, following which all data will be deleted.

Who has reviewed the research?

My research has been approved by the School of Psychology Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Anastasia Sgoumpopoulou Email: U2050169@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor **Dr. Lucy Poxon**. School of Psychology, University of East London, Water Lane, London E15 4LZ, Email: **L.Poxon@uel.ac.uk**

or

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Exploring how women involved in the UK Criminal Justice System experience psychotherapy in the community: An Interpretative Phenomenological Analysis

*Contact person: Anastasia Sgoumpopoulou
Email: u2050169@uel.ac.uk*

	Please initial
I confirm that I have read the participant information sheet for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I have the right to withdraw at any time, without providing an explanation or being disadvantaged in any way.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 3 weeks from the date of the interview to withdraw my data from the study.	
I understand that the interview will be recorded using Microsoft Teams or in case of a telephone interview, a securely stored recording device will be used.	
I understand that my personal information and data, including audio/video recordings from the research will be securely stored and remain confidential. Only the researcher will have access to this information, to which I give my permission.	
I have been given an explanation of what will happen to the data once the research has ended.	
I understand that short, anonymised quotes from my interview may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not include any personally identifiable information.	

I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date

.....

APPENDIX D: Example of exploratory comments and experiential statements

Making sense of other's behaviors takes away the anger.

Therapy is as a gift she didn't want to make most out of it.

Overload of noise if people in prison can become unbearable.

Being in prison is never safe feeling safe in control is extremely important.

Extreme fear can result in regression - from an adult to an adolescent.

Received threats due to the nature of her conviction.

Chronic sense of unsafety was become part of the self.

Awareness around ongoing need to control surrounding to feel safe.

Indefinite restrictions are like another kind of prison - they shackle you.

129 growing up, but actually, you know, you had your own stuff. So it makes it easier and it 130 takes it: it takes away the anger a lot more. To have more of an understanding. — again.

131 Anastasia: I hear you. Sounds like you were very you've been very engaged with the 132 process.

133 Jenn: Yeah, I have been. Yeah, I have because it's a gift and I have to make the most — therapy is a gift 134 of it. — it was literal have to make the most.

135 Anastasia: And when you mentioned kind of, during a really tricky point where you 136 were kind of screaming for help. What was going on for you, at that point? — Overload (of what?) is overwhelming.

137 Jenn: I think for me, it's it's that overwhelming feeling that for me, it's it's like 138 overload. I just, (long pause) I think I was just I was thinking about when I was in prison — screaming in my room — noise, people outside room — never felt safe.

139 because I used to scream in my room. Because because of the noise because the noise 140 in prison and the people outside my door and I never felt safe. And I think this is such 141 a big thing for me. And also the being out of control, and I, you know, I realised how 142 much I like to be in control and how intolerant I am and how it affects me when I'm 143 not.

144 Anastasia: Mmm.

145 Jenn: I think screaming it's I think it's almost it's almost primal almost it's not really an 146 adult. It's more it's more for I think, more an adolescent or something like that. It's... I 147 don't know. I don't know if that makes any sense.

148 Anastasia: It does. It does. Did you feel like being there triggered you kind of brought 149 you back?

150 Jenn: Where? In prison? Yeah. Oh, so yeah. Yeah, it did it. I understand it more now.

151 But I just didn't feel safe. And because of my conviction, I never felt safe. Because I 152 was threatened. And but I never felt safe before that, either. I didn't. I think it's 153 something that is part of me. It's that trying to control my environment. So I feel safe. 154 It's still it's still there now. I am just aware of it now.

155 Anastasia: Mmm, Okay. Okay. And how how? I guess you said it's still there. But have 156 you? Have you noticed any change from before the conviction and kind of after? Do 157 you still have to serve a sentence? Or is that chapter closed?

158 Jenn: I am still unlicensed, and then I've got restrictions indefinitely.

159 Anastasia: Okay. How, how does that feel for you? How do you cope with that?

160 Jenn: It feels like it feels a bit like I'm shackled. It's another type of prison, I guess.

understanding the anger takes away the anger

grateful have to make the most

it was literal

Overload (of what?) is overwhelming

screaming in my room — noise, people outside room — never felt safe

feeling safe is very important for joining her

cannot tolerate being out of control

felt out of control in prison?

screaming is primal what adolescents do, not an adult

never felt safe due to her conviction

never felt safe outside of prison either

feeling unsafe is part of me

It's still there but now I know

need to control env. to feel safe

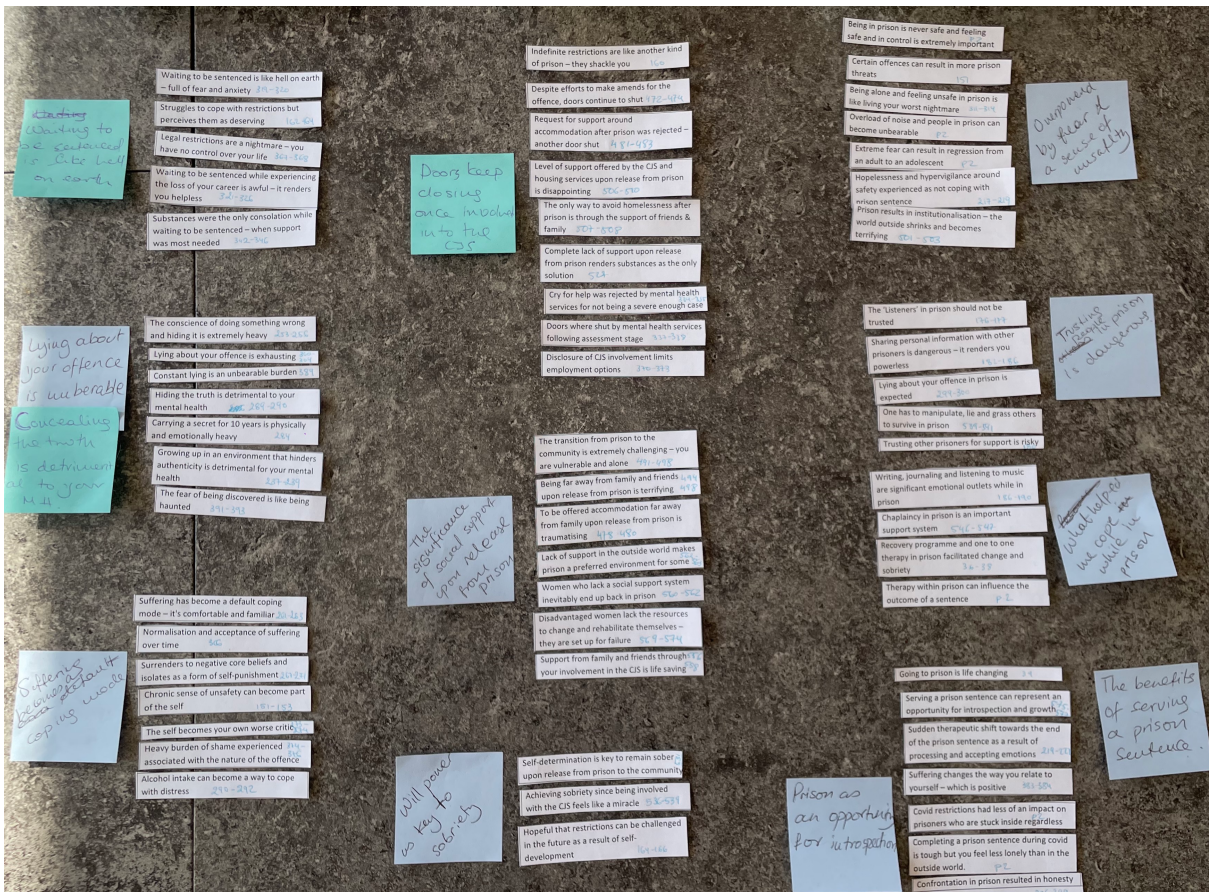
indefinite restrictions feel like another kind of prison

shackled

5

APPENDIX E: Example map of experiential statements and clustering





APPENDIX F: Example of Personal Experiential Themes (PETS) for a single case

1. DISCOVERING TRUST & SAFETY IN THERAPY FOLLOWING THEIR HISTORICAL ABSENCE	2. HONESTY AFTER HABITUAL & INSTITUTIONAL LYING	3. NAVIGATING SELF-ACCEPTANCE IN THE FACE OF REPEATED REJECTION	4. STEERING TOWARDS SELF-CARE & PERSONAL DEVELOPMENT AMID RECURRENT SELF-PUNISHMENT
1.1 Overpowered by fear and a sense of unsafety	2.1 Lying about your offence is unbearable	3.1 Doors keep closing once involved into the CJS	4.1 Suffering becomes a default coping mechanism
being in prison is never safe and feeling safe and in control is extremely important (p2) chronic sense of unsafety becomes part of the self (151-153) being alone and feeling unsafe in prison is like living your worse nightmare (311-314) overload of noise and people in prison can become unbearable (p2) extreme fear can result in regression from an adult to an adolescent (p2) hopelessness and hypervigilance around safety experienced as not coping in prison (217-19) prison results in institutionalisation - the world outside shrinks and becomes terrifying (501-503)	the conscience of doing something wrong and hiding it is extremely heavy (253-256) Lying about your offence is exhausting (300-304) constant lying is an unbearable burden (389) hiding the truth is detrimental to your MH (289-90) carrying a secret for 10 years is physically and emotionally heavy (284) the fear of being discovered is like being haunted (391-393) growing up in an environment that hinders authenticity is detrimental to your MH (237-239)	indefinite restrictions are like another form of prison - they shackle you (160) despite efforts to make amends with the offence doors continue to shut (472-74) request for accommodation after prison was rejected - another door shut (481-483) level of support offered by the CJS and housing services upon release from prison is disappointing (506-510) the only way to avoid homelessness after prison is through the support of friends & family (507-508) complete lack of support upon release from prison renders substances as the only solution (527) cry for help was rejected from MH services for not being a severe enough case (334-335)	suffering has become a default coping mode - it's comfortable and familiar (261-265) normalisation and acceptance of suffering over time (366) surrenders to negative core beliefs and isolates as a form of self-punishment (267-271) struggles to cope with restrictions but perceives them as deserving (162-164) substances were the only consolation while waiting to be sentenced - when support was most needed (342-346) achieving sobriety since being involved into the CJS feels like a miracle (536-39) alcohol intake becomes a way to cope with distress (290-292)
1.2 Waiting to be sentenced is like hell on earth	2.2 Trusting others is dangerous	3.2 Battling alone sets you up for failure/ Lack of (social) support upon release from prison	4.2 Using introspection as a method for personal development
waiting to be sentenced is like hell on earth - full of fear and anxiety (319-320) legal restrictions are a nightmare - you have no control over your life (367-368) waiting to be sentenced while experiencing the loss of your career is awful - it renders you helpless (321-326)	the 'listeners' in prison should not be trusted (176-177) sharing personal information with other prisoners is dangerous - it renders you powerless (182-186) lying about your offence in prison is expected (299-300) one has to manipulate, lie and gas others to survive in prison (539-41)	disclosure of CJS involvement limits employment options (370-373) the transition from prison to the community is extremely challenging - you are vulnerable and alone (491-498) being far away from family and friends upon release from prison is terrifying (494-98) being offered accommodation far away from family upon release from prison is traumatising (478-480) women who lack a social support system inevitable end up back in prison (560-62) lack of support in the outside world makes prison a preferred environment (562-562)	writing, journaling and listening to music are significant emotional outlets while in prison (186-190) serving a prison sentence can represent an opportunity for growth and introspection (575-77) sudden therapeutic shift towards the end of the prison sentence as a result of processing and accepting emotions (219-222) suffering changes the way you relate to yourself which is positive (383-84) recovery programme and one to one therapy in prison facilitated change and sobriety (36-38) therapy has facilitated self-awareness around blaming others and avoiding introspection (40-43)
1.3 A safe therapeutic space is transformational	2.3 Honesty as a fundamental for relationships/ Reflecting on the importance of honesty/ Relearning the value of honesty?	3.3 Coming to terms with my offence	2.5 Learning to express repressed emotions through therapy / Giving permission to yourself to feel
experiencing therapy as a safe space where you can talk is beneficial (201-202) talking openly and feeling safe with a counsellor is transformational (37-39)	trusting other prisoners for support is risky (180-86) being open and honest is fundamental to a relationship (286-288) psychotherapy in the community is particularly helpful, especially when you can be honest (67) honesty enables you to tell your side of the story (305-307) honesty is a form of self-care (9-10) authenticity and honesty are respected by others (310) exposure of the truth was a relief but caused damage - like stone skimming (256-259) had to conceal information before the conviction but can be honest now (24-28) regrets that the truth wasn't exposed sooner and was relieved when it did (280-82)	disadvantaged women lack the resources to change and rehabilitate themselves - they are set up for failure (569-74) support from family and friends is life saving (556-58) Bogged for support during the pandemic due to suffering (p2) heavy burden of shame experienced associated with the nature of the offence (374-375) therapy as a vehicle for understanding reasons behind an offence and its sentence (215-217) therapy facilitated awareness around factors that contributed to the offence (240-245) counselling facilitated awareness around sexuality and its links to the offence (234-239) when initially convicted did not understand parts of the self that enabled the offence to happen, but now can (230-234) understanding reasons behind the offence alleviates suffering and facilitates acceptance (250-52) the self becomes your own worse critic (273-74)	recovery programme and one to one therapy in prison facilitated change and sobriety (36-38) therapy has facilitated self-awareness around blaming others and avoiding introspection (40-43) navigating difficult emotions in therapy is challenging but a vital part of healing (399-402) the act of disclosing is particularly challenging as it brings up painful feelings and memories (376-383) therapy has facilitated emotion regulation without turning to substances (533-34) coming to terms with unmet emotional needs during adolescent years (240-244) through therapy you learn to give permission to yourself to express emotions in order to fulfil unmet needs (449-454) Numbing the pain through alcohol is not effective in the long run (328-331)
1.4 Therapists are expected to be reliable and trustworthy	2.4 Learning to be vulnerable with others \ Letting others see you for who you are	3.4 Cultivating self-awareness helps	1.6 Vulnerability anticipated due to the end of therapy
relational difficulties can manifest in the therapeutic relationship (53-54) dissatisfied by first counsellor for not keeping a promise (46-51) angry towards therapist who let her down (57-60) having a trustworthy counsellor in prison is life saving (202-206)	confrontation in prison resulted in honesty (296-299) Being open towards your probation officer can be beneficial (548-549) therapy builds up your confidence in having difficult conversations and that is a form of self-care (431-36) therapy has cultivated curiosity and has helped initiate difficult conversations between family members (p2)	therapy has facilitated awareness around factors that contributed to the offence (240-245) counselling facilitated awareness around sexuality and its links to the offence (234-239) when initially convicted did not understand parts of the self that enabled the offence to happen, but now can (230-234) understanding reasons behind the offence alleviates suffering and facilitates acceptance (250-52) the self becomes your own worse critic (273-74)	psychotherapy in the community helps you become aware of unconscious vulnerable parts of the self (p2) therapy has shed light on how behaviour can be driven by unconscious processes (p2) change derives from self-awareness (19-20) has become aware of own coping mechanisms - needing to control surroundings to feel safe (153-154)

APPENDIX G: Example of Group Experiential Themes (GETS)

TRUST AND SAFETY IN THERAPY FOLLOWING THEIR HISTORICAL ABSENCE	SENSE OF CONTROL AND EMPOWERMENT AFTER REPEATED NEGLECT, REJECTION AND DISEMPOWERMENT	STEERING TOWARDS GROWTH AND PERSONAL DEVELOPMENT AFTER RECURRENT SELF-PUNISHMENT?	FROM DEPERSONALISATION TO PERSONALISATION
fear/uncertainty/unsafety	Lack of support & isolation	coping mechanisms and avoidance	lack of context consideration
Jenn (p2, 151-153, 311-314, 217-219, 501-503)	Jenn (491-498, 478-480, 560-562, 562-564, 556-558, p2, 506-510, 507-508, 527)	Jenn (261-265, 267-271, 162-164, 342-346, 536-539, 290-292, 328-331?)	Natalia (261-264, 256-257, 249-253)
Natalia (3-8, 11-12, 21-23, 109-113, 110-115, 241-245)	Natalia (221-224, 232-238, 73-78, 59-60?, 245-246) Eva (71-76, 44, 50, 659, 431-432, 616-618) profound suffering due to separation from children (426-429, 331-334, 151-156, 148-149, 340-341)	Natalia (277-279) from self blame to acceptance? Self reliance and isolation to cope (59-60)	Eva (78-90, 44-55, 414-418, 173-181, 542-544, 585-586, 435-438, 469-471)
Eva (66-70, 53-55, 69-71, 92-93)	Sabrina (221-223, 252-255, 267-268, 239, 257-260, 260-263, 247-251)	Eva (97-98, 166-169, 307-309, 352-356, 95, 349-351, 136-138)	Sabrina (143-146, 201-206, 214-218, 93-96)
Sabrina (180-181, 153, 133-134, 168-169, 154-159)	Liana (3, 7-8, 90, 425-426, 9-11, 92, 95, 96-100, 111-112, 468-470)	Sabrina (245-247 denial of MH, 150-152, 171-175 self harm to cope with detention?, 153-154, 117, 183-184) Liana (197-198, 295, 310-312, 228-231)	Liana (427-428, 59-62, 53-56, 70-73)
stuckness/lack of control	Rejection, stigma, disempowerment	Introspection and reflection as growth and development	threat response to power
Jenn (319-320, 367-368, 321-326)	Jenn (160, 472-474, 481-483, 334-335, 337-339, 374-375, 370-373)	Jenn (186-190, 575-577, 383-384?, 36-38, 40-43?)	Natalia (13-17)
Natalia (10-12, 11-12, 41-43, 43-44) Eva (453, 64-67, 459-460)	Natalia (246-249, 50-51, 47-50, 8-9) Eva (538-359, 533-534, 246-248, 450-452)	Natalia (90-97, 124-131) therapy as crucial to personal growth but does not get into detail around what contributed to transformation? Eva (218-221, 267-269)	Eva (30-32, 650-652, 33-36, 36-41, 45-50, 72-76, 53-55) Sabrina - privilege and systemic bias (105-130)
Sabrina (165-168)	Liana (170-174, 166-171, 186-187, 180-181, 175-180, 125-127)	Liana (385, 17-19, 363-364) processing trauma (474-475, 217-218), (346-347, 301-304, 81-83, 225-226, 85-88)	
habitual lying, difficulty opening up and mistrust	empowerment and sense of control through therapy	assertiveness and expression of emotions as self-care	Personalised care
Jenn (182-186, 539-541)(253-256, 300-304, 389, 289-290, 284, 391-393, 237-239) Natalia (145-151, 260-264) resistance to seeking help because she was used to being the carer (70-74) Eva (246-247, 255-256) initial struggle - increased easiness overtime (566-568, 36-39), (304-305, 360-362, 370-371, 226-232) hesitation to open up to family and friends - differentiating professional help Liana (236-238, 221, 277-278, 292, 228, 290, 224-225)	Natalia (91-92, 277-284, 145-151, 311-312, 156-162) sense of control and autonomy (170-173, 178-183) Eva (232-236, 392-395, 2-7) Sabrina (23-24, 322-323, 89-90)	Jenn (399-402, 376-383, 533-534, 449-454) Natalia - emotional evolution/emotional regulation (149-151, 117-120) Eva - cathartic power of emotional expression (273-277, 380-383, 256-257) Sabrina (11, 382-385) Liana (360-363, 381-383, 74-77, 383 boundary setting), (404-406, 265-268, 232-234)	Natalia (178-183, 194-200, 204-207 not just ticking boxes) Eva (388-391) Sabrina (351-352, 80-82, 314-317, 367-370, 346, 349-350, 338, 62-64, 344-351) Liana (288, 206-208, 307-308)
	Processing the end of therapy	Acceptance and self-awareness through therapy	Experiencing empathy / feeling heard
Safety & trust within the therapeutic relationship	Jenn (398, 408-412, 402-403, 403-405, p2) Natalia sense of agency around the ending (267-269, 270-274, 173-175) Eva (406-409, 358)	Jenn (p2, 19-20, 153-154, 260-261) could go under coping mechanisms, 215-217, 240-245, 234-239, 250-252) Natalia (240-241, 76-77, 279-280, 96-97) Eva - knows what helps her (358-359, 346-348)	Natalia (94-96, 204-209, 122-124, 156-159, 194-197) Eva (111-113, 131) Sabrina (319-320, 66-69, 315-318, 73-78, 323-328)
Natalia regaining confidence - is that similar to feeling safe? (117-120, 123-124, 133-139)	Sabrina (355, 87-89, 365-366, 82-83)	Sabrina (439-440, 96-98, 399-400, 379-380, 85-87)	Liana (276, 286-288, 278-280, 131-132, 354-355)
Eva (229-230, 384-385, 376-377, 392-395) Sabrina - nothing was too much (66-69, 329) Liana (281)	Liana (222-224, 257-259, 247-253, 244-245) Jenn (154-166)	Liana (409-411, 39-43, 201-203, 342-344, 320, 205-206, 78-79, 319-320)	
Navigating authenticity and honesty through therapy	Positive orientation towards the future & resilience		
Jenn (67, 305-307, 9-10, 256-259, 24-28, 280-282) (431-436, p2, 439-440, 441-442, 443-444, 445-446, 447-448, 449-450, 451-452, 453-454, 455-456, 457-458, 459-460, 461-462, 463-464, 465-466, 467-468, 469-470, 471-472, 473-474, 475-476, 477-478, 479-480, 481-482, 483-484, 485-486, 487-488, 489-490, 491-492, 493-494, 495-496, 497-498, 499-500, 501-502, 503-504, 505-506, 507-508, 509-510, 511-512, 513-514, 515-516, 517-518, 519-520, 521-522, 523-524, 525-526, 527-528, 529-530, 531-532, 533-534, 535-536, 537-538, 539-540, 541-542, 543-544, 545-546, 547-548, 549-550, 551-552, 553-554, 555-556, 557-558, 559-560, 561-562, 563-564, 565-566, 567-568, 569-570, 571-572, 573-574, 575-576, 577-578, 579-580, 581-582, 583-584, 585-586, 587-588, 589-590, 591-592, 593-594, 595-596, 597-598, 599-600, 601-602, 603-604, 605-606, 607-608, 609-610, 611-612, 613-614, 615-616, 617-618, 619-620, 621-622, 623-624, 625-626, 627-628, 629-630, 631-632, 633-634, 635-636, 637-638, 639-640, 641-642, 643-644, 645-646, 647-648, 649-650, 651-652, 653-654, 655-656, 657-658, 659-660, 661-662, 663-664, 665-666, 667-668, 669-670, 671-672, 673-674, 675-676, 677-678, 679-680, 681-682, 683-684, 685-686, 687-688, 689-690, 691-692, 693-694, 695-696, 697-698, 699-700, 701-702, 703-704, 705-706, 707-708, 709-710, 711-712, 713-714, 715-716, 717-718, 719-720, 721-722, 723-724, 725-726, 727-728, 729-730, 731-732, 733-734, 735-736, 737-738, 739-740, 741-742, 743-744, 745-746, 747-748, 749-750, 751-752, 753-754, 755-756, 757-758, 759-760, 761-762, 763-764, 765-766, 767-768, 769-770, 771-772, 773-774, 775-776, 777-778, 779-780, 781-782, 783-784, 785-786, 787-788, 789-790, 791-792, 793-794, 795-796, 797-798, 799-800, 801-802, 803-804, 805-806, 807-808, 809-810, 811-812, 813-814, 815-816, 817-818, 819-820, 821-822, 823-824, 825-826, 827-828, 829-830, 831-832, 833-834, 835-836, 837-838, 839-840, 841-842, 843-844, 845-846, 847-848, 849-850, 851-852, 853-854, 855-856, 857-858, 859-860, 861-862, 863-864, 865-866, 867-868, 869-870, 871-872, 873-874, 875-876, 877-878, 879-880, 881-882, 883-884, 885-886, 887-888, 889-890, 891-892, 893-894, 895-896, 897-898, 899-900, 901-902, 903-904, 905-906, 907-908, 909-910, 911-912, 913-914, 915-916, 917-918, 919-920, 921-922, 923-924, 925-926, 927-928, 929-930, 931-932, 933-934, 935-936, 937-938, 939-940, 941-942, 943-944, 945-946, 947-948, 949-950, 951-952, 953-954, 955-956, 957-958, 959-960, 961-962, 963-964, 965-966, 967-968, 969-970, 971-972, 973-974, 975-976, 977-978, 979-980, 981-982, 983-984, 985-986, 987-988, 989-990, 991-992, 993-994, 995-996, 997-998, 999-1000)	Natalia (289-291, 291-298, 32-37, 316-317, 281-284, 294-298)		

A. TRUST AND SAFETY IN THERAPY FOLLOWING THEIR HISTORICAL ABSENCE	B. FROM DEPERSONALISATION TO PERSONALISATION	C. RISE ABOVE ADVERSITY: GROWTH AND PERSONAL DEVELOPMENT BY TACKLING DISTRESS
Historic fear and uncertainty	Historic lack of support and depersonalisation	Coping through self-destruction and avoidance
chronic sense of unsafety becomes part of the self <i>"But I just didn't feel safe. And because of my conviction, I never felt safe. Because I was threatened. And but I never felt safe before that, either. I didn't. I think it's something that is part of me."</i> (Jenn, 151-153)	being offered accommodation far away from family upon release from prison is traumatising <i>"For me, it was like I thought I was going to go, I was going to see my family and I was then put somewhere else even further away from home. That was traumatic, you know. So those, that door was shut."</i> (Jenn, 478-481)	<i>"Because then I feel like shit and then it can't sort of I think it's all to do with my self-esteem my core belief that I'm just not good enough. You know? It's almost comfortable and it's also default setting and when I feel vulnerable that's what I do. I like push people away and I isolate and suffer as much as I can. It's almost like self-harm."</i> (Jenn, 267-271)
prison results in institutionalisation - the world outside shrinks and becomes terrifying <i>"After being in prison for two years and four months, uh, and I realized that I was institutionalized as well. So it was, I felt like my world was shrinking and I became more scared."</i> (Jenn, 501-503)	navigating alone in the community - you play by yourself <i>"But before that, it's just like you're just there by yourself. Maybe it's just me, I don't know, but it seemed like everybody who goes through this thing, they only have their legal support, even looking back in mental health, I worked with women in mental health, even if they were going through those things, good job for them because they are in hospital. They've got nurses, but there will be nobody else who is there to support them through this. So think about it in the community. You know, you just play by yourself."</i> (Natalia, 235-238)	<i>"Frightened. Terrified, actually. So I just drank. Well, I wouldn't say coping, but just just momentarily numbing for a while. But no, it didn't work. Yeah, it didn't work."</i> (Jenn, 328-331)
constant fear and anticipation of uncertain future <i>"A lot of panicking, uncertainty. You don't know when it will start, when it will end, what will happen."</i> (Eva, 69-70)	battling alone - loneliness and isolation in navigating the CIS <i>"But the sadness starts from the day one and it's just like you are battling yourself. So nobody, I think it's something that has never been thought of, and I don't know whether I can use that nobody cares."</i> (Natalia, 244-246)	<i>"To be honest, I wasn't coping. What I went through, what I have been through... it's like, you know, when you are in there, especially somebody like me, because you you have to block some things. Umm, concentrate more and make use of the environment you are. And try as much as possible to block any negativity. Any things that can cause distraction, that can make you misbehave as well so yeah. That was my coping mechanism that moment."</i> (Eva, 95-100)
detention felt like insanity <i>"I wanted to leave, so the thought I couldn't. And there's nothing I could do to leave would wind me up till I just. I lost my own sanity."</i> (Sabrina, 179-181)	Profound loneliness and lack of family support faced upon release <i>"Nobody to call nowhere to call home. Nobody to call family. Even those who think they have family. They were not there to talk to. Then the system giving them back. You've done this, back. We've done that, back."</i> (Eva, 617-619)	<i>"I don't know. I was living in a bit of a cloud I was in, I was in complete denial about everything, like even mental health."</i> (Sabrina, 245-246)
utter lack of control and terror when locked in a cell <i>"There was a tiny window like this big as was literally just looking at it, thinking I could maybe dimb and leave. It's insane. I am. Because when you're in there, you don't know what time it is. You don't know when you're coming out. You don't know when you getting food, you don't know anything, you're in a concrete room with a tiny little cover line on concrete is pretty horrible to be honest."</i> (Sabrina, 153-157)	utter lack of support - felt unseen <i>"They should have known something was wrong. But it's the same the police, the medicine, like during that whole phase when I was younger, when it all got bad. I felt no help. Like no help at all. I even like wrote a short film that I never filmed anyway, but Umm and it was literally one of them, I was young so it's a bit corny, but one of them was me in the street screaming and everyone around just hearing it as music and dancing like woo. She's fun. She's fun. And that's how it felt at the time by the justice system, the medical system, all of it. That that is how it felt. That's still how it feels sometimes, but yeah. I didn't feel seen or heard. I felt like I was screaming for help and no one was hearing it."</i> (Sabrina, 253-263)	<i>"To me, I would go round in circles, just pace around pace, around pace, around until I would start banging my head against the concrete walls and which sounds insane when I say it now, but that's. Yeah, I kept thinking. I wanna leave. I wanna leave. But I can't leave. But I wanna leave. But I can't leave. And I would just wind myself up like that till I got to a point were I didn't know how to handle things."</i> (Sabrina, 171-176)
utter lack of control and uncertainty while detained <i>"Umm that whole lack of control not knowing when you're gonna go out, not knowing what time it is, not knowing if it's day or night. Not knowing if you... nothing, you've got nothing. You don't have a phone that have watched that. Anything that. To me, it was horrible to me that was that was awful for sure."</i> (Sabrina, 165-169)	lack of meaningful support offered by the prison system <i>"While you are there, you should be able to get all the support that you need to be able to go on and live a good life. I wasn't offered any support in prison. Look, I had nothing on my sentence plan at all. You should just do your time and leave. And nobody said What? Wait a minute. Why did you do what you did? Nobody ever said that."</i> (Liana, 425-428)	<i>"I have borderline personality disorder as well. So I have ways that my head thinks that's not maybe as rational as other people's. And I have a lovely self-destruct button that when I feel like everything's going wrong, I'll hit and I'll just make everything really, really bad for myself."</i> (Liana, 199-203)
Feeling stuck - like trudging through thick mud <i>"So it's just like, when you don't know what is going on. Because like when you are walking, the mud is so hard that you find it hard even to lift your feet because it's so hard to lift them up and put it on another step. So it's just like you still continue going because you want to rescue yourself but then you just know, it's going to be slow."</i> (Natalia, 40-44)	<i>"The justice system is not being fair. The justice system is not being nice. The justice system doesn't weight things. Doesn't consider individual circumstances and think about what they've done or is this something they can do again? Are they really criminally oriented minded people? Are they really this? Are they? So it's it's a pity that."</i> (Eva, 414-418)	<i>"No, there'd been no help. There have been no. Nothing to talk about. Why I am. Why? Why I'm who I am. And why I think the way I think. And. Why I block certain things out and. Don't. For me, it was just easy to just block everything out before. Can't change the past. So I don't think about it."</i> (Liana, 309-312)
prolonged uncertainty and lack of control over her life situation <i>"I was just floating. I was still in the country, but floating. Like, you don't know what will happen. You don't know your fate. Yeah, that was it..."</i> (Eva, 64-65)	<i>"The punishment should be going to prison, not what happens to you while you're there. While you are there, you should be able to get all the support that you need to be able to go on and live a good life. I wasn't offered any support in prison. Look, I had nothing on my sentence plan at all. You should just do your time and leave. And nobody said What? Wait a minute. Why did you do what you did? Nobody ever said that."</i> (Liana, 424-428)	
Habitual lying and mistrust	Threat response to power	Steering towards introspection and reflection
constant lying is an unbearable burden <i>"Lying"</i>	The societal judgement and stigma of having a criminal record <i>"I don't know whether I can use that nobody cares. Because everybody when you just say about your criminal involvement with the police, they will think that "Oh my God, you are the most dangerous person or that you are somebody who is so bad or you know, just sort of like people judging people in the wrong way."</i>	<i>"I started to understand more about my own behaviours because I used to, I think, in the past blame everyone else. It was very, it was very self stuff out, you know, it's everyone else fault and, you know, not not really looking at my stuff, maybe."</i> (Jenn, ...)

APPENDIX H: Copy of ethical approval granted by University of East London's ethics committee

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants
 BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in **blue** | **Student:** Please complete/read sections in **orange**

Details	
Reviewer:	Lucia Berdondini
Supervisor:	Lucy Poxon
Student:	Anastasia Sgoumpopoulou
Course:	Prof Doc Counselling
Title of proposed study:	Exploring how women in the UK Criminal Justice System experience psychotherapy in the community: An Interpretative Phenomenological Analysis

Checklist (Optional)			
	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of participants, including inclusion and exclusion criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding participants/target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and detailed outline of data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data storage (e.g., location, type of data, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data sharing (e.g., who will have access and how)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, General Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, Country-Specific Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, a DBS or equivalent certificate number/information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant information included in the participant information sheet (PIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the PIS is study specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the PIS is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All issues specific to the study are covered in the consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the consent form is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary information included in the participant debrief sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the debrief sheet is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study advertisement included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of study advertisement is appropriate (e.g., researcher’s personal contact details are not shared, appropriate language/visual material used, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision options

APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES	<p>In this circumstance, the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student’s confirmation to the School for its records.</p> <p>Minor amendments guidance: typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.</p>
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

	<p>Major amendments guidance: typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate’s ability to ethically, safely and sensitively execute the study.</p>
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Decision on the above-named proposed research study

Please indicate the decision:	APPROVED
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Minor amendments

Please clearly detail the amendments the student is required to make

Major amendments

Please clearly detail the amendments the student is required to make

Assessment of risk to researcher

Has an adequate risk assessment been offered in the application form?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If no, please request resubmission with an <u>adequate risk assessment.</u>	

If the proposed research could expose the researcher to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:

HIGH	Please do not approve a high-risk application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved	<input type="checkbox"/>
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	on this basis. If unsure, please refer to the Chair of Ethics.	
MEDIUM	Approve but include appropriate recommendations in the below box.	<input type="checkbox"/>
LOW	Approve and if necessary, include any recommendations in the below box.	<input checked="" type="checkbox"/>
Reviewer recommendations in relation to risk (if any):	Please insert any recommendations	

Reviewer's signature

Reviewer: (Typed name to act as signature)	Lucia Berdondini
Date:	02/11/2022

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee

RESEARCHER PLEASE NOTE

For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.



PARTICIPANT DEBRIEF SHEET

Exploring how women involved in the UK Criminal Justice System experience psychotherapy in the community: An Interpretative Phenomenological Analysis

Thank you for participating in my research study on *Exploring how women involved in the UK Criminal Justice System experience psychotherapy in the community: An Interpretative Phenomenological Analysis*. This document offers information that may be relevant in light of you having now taken part.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by my research supervisor, Dr. Lucy Poxon, for a maximum of 5 years, following which all data will be deleted.

What if I been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways, you may find the following resources/services helpful in relation to obtaining information and support:

- **HOPEline UK** — mental health crisis helpline
0800 068 41 41 (<https://www.thehopeline.com/>)
- **Shout** – 24/7 mental health text helpline 85258 (<https://giveusashout.org/>)
- **Together** – mental wellbeing service providing support to people involved in the Criminal Justice System (<https://www.together-uk.org/our-mental-health-services/criminal-justice-mental-health/>)

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Anastasia Sgoumpopoulou

Email: u2050169@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor **Dr. Lucy Poxon** School of Psychology,

University of East London, Water Lane, London E15 4LZ,

Email: L.Poxon@uel.ac.uk

or

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Thank you for taking part in my study

APPENDIX J: Step by step reflexivity on the process of conducting IPA

a. Why relativism within a constructivist paradigm?

I am aware that by adopting a relativist position within a constructivist paradigm I ‘reject’ the notion that there is an existing reality, as in more critical realist approaches. One could argue that in my literature review I assume that gender specific vulnerability factors exist and have been neglected, which aligns more with feminist approaches to research and the notion that power relations and oppression exist (Gergen, 2001). This could be perceived as a contradiction to the relativist stance I advocate, however, I believe that the best way to empower the voices of women involved in the CJS and make sense of their experiences in the context of therapy is by remaining as open as possible to their unique interpretation of reality and power relations. Although I hope to generate knowledge that can be used to improve the experiences of women in the CJS, my research question aims to get a deeper understanding of how psychotherapy is experienced by this group of participants rather than attempt to address gender disparities in accessing support within the CJS. Furthermore, I acknowledge the importance of reflexivity in unpacking how my power and privilege as a researcher may impact on what sense I make of participant’s experience, but this process will not involve me being proactive about my values in order to mould the process of research to pursue social justice or change, as in more critical ideologies (Ponterroto, 2005). Nevertheless, in constructivist paradigms with the adoption of a reciprocal rather than hierarchical role between researcher and participant, there is scope to raise consciousness to issues of power and oppression, which is considered a form of consequential validity within qualitative research (Patton, 2002; Denzin & Lincoln, 2000).

b. Why IPA for this research?

I feel that the above three conceptualisations underpinning IPA fit well with my chosen epistemological position of constructivism and a relativist ontological position (Ponterroto, 2005). As a CoP trainee, trying to process internal dilemmas that arise from being both a scientist and reflective practitioner, I feel that by adopting a constructivist view with a relativist ontological position and conducting an IPA I not only make my research aim more feasible, I also adhere to some of the ethical and moral values that underpin my professional practice. Moreover, I am giving voice to disempowered, understudied individuals by allowing them to share their experience in their own manner and words, and under conditions created through their co-membership in the research (Ponterotto, 2010).

c. Data collection: developing an interview schedule

Following Smith et al.'s (2021) guidance, an interview schedule was created with the hope of eliciting women's accounts of psychotherapy, within the CJS. In an attempt to take into account background research and honour the feminist movements within the CJS, I had initially incorporated in my schedule a question about gender (e.g., 'How does it feel to be a woman in the CJS?'). Upon revision of my schedule, I realised that this question was directing my participants into considering gender disparities as important, instead of allowing them to decide whether being a woman had impacted on their experience of the CJS. Furthermore, I realised that prioritising gender over other layers of oppression, such as race, sexuality, ethnicity, did not align with my epistemological and ontological position. On the contrary, I felt that adopting an intersectional lens by "seeing the way in which various forms of inequality operate together and exacerbate each other" (Crenshaw, 2020, 2nd par.), I empowered participants to decide what felt relevant and what not, from their unique perspective.

Initially the schedule was designed to start with a question about participants' involvement in the CJS. As suggested by Smith et al. (2021) it is useful to set the scene and use a 'funneling' structure when constructing a schedule; in my case situating participants within the context of the CJS. Following the completion of the first interview, I felt that a more appropriate way to ease participants into the interview was to ask them about their choice to have therapy rather than what has happened that got them involved in the CJS. My rationale for addressing this question later during the interview was that I observed that my first participant hesitated to elaborate on what got her involved in the CJS and subsequently disclosed how difficult it has been in the past to share her story with others due to the associated stigma around her conviction. Hence, I suspected that this question would be more appropriately asked after some kind of rapport has been established between myself and the participant (See Appendix A for a copy of the interview schedule).

d. The interview process

As per Smith et al.'s (2021) guidance, during an interview process one should only refer to the interview schedule flexibly and should not have a pre-set agenda. Instead, it is advised that the researcher throws themselves into the unknown and avoid making any interpretations while conducting the interview. As a new qualitative researcher, I found myself feeling anxious during the first interview, which in turn impacted on how flexibly I was able to use my schedule. Moreover, I found myself preoccupied with the order of the questions rather than purely listening and probing spontaneously. I also noticed that my anxiety would fill in the silences rather than allow space for my participant to think and respond. By reflecting on my own experience of the first interview, I felt that I was able to conduct the second interview differently; to throw myself more to the unknown

and invite my participant for further elaboration, particularly, when encountering a ‘hot cognition’ or ‘gem’ (e.g., a metaphor, or emotive topic).

e. Reflections on the data analysis process

As a female researcher and therapist, immersing myself in the narratives of my participants during the analysis evoked a whirlwind of emotions. I found myself grappling with an overwhelming sense of anger and injustice, emotions that resonated strongly with the experiences my participants shared. Testimonies seemed to be overloaded with accounts of the CJS’s shortcomings, and it was all too easy to become captivated in these themes, potentially overshadowing the profound experiences of therapy itself. It became a personal mission to honor my participants' testimonies, acknowledging the profound impact of their interactions with the CJS on their subsequent experiences in therapy. Navigating the intricate interplay between the contextual backdrop and my participants' therapeutic journeys presented a challenge, leading to moments of feeling perplexed and stuck in the analytical process. My primary concern remained steadfast: crafting narratives that not only encapsulated but also paid due reverence to the richness of my participants' stories. Consequently, I found myself revising the structure of my PETs multiple times, driven by the unwavering commitment to do justice to my participants' unique journeys, both preceding and during their involvement with the CJS, and the complex ways in which systemic forces intertwined with their experiences of community-based therapy. In the final stages of the analysis, the task of selecting quotes presented yet another challenge. Every contribution seemed to carry its own weight of significance, and a part of me grappled with the notion that each fragment could potentially make a valuable contribution to the collective narrative. With the invaluable guidance of my supervisor, I feel that perhaps I have achieved in developing a narrative that not only respected but also celebrated the distinctive paths traversed by my participants,

illuminating the profound impact of systemic dynamics on their journeys through therapy
in the context of the CJS.