Trauma Informed Practice and Adults with Learning Disabilities in the Criminal Justice System: A Thematic Analysis of Psychologists' Perspectives

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Declaration

This thesis has not been submitted to any other institution, or for the purpose of obtaining any other qualifications.

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Lay Summary

Intellectual (learning) disabilities (LD) are a neurodevelopmental condition characterised by reduced intellectual disability and difficulties in everyday life, which are present in childhood. People with LD (PWLD) make up a substantial proportion of those in contact with the criminal justice system (CJS). Despite this, there are no protocols in place for identifying PWLD early on in their journey through the CJS. For example, PWLD often first encounter police officers, yet police are not specifically trained to identify and adapt their communication according to PWLD. It is still not understood how criminal justice (CJ) staff's perspectives of PWLD affect their ability to successfully identify and provide adapted measures for them. PWLD also experience a disproportionate amount of psychological trauma compared to the general population. This is largely due to developmental trauma, and re-traumitsiation that occurs as they encounter services throughout their lives.

This research is made up of two parts:

The first part intends to provide a thematic synthesis (TS) of the research that currently exists regarding CJ staff's perceptions, attitudes, awareness, and understanding of PWLD. The author found nine studies which provided qualitative data relevant to our aims. The outcomes showed five descriptive themes: [1] Identification of PWLD in the CJS, [2] Feelings towards PWLD, [3] Perceived need for adaptation, [4] Perceived need for improvement, [5] Appropriateness of CJS for PWLD and four analytical themes: [1] Navigating responsibility: ethics and adaptations, [2] PWLD are vulnerable due to societal pressures and systemic biases, [3] It's uncertain what needs to change in the CJS for PWLD, and [4] Drive for change.

The second part of this research sought to identify how the CJS could be more trauma informed (TI) when working with PWLD. Since PWLD who encounter the CJS experience higher rates of psychological trauma compared to the general population, the researcher

thought it important to explore how the CJS could consider this when working with them. Practitioner psychologists from England were interviewed in a semi-structured format and their perspectives for how the CJS could be more TI when working with PWLD were explored. Thematic analysis was conducted which resulted in four themes: TI practice (TIP) in the CJS has challenges, TIP has diverse interpretations, PWLD are systematically disadvantaged within the CJS, and change is needed. Fourteen subthemes arose amongst the data.

Accessible Summary

- People who have trouble understanding (called a learning disability) sometimes talk to police and go to court.
- Police often can't tell someone has trouble understanding.
- Police think the legal system should be easier for people who have trouble understanding but don't know how to do it.
- Police find it hard to change how they act with people who have trouble understanding, and we need to find out why.

- People who have trouble understanding have more bad things happen to them (called trauma) than others.

- People trained to understand others (psychologists) were asked how the legal system could be nicer to people who have trouble learning.

- Psychologists said they think the legal system has problems and needs to change.

- Psychologists think people who have trouble understanding are not treated fairly in the legal system.

- Because many people who have trouble learning go through hard things, it is important for the police to talk and act differently with them.

Acknowledgements

This research is dedicated to all people with learning disabilities, including those who have and have not been involved in the criminal justice system.

Firstly, I would like to extend my sincere gratitude to my research supervisors: Dr Niall Power, Dr Gregg Rawlings, and Professor Nigel Beail. Niall, we collaborated from the very beginning, and you supported me in developing my own project in an area of interest and importance to me. Your care and support throughout the process will not be forgotten. Gregg, you joined the project just six months before completion when I was required to revamp my entire empirical study due to recruitment struggles. Your expertise on thematic methodology, feedback throughout the process and faith in me has made this a better thesis than it would have been otherwise. Nigel, your oversight, and expertise in this subject area has been valuable.

Secondly, this project would not have been possible without the nine psychologists who kindly gave their time and perspectives to support this project. It is my hope that I have done your ideas justice and that this project has important clinical and social implications for people with learning disabilities.

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List of Abbreviations

CJ – Criminal Justice

CJS – Criminal Justice System

IQ – Intelligence Quotient

LD – Learning Disability

LDs – Learning Disabilities

LEOs – Law Enforcement Officers

MMAT – Mixed Methods Appraisal Tool

NHS – National Health Service

PICO - Population, Phenomenon of interest, Context and Outcome

PPI – Public and Participant Involvement

PTSD – Post Traumatic Stress Disorder

PWLD – People with Learning Disabilities

SPIDER - Sample, Phenomenon of interest, Design, Evaluation and Research type

SWYT – South West Yorkshire Partnership NHS Foundation Trust

TA – Thematic Analysis

TI – Trauma Informed

TS – Thematic Synthesis

TIC – Trauma Informed Care

TIP – Trauma Informed Practice

TSC – Targeted Services Courts

UK – United Kingdom

USA – United States of America

Section One: Literature Review

Criminal justice staffs' perceptions, attitudes, awareness, and understanding of people with learning disabilities: A systematic review and thematic synthesis of qualitative data from qualitative and mixed methods studies

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Abstract

Objective: This systematic literature review provides a thematic synthesis on qualitative data gathered from qualitative and mixed-methods research studies of CJ staff's perceptions, attitudes, awareness, and understanding of PWLD.

Method: A systematic search of four major electronic databases and a grey literature database (e.g. dissertations) was conducted. Study quality was assessed utilising The Critical Appraisal Skills Programme (CASP) checklist and Mixed Methods Appraisal Tool (MMAT). Qualitative data were analysed using Thomas & Harden's (2008) thematic synthesis approach.

Results: Six qualitative studies and three mixed methods studies were synthesised to reflect 530 CJ staff perspectives. Five descriptive themes arose: [1] identification of PWLD in the CJS, [2] feelings towards PWLD, [3] perceived need for adaptation, [4] perceived need for improvement, and [5] is the CJS appropriate for PWLD? Four analytical themes emerged: [1] Navigating responsibility: ethics and adaptations, [2] PWLD are vulnerable due to societal pressures and systemic biases, [3] It's uncertain what needs to change in the CJS for PWLD, and [4] Drive for change.

Conclusions: CJ staff perceive PWLD to be a marginalised group of individuals who require identification and adaptations within the CJS. Despite this, CJ staff struggle to effectively identify PWLD and know what adaptations to provide. Further training is required, and research into barriers for CJ staff to effectively implement learnings from training should be identified.

Practitioner Points

- Guidance regarding who is responsible for identifying, making adaptations for, and supporting PWLD through the CJS is needed.
- Future research should consider barriers to PWLD self-identifying their LD diagnosis and reasons for choosing to 'pass', test LD identification tools in the CJS, explore trauma informed practice within the CJS, explore ways of overcoming barriers to CJ staff implementing training regarding PWLD, explore reasons behind CJ staff removing PWLD from the CJS, and prioritise reporting reflexivity.

Limitations: This study was likely influenced by researcher bias; however, thematic synthesis attempts to account for this.

Key words: Learning [intellectual] disabilities; criminal justice system [staff]; thematic synthesis; qualitative

Introduction

People with Learning Disabilities (PWLD) in the Criminal Justice System (CJS)

A learning (intellectual) disability (LD)[1] is characterised by significant difficulties in intellectual and social/adaptive functioning with onset before the age of 18 years (American Psychiatric Association, 2013). Evidence suggests PWLD are at an increased risk of being prosecuted for a crime (Murphy & Clare, 2009). While prevalence of LD is around 2% of the general population, evidence suggests PWLD are approximately 3.5x overrepresented in prison (Emerson & Hatton, 2008). Studies report a vast range (2-40%) of estimates of PWLD's prevalence in the CJS (Holland, 2004). In the United States of America (USA), 55% of PWLD had some type of involvement in the CJS within eight years of leaving high school (Cortiella & Horowitz, 2014). In the United Kingdom (UK), 7.1% of prisoners met criteria for an LD and prevalence of learning disabilities in police custody is estimated to be between 0.5% and 9% (Bradley, 2009; Hayes, 2007).

It is conceivable the prevalence rates of PWLD in the CJS could be greater than what is reported in research (Williams, Swift & Mason, 2015). This could be due to a lack of disclosure prior to custody, for reasons including people being undiagnosed, not identifying with their diagnosis, or choosing not to disclose due to beliefs or fear of being targeted (Williams et al, 2015). 'Passing' is a phenomenon whereby people may conceal impairments to avoid the stigma of disability and pass as 'normal' (Brune & Wilson, 2013). If they go

[1] Learning Disability (LD) will be used throughout this study in lieu of Intellectual Disability (ID) due to preference indicated by a group of people with learning disabilities during the public participant involvement part of this study (see Public Participant Involvement).

through the CJS unidentified, a higher number of people with learning disabilities in the CJS may exist than predicted.

Remaining unidentified may result in people not having their health, welfare, educational and rehabilitation needs met, leading to further disadvantage (Emerson & Hatton, 2008). It also poses challenges to recognising when reasonable adjustments are required for this population to support their treatment being consistent with the Equality Act (2010) in the UK. Without adjustments and communication support, people with learning disabilities in the CJS are at a disadvantage (Department of Health, 2011). If people are unable to understand their sentence conditions, or complete offending behaviour programs due to lack of adaptations, PWLD will spend longer in the CJS, resulting in an infringement on human rights (Department of Health, 2011).

The CJS has a lack of protocols, inefficient exchange of information, and a lack of training for professionals in how to engage with people with learning disabilities, suggesting the CJS struggles to manage PWLD (Hayes, 2007). A combination of these factors leads to people receiving inequitable treatment within the CJS since CJ staff are not equipped to support their needs. Moreover, CJ staff have reported they do not feel it is their responsibility to deal with PWLD and feel inadequately skilled and educated to do so (Gendle & Woodhams, 2005). CJ staff lacking confidence when managing these individuals could lead to negative, distressing, or discriminative experiences for them and result in a lack of adaptations provided for them within the CJS (Hyun et al, 2014).

Indeed, evidence suggests people with learning disabilities are not currently well served in the CJS due to their vulnerabilities not being protected by safeguarding, including a lack of use of Appropriate Adults to support them, often due to a lack of identification (Young et al, 2013). Mental health difficulties are difficulties which may impact a person's

thinking, perceptions, mood or behaviour, that do not require an age of onset and may be temporary or overcome with treatment, unlike a LD. CJ staff have historically struggled to differentiate learning disabilities from mental health difficulties resulting in a higher likelihood of prison sentencing for people with learning disabilities (Bradley, 2009; HMI Probation, 2014; Howard et al, 2015). Since court environments may not implement adaptations for them, questioning may be inappropriate (O'Kelly et al, 2003). A synthesis of four articles from the UK and USA found people with learning disabilities did not understand what was happening to them in the CJS or why, felt alone and did not know who to turn to for support, and felt uncertain about what to say or do (Hyun et al, 2014). They have expressed negative experiences in the CJS on probation in the UK, such as feeling vulnerable, not being given enough time, having long wait times, not understanding the situation or processes, feeling they were being treated like they were 'thick' [meaning unintelligent], and feeling mistreated and helpless (Department of Health, 2011; Hyun et al, 2014). Thus, people with learning disabilities have reported feeling their support needs remain unmet within the CJS (Murphy et al, 2017).

Perceptions, Attitudes, Awareness and Understanding of PWLD

To understand these issues better, the current systematic review sought to focus on the perceptions, attitudes, awareness and understanding of CJ staff in relation to PWLD. Exploring CJ staff's perspectives could contribute to understanding how CJ practices and policies could be adapted to support them. If policies and practices were adapted, it could result in better treatment of people with learning disabilties in the CJS, and better supported CJ staff. CJ staff include professionals that work within the CJS including police, custody sergeants, judges, magistrates, probation officers, and law enforcement officers. They are

legally bound to consider the needs of vulnerable individuals who they are working with, such as PWLD, and to make sure equal treatment is provided (Department of Health, 2011).

Perceptions, attitudes, awareness, and understanding are similar terms, which considerably overlap in meaning. A perception has been conceptualised as the way something is regarded, understood, or interpreted, such as beliefs or opinions. Attitudes are learned evaluative responses (Ashford, LeCroy & Lortie, 1997). Awareness relates to the knowledge or perception of a concept, whilst understanding consists of comprehending a concept through having knowledge of it (Curtis et al, 2002). These concepts were selected in the current study because they appear to be common terms used in literature when the practice of other professionals have been examined in relation to sub-groups. For example, another systematic review explored knowledge, attitudes and perceptions of health and social care professionals towards PWLD, identifying professionals may hold negative views about them which influences their willingness to work with this group (Ee, Stenfert Kroese & Rose, 2021). In addition to identifying relevant data, using these terms may help the current systematic search to remain inclusive.

These concepts were selected to help develop an understanding of CJ staff's perspectives towards PWLD since they may be a precursor to action (Pickens, 2005). Behaviour theories (e.g., theory of planned action) propose behaviour-specific beliefs, attitudes, subjective norms, perceptions of control and intentions all can serve as antecedents to behaviour (Ajzen, 2012). A person's attitude towards their environment has a significant influence on their behaviour where the social world influences our attitudes, and vice versa (Pickens, 2005). This suggests CJ staff's attitudes of PWLD may significantly influence their behaviour towards this group. Exploring attitudes and perceptions towards them may support understanding how CJ staff view and act towards PWLD. Attitudes are predictors of

professional behaviour in responding to crime (Seitz, 1989). Exploring awareness and understanding of PWLD may provide context to CJ staff knowledge which influences their behaviour towards them.

Favourable attitudes towards PWLD are imperative in meeting concepts required of police including impartiality and respect for human dignity (Bailey, Barr & Bunting, 2001). It was suggested, albeit over twenty years ago, that eugenic-based attitudes were identified whereby CJ staff considered PWLD to have less value than people without a LD, and awareness training led to a significant reduction in these attitudes (Bailey, Barr & Bunting, 2001). Over two decades ago, only 35% of police forces were offered awareness training focusing on PWLD (Singh, 1998). More recently, in a government investigation of PWLD and mental health problems within the CJS, Lord Bradley proposed staff within the CJS receive training on LD delivered with local services to promote understanding and collaboration (Bradley, 2009). Despite progression, research supports that knowledge about LD in the CJS remains low, and recommendations for CJ staff to receive LD awareness training exist (Durcan & Zwemstra, 2014). The lack of opportunities for CJ staff to develop awareness PWLD's needs and abilities has implications for how they perceive PWLD and subsequently treat them. Thus, exploring CJ staff awareness of PWLD is crucial to understanding how this may affect behaviour towards them.

It is crucial that we understand CJ staff's perceptions and attitudes towards PWLD, so we can understand their behaviour. The perceptions, attitudes, awareness and understanding CJ staff hold towards PWLD could influence their ability to identify them, and subsequently provide adjustments to provide them with a fair and just CJ process. By understanding these constructs, we can better understand why CJ staff respond to PWLD in the way they do.

Aims

Thematic synthesis (TS) was developed by Thomas and Harden (2008) as a qualitative process of synthesising qualitative data across studies based on the same principles as thematic analysis. This systematic review aims to provide a TS on the available qualitative literature of CJ staff's perceptions, attitudes, awareness, and understanding of PWLD with the aim of better understanding CJ staff's points of view. This study seeks to comprehend CJ staff's attitudes and perceptions towards PWLD to further contextualise their behaviour towards service users in the CJS. This study focused solely on qualitative data since qualitative approaches enable understanding of experiences and processes through a richness and depth of data rather than establishing causal relationships or quantifying the extent of a phenomena (Thompson, 2012).

A systematic review by Gulati et al (2020) examined 16 studies in this area from five countries (USA, UK, Norway, Canada, and Australia) exploring the experience of 983 law enforcement officers (LEOs) in their interactions with PWLD. Their aim was to inform training and awareness of LEOs and a rights-based approach to policy development. Identified challenges for LEOs included their preconceptions and attitudes towards PWLD and a lack of training around identifying LD. Whilst the most comprehensive systematic review to date in this subject, the study did not focus on qualitative data and focused on concepts such as 'suspect,' 'detainee' and 'prisoner.' Therefore, it was appropriate to review this data again, given the different aims and methodology of this study.

Method

This study was registered on the international prospective register PROSPERO (reference: CRD42023461499; Appendix A) and written in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al, 2020; Appendix B).

An interpretivist epistemological position was adopted throughout the research process, with an understanding that reality is subjective and criminal justice staff's knowledge has been constructed by history and culture, and this knowledge is understood as a precursor to action (Denzin, 2008). Thus, multiple perspectives including historical and cultural influences will have impacted criminal justice staff's perceptions and attitudes towards people with learning disabilities. Moreover, the construct of a learning disability was understood as something which is socially constructed, and that will differ across time and cultures. The construct of the criminal justice system was understood as influenced by perspectives across different countries, which was considered throughout the research process.

Search Strategy

Recommended practice is to use the PICO (population, phenomenon of interest, context, and outcome) tool for a comprehensive search for qualitative systematic reviews to prevent bias and provide a true representation of available literature (Methley et al, 2014). PICO can be useful for qualitative reviews seeking to analyse human experience and social phenomena (Stern et al, 2014). This study utilised the PICO tool to develop a search strategy (Table 1) across four major electronic databases (CINAHL, Psychinfo, Scopus, Web of Science) and an additional grey literature database (Proquest dissertations and theses) on 27 October 2023.

Table 1

Search terms and Boolean operators identified with the PICO tool for all databases.

PICO Elements	Keywords	Search Terms	Search Strategy used on 27 October 2023
Patient or Population	People with learning disabilities	Learning disabilities	(Learning disabilit* OR intellectual disabilit* OR developmental disabilit*) AND
Intervention	Police officers Law enforcement officers Criminal justice staff	Police Law enforcement Criminal justice staff	(police OR law enforcement OR criminal justice) AND
Comparison	n/a	n/a	n/a
Outcome	Attitudes Perceptions Awareness Understanding	Attitudes Perception Awareness Understanding	(perception OR attitude OR awareness OR understanding)

Inclusion and Exclusion Criteria

The SPIDER (sample, phenomenon of interest, design, evaluation, and research type) tool was utilised to develop inclusion and exclusion criteria (Table 2; Cooke, Smith & Booth, 2012). Qualitative data from primary qualitative methodologies (i.e., thematic analysis,

grounded theory) and qualitative data from mixed-method studies where the qualitative data could be separated from the quantitative data were investigated. Qualitative data from mixed-methods articles were included due to limited literature within this narrow topic area to provide a broad range of perspectives. A similar approach was used by another systematic review of limited data (Gulati et al, 2020). Titles were screened for inclusion. If inclusion or exclusion were not evident from the title, the abstract was consulted.

Table 2

Inclusion and Exclusion Criteria based on the SPIDER tool (Cooke et al, 2012)

SPIDER Elements	Inclusion Criteria	Exclusion Criteria
Sample	Studies investigating criminal justice staff's attitudes, perceptions, awareness, and understanding of people with learning disabilities (PWLD) including police officers, law enforcement officers, jurors, etc. Studies where most participants (over 50%) were criminal justice staff.	Studies that reported attitudes, perceptions, understanding and/or awareness from any other staff (mental health, physical health, etc), carers, or PWLD themselves. Studies where the minority of participants (under 50%) were criminal justice staff.
Phenomenon of interest	Studies that investigated attitudes, perceptions, awareness and understanding of people with confirmed learning disabilities.	Studies that investigated attitudes, perceptions, understanding and awareness of people with autism, people with mental health disabilities, or people with developmental disabilities.
Design	Studies with qualitative results. Studies with mixed method results where the qualitative results could be separated from the quantitative results.	Solely quantitative research methodologies or converted experiences to numbers. Studies with mixed methodology where the qualitative results could not be separated from the quantitative results.
Evaluation	Any form of qualitative analysis that aimed to report on subjective experiences (e.g., interpretative phenomenological analysis, thematic analysis).	Solely quantitative analysis.
Research Type	Studies written or translated in English. Studies accessible by the researcher. Studies published on or after 1 January 2000. Studies identified from four major electronic databases (Web of Science, Scopus, PsycINFO, CINAHL). Grey literature (identified from ProQuest dissertations and theses database).	

A structured approach led to the selection of included articles (see Figure 1 for PRISMA diagram). Only papers published from January 1, 2000 were included to ensure the most current findings on the topic were included given that language and attitudes towards PWLD have changed significantly.

The National Institute for Child Health and Development (NICHD) includes LDs in its definition of developmental disability (NICHD, 2018). Whilst this study sought to investigate LDs, 'developmental disabilities' was included in the search string to ensure studies were not missed, considering research often includes LDs under the wider term developmental disabilities referring to lifelong physical and mental impairment.

Study Selection

Following the initial search, an independent researcher (LE) screened 10% of the titles (*n*=57). If it was unclear from the title whether the study should be included for full text review or excluded, the abstract was consulted. Inter-rater agreement at title screening was 94.74%. Disagreements were discussed; final inter-rater agreement was 100%. Following this, studies progressed to full-text screening completed by the researcher (EE). An independent researcher (LE) reviewed 50% of the texts (*n*=18) against the inclusion and exclusion criteria. Inter-rater agreement was 100%.

Forwards and backwards citation searching were conducted. The references and citations of the nine studies and similar systematic reviews in the area (Gulati et al, 2021; Jones, 2007) were checked for eligible studies – none were identified. To account for publication bias (e.g., studies unpublished due to the direction or strength of study findings), an additional search of OpenGrey was completed (Parekh-Bhurke et al, 2011). This did not yield any suitable unpublished studies.

Quality Assessment

When assessing quality of studies included in a systematic review, methodological strengths and limitations alongside a general quality review should be assessed (Flemming & Noyes, 2021). Relevant studies were evaluated in two ways: the Critical Appraisal Skills Programme checklist for qualitative research was used for qualitative studies (Appendix C; CASP, 2018; Long et al, 2020) and the Mixed Methods Appraisal Tool (MMAT) was used for mixed-methods studies (Appendix D; Hong et al, 2018).

The CASP checklist is comprised of ten questions which fit into three broad categories considering whether the results of the study, if they are valid, and if they help locally. Items require an answer of 'yes', 'no', or 'can't tell.' Italicised prompts are given after each question. Since the checklists were designed to be used as tools as part of a workshop setting, a scoring system is not suggested (CASP, 2018). See Table 5 in Results.

The MMAT is a tool designed for the appraisal of mixed-methods studies, developed in 2006 and revised in 2018 (Hong, Gonzalez-Reyes & Pluye, 2018). It consists of five categories linked to study designs and has three options for answers: 'yes', 'no', and 'can't tell'. The relevant category was used to assess each study's quality. The methodological quality criteria focus on adequate rationale for the methodology, ensuring qualitative and quantitative components are integrated and interpreted adequately, discrepancies between different types of data are addressed, and assessing if the different components of the study adhere to the quality criteria of each methodological tradition (see Table 6 in Results).

The lead author (EE) assessed all articles and a second researcher (LE) independently assessed 100% of the studies. Inter-rater agreement for each domain across the studies included was 76% due to discrepancies in selecting 'no' or 'can't tell'. Disagreements were discussed and a consensus met resulting in inter-rater agreement of 100%. Assessed quality supported evidence evaluation and allows the reader to interpret the papers' findings in the

context of their methodology and limitations. Findings were not weighted based on appraisal or excluded, since qualitative reviewers recommend not to exclude studies based on quality appraisal, thus no sensitivity analyses were conducted (Thomas & Harden, 2008).

Data Analysis

Qualitative data methods allow participants to describe experiences resulting in rich data (Rawlings et al, 2020). An agreement on the most suitable method to synthesise qualitative data remains inconclusive, with guidelines stating systematic review methodology should be guided by research aims (Tong et al, 2012). This study sought to develop a greater understanding of CJ staff attitudes, perceptions, awareness and understanding of people with learning disabilities to inform CJ practice and policy. TS can be utilised to combine qualitative data from studies with different views to identify themes and highlight areas for improvement to inform policies and practice. TS was selected to analyse the data to develop higher order themes and identify links between conclusions and the text of included studies to inform CJ practice. Thomas and Harden (2008) describe three stages to a TS: the coding of text 'line-by-line', 'the development of 'descriptive themes', and the generation of 'analytical themes'.

First, the lead researcher (EE) read each paper several times and extracted relevant information. The full text of included studies was imported into NVivo software (Lumivero, 2023). The text from 'Results,' 'Discussion,' and 'Conclusion' sections of the papers were considered for inductive line-by-line coding against the study aims to develop descriptive themes. Once completed, 81 codes were identified and discussed between EE and a research supervisor (NP). A flexible coding frame was agreed upon to organise emerging codes. Descriptive themes were developed from the codes informed by frequency and saliency, as opposed to study characteristics (e.g., sample size). Related codes were grouped together

thematically based on similarities and differences, labelled to form 18 initial subthemes, and collated into five superordinate themes. Theme summaries were discussed within the research team and refined. See Appendix E for code banks and descriptive theme organisation.

The third step in the TS process is to 'go beyond' the primary studies and provide new interpretive constructs, explanations, or hypotheses (Thomas & Harden, 2008). Descriptive themes were developed to address the research questions resulting in five final descriptive themes. Two members of the research team (EE and NP) met together to review the descriptive themes and develop four analytical themes contributing to the trustworthiness and rigour in this study. The lead researcher re-read each paper to ensure findings were represented appropriately within the themes and was satisfied with the main themes captured. An example of codes in a thematic map is in Appendix F. Quotes selected utilise [""] for participants and [''] for authors.

Reflexivity

This systematic review was conducted with a continuous reflexive process including the examination of the assumptions, decisions, contexts, and power dynamics that existed within this research process. Throughout the process, I created a reflexive statement (Appendix G) and maintained a reflective log to explore reflections that arose throughout the study design and thematic synthesis (Appendix H). My personal reflexivity was considered throughout the research process, including my motivations that impacted the project. My motivations for this project will have been directly impacted by my relationship to a family member, who has a learning disability and went through the criminal justice system in the USA. That is, I may have an assumption that criminal justice staff intend to punish as opposed to understand, which likely influenced my desire to create a research question that explored criminal justice staff views towards this group. This was considered throughout the

process of designing the research question, considering how CJ staff's perceptions, attitudes, awareness and understanding of people with learning disabilities are influenced and shaped by historical and cultural contexts, considering my experience existed in a country different to the one this research was conducted in. The context of this research occurring throughout a Doctorate in Clinical Psychology also existed, as this likely impacted my decisions whereby I was motivated to conduct research within a tight timeline.

Throughout the data collection and analysis stage, I examined my motivations behind the project. In supervision, we discussed how some of the data was offensive and potentially outdated regarding how police officers spoke about people with learning disabilities. We examined our responsibility to share the truth but also not intentionally cause further harm by continuing to report data such as criminal justice staff referring to people with learning disabilities as "ugly" when the message that criminal justice staff identify people with learning disabilities due to their appearance could be explained in a different way. This decision would have been influenced by my personal views surrounding truth and reporting facts alongside my personal and professional motivations to not cause harm to others.

Public Participant Involvement

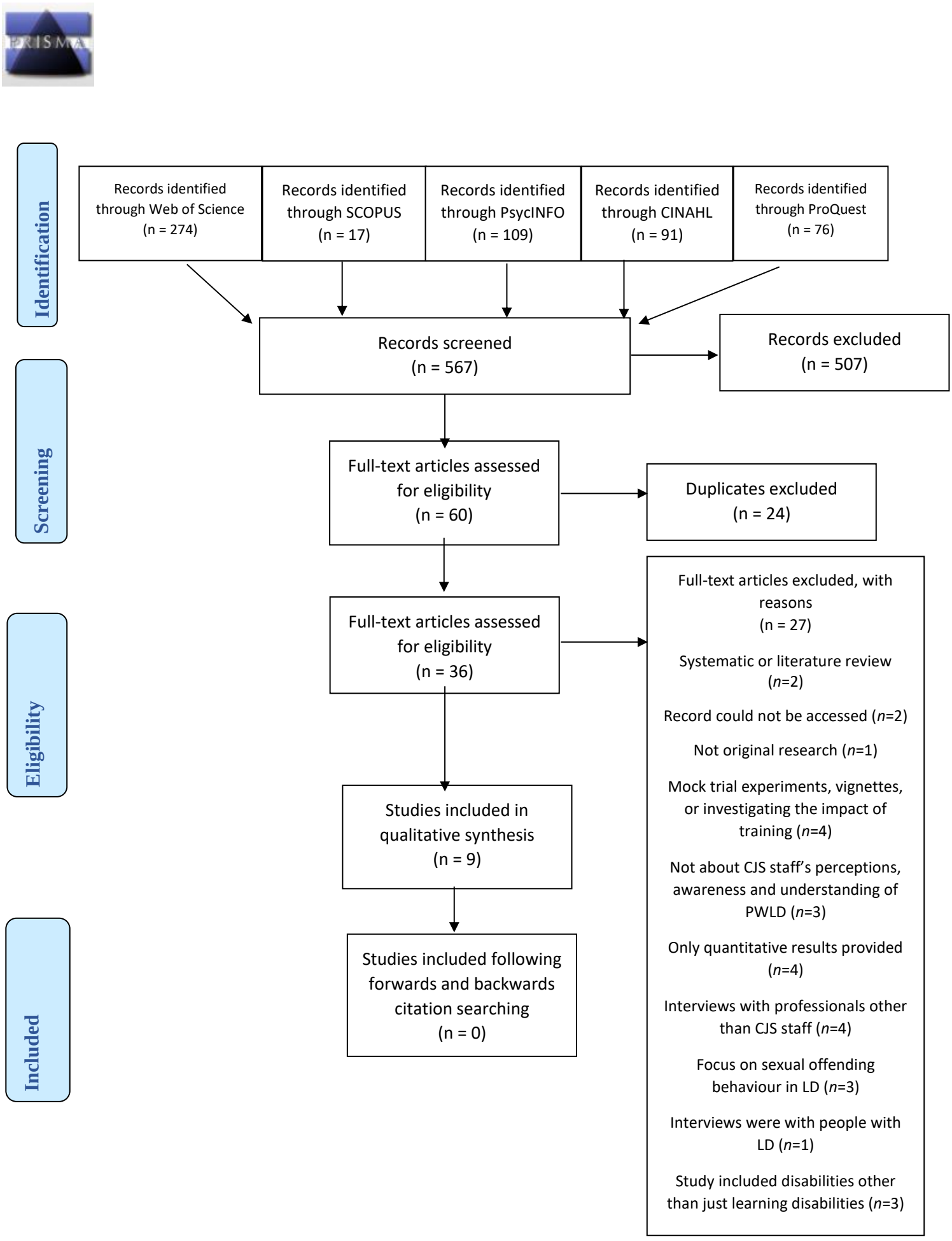
This study was developed with experts in LD and forensic services in the UK. Consultation with PWLD occurred in August 2022 through the UK charity MENCAP where they reported they preferred the term LD as opposed to ID.

Results

The initial search resulted in 567 studies. After screening titles and abstracts, 36 studies progressed to full-text screening. Nine studies met inclusion criteria for final review, including five papers from Gulati et al's (2020) systematic review, and four additional

studies. Figure 1 depicts the retrieval process in the form of a PRISMA diagram (Moher et al, 2009).

Figure 1. PRISMA 2009 flow diagram describing the search strategy.



Study Characteristics

Table 3 provides study characteristics. Publication dates range from 2005 to 2020, with five studies based in the UK, two in Australia and two in the USA. Most of the studies were qualitative (*n*=7) and two were mixed-methods. Targeted Services Courts (TSC) are UK courts which serve to enhance the identification of, services and support available for adult offenders with mental health and/or LDs to provide more equitable treatment in court (Chadwick & Wesson, 2020). The nine papers reflected the experiences of 530 participants across CJ systems including police officers (*n*=405), various CJ staff including police, probation, and prison staff from TSC (*n*=75), police sergeants (*n*=8), custody sergeants (*n*=21), judges (*n*=7) appropriate adults (*n*=6), magistrates (*n*=6), and community psychiatric/forensic liaison nurses (*n*=2).

Studies used focus groups (*n*=2), semi-structured interviews (*n*=2), qualitative survey questions (*n*=4), and unstructured interviews (*n*=1) to obtain their data. Studies used a range of data analysis methods, including content analysis (*n*=2), grounded theory (*n*=2), thematic analysis (*n*=1), thematic network analysis (*n*=1), and an inductive method creating meaningful categories (*n*=1). Two studies did not state their approach.

Table 3
Study Characteristics

Author (Year)	Location	Aim	Methods	Results
Cant & Standen (2007)	Nottinghamshire and Derby, England, United Kingdom (UK)	What are the attitudes of criminal justice personnel towards people with learning disabilities? What are their perceptions of how the criminal justice system deals with offenders with learning disabilities?	Qualitative; Semi-structured interviews analysed using grounded theory.	Concerns about the identification of people with learning disabilities. The need for criminal justice systems to be flexible. Arguments for equal treatment under the criminal justice system.
Chadwick & Wesson (2020)	Northwest England, UK	What are the professional perceptions of the challenges of and including people with LD in a targeted services court designed for people with mental health issues and LD?	Qualitative; Focus groups and interviews analysed using thematic network analysis.	Structural neglect of people with intellectual disabilities throughout the targeted services court process. Defendants with intellectual disabilities were seen as overlooked. Challenges in identification and referral of people with intellectual disabilities, stakeholder awareness, inconsistent adapting of practices for people with intellectual disabilities and information transfer underpinned by the involvement of numerous organisations with differing agendas.

Douglas & Cuskelly (2012)	Queensland, Australia	How do police in Queensland, Australia recognise an individual as having an intellectual disability?	Qualitative; Focus groups. Qualitative analysis was unclear.	Appearance was the most nominated characteristic followed by language difficulties, problems with comprehension, inappropriate behaviour for age, and problem behaviour. Invariable use of an appropriate screening tool is recommended as the only reliable method of ensuring that police officers identify individuals with an intellectual disability.
Eadens et al (2016)	Central Florida, Southeastern United States of America (USA)	What are police officer perspectives of people with intellectual disabilities?	Mixed methods: A modified social distance questionnaire (Haring et al, 1983) and a qualitative data collection instrument analysed using theme analysis from 22 surveys.	Police officers had little or no training regarding disabilities. Most police officers were willing to interact socially with people with intellectual disabilities. Females had significantly greater positive attitudes towards people with intellectual disabilities. White respondents appeared more knowledgeable about people with intellectual disabilities than those from minority backgrounds.
Gendle & Woodhams (2005)	Humberside, England, UK	What are the police perceptions towards suspects with a learning disability? What knowledge do police have of issues relating to learning disabilities?	Qualitative; semi-structured interviews analysed using content analysis	Perceptions of people with learning disabilities were explored. Processing suspects with learning disabilities was explored. Training was implicated.

Hellenbach (2011)	Cheshire, Merseyside and Greater Manchester, England, UK	What are the attitudes and opinions shared by custody sergeants regarding how learning disabilities might be conceptualised within the context of criminal justice?	Qualitative; unstructured interviews analysed using grounded theory.	Identification of people with learning disabilities was explored. Professional identity, pressure and problems were considered.
Henshaw & Thomas (2012)	Melbourne, Australia	What are the experiences and perceptions of operational members of Victoria Police in relation to their contacts with people with Intellectual Disability?	Mixed methods; Qualitative analysis utilised thematic analysis	Signs and symptoms of learning disabilities were explored. Police sources of knowledge about learning disabilities were explored. Attitudes towards people with learning disabilities and challenges faced in resolving encounters with people with learning disabilities were explored.
Modell & Mak (2008)	Northern California, USA	1) To assess police officer knowledge of persons with disabilities and compare it to their perceived competence in responding to crimes involving dependent adults 2) To establish best practices for training police officers in handing crimes involving dependent adults 3) To establish baseline information on police officers' knowledge of persons with disabilities	Mixed methods; a survey. Analysed utilising content analysis.	Police officers had difficulty distinguishing amongst disabilities and confused intellectual disability and mental illness. Police officers viewed people with disabilities different from the norm. Police officers perceived themselves as competent when they may not have been. Training was implicated.

Parsons & Sherwood (2016)	Hampshire, England, UK	What are the perceptions and practices of police officers and criminal justice professionals in meeting the communication needs of offenders with learning disabilities and learning difficulties?	Qualitative; individual interviews following a 4-week pilot of a Widgit system to communicate effectively with people with learning disabilities. An inductive method creating meaningful categories that contained evidence of possible meanings behind responses linked to the role of a professional and a detained person was utilised in qualitative analysis.	The embedded, ossified nature of existing communication practices was explored. The 'ticking clock' of custody was explored. The volatile environment within which communication occurs was explored. The disempowerment and lack of agency felt by many criminal justice staff professionals within the liminal context of custody and the resulting communication breakdowns with important judicial implications.

Quality Assessment

Quality assessment findings are in Tables 5 and 6.

All qualitative studies stated the research aims, selected methods and designed the research appropriately. It was clear in most studies that an appropriate recruitment strategy was utilised, and data addressed the research aims; one study did not describe their recruitment strategy (Hellenbach, 2012). All studies considered ethical issues except for Hellenbach (2012). All studies stated findings except for Parsons & Sherwood (2016). The research was considered valuable in all studies. There was no mention of reflexivity in any study except for Cant & Standen (2007). Only three studies demonstrated sufficiently rigorous data analysis (Cant & Standen, 2007; Chadwick & Wesson, 2020; Gendle & Woodhams, 2005).

No mixed-method studies adhered to the quality of both qualitative and quantitative methods and only Henshaw & Thomas (2012) addressed inconsistencies between results. Two studies rationalised a mixed-methods approach (Eadens et al, 2016; Henshaw & Thomas, 2012). Two studies integrated study components to address research questions (Henshaw & Thomas, 2012; Modell & Mak, 2008). No studies considered the researcher and participant relationship.

Table 4 – ***Summary of Study Performance on the CASP Quality Appraisal Tool (Long et al, 2020)***

Author (Year)	Was there a clear statement of the research aims?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration ?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Douglas & Cuskelly (2012)	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Valuable
Hellenbach (2012)	Yes	Yes	Yes	Can't tell	Yes	Can't tell	No	No	Yes	Valuable
Chadwick & Wesson (2020)	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes	Valuable

Cant & Standen (2007)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Parsons & Sherwood (2016)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	No	No	Valuable
Gendle & Woodhams (2005)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable

Note. Green shading - criteria was adhered to, light orange shading – it was unclear if criteria was adhered to, dark orange shading - criteria was not adhered to. Each of the 11 areas explored via the CASP are necessary for systematically evaluating the different parts of a qualitative study's design in which biases may exist**.**

Table 5 - ***Summary of Study Performance on the MMAT (Pluye et al, 2009)***

Author (Year)	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Eadens et al (2016)	Yes	Can't Tell	Can't Tell	No	No
Henshaw & Thomas (2012)	Yes	Yes	Yes	Yes	No
Modell & Mak (2008)	No	Yes	No	No	No

Note: Green shading - criteria was adhered to, light orange shading - criteria was somewhat adhered to, red shading - criteria was not/could not tell if it was adhered to. Each of the 6 areas explored via the MMAT are necessary for systematically evaluating the different parts of a mixed-methods study's design in which biases may exist.

Descriptive Themes

Further quotes are in Appendix I. Five descriptive themes emerged:

Identification of PWLD in the CJS

Participants believed PWLD could be identified through communication, comprehension, appearance, or behaviour (Douglas & Cuskelly, 2012; Gendle & Woodhams, 2005; Hellenbach, 2011; Henshaw & Thomas, 2012). Many CJ staff felt they could identify them through *"physical appearance"* alone (Douglas & Cuskelly, 2012; Gendle & Woodhams, 2005; Henshaw & Thomas, 2012). Others described difficulties identifying PWLD based on appearance, reporting they *"may be well dressed"* and wouldn't be able to identify them *"until you start talking to them"* (Douglas & Cuskelly, 2012; p.40).

Participants reported PWLD have unpredictable behaviour and differences difficult to conceal, such as them being "…*adults with child-like behaviours*"' (Henshaw & Thomas, 2012; p.624). Some viewed PWLD as a homogenous group that could be recognised based on previous experiences of working with them, and suggested they could be identified through historical information (e.g., poor educational background) (Douglas & Cuskelly, 2012; Gendle & Woodhams, 2005; Hellenbach, 2011). Some reported PWLD will be detected in the CJS (Gendle & Woodhams, 2005). In contrast, some identified them as a heterogeneous group that may go through the CJS unidentified (Douglas & Cuskelly, 2012). Some saw PWLD as overlooked and *"swept aside"* (Chadwick & Wesson, 2020).

Participants described PWLD as reluctant to identify themselves and to admit experiencing difficulties. Participants reported PWLD not identifying themselves until they get to custody and felt they may not want to disclose their LD due to not wanting *"to be labelled"* and feeling *"uncomfortable"* due to *"stigma"* (Chadwick & Wesson, 2020; p.138).

Some CJ staff reported they *"might be able to wear a band"* to be distinguishable (Douglas & Cuskelly, 2012; p.40).

Feelings towards PWLD

Participants reported feelings towards PWLD which reflected varying attitudes (Cant & Standen, 2007). Some participants felt guilty about how they treated them, particularly when they did not identify them early (Douglas & Cuskelly, 2012). Police reported feeling anxious about identifying LD correctly (Gendle & Woodhams, 2005). CJ professionals including police reported lacking confidence working with them (Chadwick & Wesson, 2020; Henshaw & Thomas, 2012). Some expressed a feeling of responsibility towards PWLD wanting to ensure they "*understand and take seriously their issues."* (Henshaw & Thomas, 2012; p.626). Others reported nervousness and fear working with them, particularly due to unpredictable behaviours (Henshaw & Thomas, 2012). Some reported perceiving PWLD to face challenges (Gendle & Woodhams, 2005). Staff felt it was important "*that [*PWLD] *feel safe and heard*" within the CJS (Henshaw & Thomas, 2012; p.626).

Perceived need for adaptation

Some CJ professionals acknowledged PWLD need and receive adaptations in the CJS (Chadwick & Wesson, 2020). A perceived need for flexibility arose due to the CJS not being designed for PWLD (Cant & Standen, 2007). Adaptations included placing PWLD in different locations, adapted communication, and extra assistance. The perceived need for adaptations typically came from a sense of lack whereby they were perceived to lack the ability to function in the CJS without adaptations or as being "*easily influenced"* by CJ staff (Chadwick & Wesson, 2020; p.140)

Many shared beliefs that PWLD are "*not bright*" [meaning not intelligent] (Hellenbach, 2011). CJ staff saw them as suggestible and vulnerable to false confessions, indicating susceptibility to pressure and coercion (Cant & Standen, 2007). Some spoke of putting PWLD *"in the children's room"* and reported PWLD lack an ability to understand CJ processes (Douglas & Cuskelly, 2012; p.42). Participants reported PWLD can be understood utilising adapted communication, demonstrating a belief that adaptations are effective in understanding PWLD in the CJS.

Perceived need for improvement

Many reported the CJS needs to improve and described PWLD as *"neglected"* and *"underserved"* (Chadwick & Wesson, 2020). Some reported PWLD do not have access to information that makes it easier to negotiate the CJS, and that they have support needs the CJS is not equipped for (Chadwick & Wesson, 2020). Participants reported CJ staff lack knowledge and awareness of PWLD, particularly lacking an understanding of the differences between mental health difficulties and LDs (Gendle & Woodhams, 2005; Hellenbach, 2011). Officers were interested in understanding PWLD's experiences, implying a current lack of understanding (Chadwick & Wesson, 2020; Gendle & Woodhams, 2005).

Police officers felt communication skills, patience, resources and referral systems, and training involving identification of symptoms, knowledge of signs of disability, and basic knowledge about PWLD important to manage them (Modell & Mak, 2008). Training and networking were seen to foster positive attitudes resulting in CJS improvement for service users (Gendle & Woodhams, 2005). This contrasts with some CJ staff who felt they could identify people with learning disabilities based on appearance and communication (Douglas & Cuskelly, 2011).

Appropriateness of the CJS for PWLD

CJ professionals described uncertainty whether the CJS was appropriate for PWLD, reporting they could not be expected to go through the CJS and that "*cells could never be the right place*" for them (Cant & Standen, 2007; Gendle & Woodhams, 2005). Difficulties for the CJS to adapt for PWLD due to the way the CJS was developed were acknowledged:

> "*The systems are not set up to be accessible for [PWLD], people are blocked at every level."* (Chadwick & Wesson, 2020; p.140)

Participants spoke of discharging and returning PWLD home (Cant & Standen, 2007). In contrast, some CJ professionals thought people should not be treated differently due to the immutability of the law, educational and/or therapeutic benefits of the CJS, insisting PWLD had a right to a due process within the CJS (Cant & Standen, 2007).

Analytical themes

Figure 2 shows the relationship between descriptive and analytical themes. Further quotes are in Appendix J. Four analytical themes emerged:

Table 7

Relationship between Descriptive and Analytical Themes

Analytical Theme	Descriptive Themes:	Identification of PWLD in the CJS	Feelings towards PWLD	Perceived need for adaptation	Perceived need for Improvement	Appropriateness of the CJS for PWLD
Navigating responsibility: ethics and adaptations			X			X
PWLD are vulnerable due to societal pressures and systemic biases			X	X		
It's uncertain what needs to change in the CJS for PWLD					X	X
Drive for change		X		X	X	

Navigating responsibility: ethics and adaptations

Uncertainty regarding responsibility arose regarding whether PWLD should be involved within the CJS. Participants spoke of prison cells not being the right place for PWLD (Gendle & Woodhams, 2005), not expecting them to go through the CJS (Cant & Standen, 2007), discharging them (Cant & Standen, 2007), and taking them home (Gendle & Woodhams, 2005). However, there was a sense of justice from many CJ staff, whereby everyone should be held accountable for their actions (Chadwick & Wesson, 2020), may want their day in court (Cant & Standen, 2007) and *"be treated equally under the law"* (Chadwick & Wesson, 2020; p.137).

Ethical considerations were evident concerning the fair treatment and protection of PWLD's rights. Parsons & Sherwood (2016) identified a strong social model approach to disability throughout CJ staff, whereby staff recognised CJ practices as exclusionary and unhelpful and did not hold PWLD responsible for their lack of understanding. Staff found it difficult to explain and support them to understand the system and demonstrated disempowerment and lack of agency within the context of custody and communication breakdowns (Parsons & Sherwood, 2016).

Uncertainty existed regarding who is responsible for PWLD's actions and their understanding of CJ procedures. Regarding providing adaptations for PWLD, there was a sense of responsibility from CJ staff; however, the question of who should be responsible for co-ordinating adaptations arose.

PWLD are vulnerable due to societal pressures and systemic biases

In each study an overarching theme that PWLD are vulnerable arose, exemplified in CJ staff's feelings towards them alongside a recognition for a need for adaptations in the CJS. CJ staff described PWLD as vulnerable in society contributing to offending (e.g., being led into crime by others), as well as vulnerable due to existing systems not designed for them (Cant & Standen, 2007; Gendle & Woodhams, 2005). Where studies did not refer to PWLD as being vulnerable, they alluded to it in

describing them in ways which demonstrate their vulnerability, and referring to PWLD as marginalised, overlooked, and often misunderstood regarding their behaviour (Chadwick & Wesson, 2020; Gendle & Woodhams, 2005). CJ staff referred to PWLD as "*not bright*" [not intelligent] (Hellenbach, 2012) and illiterate (Henshaw & Thomas, 2012). One spoke of putting them in the children's room for interview (Douglas & Cuskelly, 2012). These ways of perceiving PWLD lead to their vulnerability, enhanced by societal perceptions and systemic biases that exist within and beyond the CJS.

PWLD were explicitly referred to as '…*more vulnerable to pressure and coercion in interviews*' (Cant & Standen, 2007) and that their consequences should differ due to having an LD. One participant stated, *"I think they have to be treated as vulnerable and therefore they can't be [given] the same level of punishment as their more intelligent compatriots.*" (Cant & Standen, 2007). The data provided more subtle suggestions of vulnerability, including that they were suggestible, which could potentially obstruct justice (Cant & Standen, 2007).

Staff overestimated rates of victimisation for PWLD (Gendle & Woodhams, 2005), suggesting CJ staff perceive them to be vulnerable.

It's uncertain what needs to change in the CJS for PWLD

A sense of uncertainty arose regarding when it is (in)appropriate for PWLD to be involved in the CJS. Uncertainty existed regarding what needs to be adapted in the CJS for PWLD, and how CJ staff can become better equipped to work with service users.

There was a level of uncertainty around identifying PWLD: how this should be done and who by. Participants had conflicting statements, such as viewing them as a homogenous or heterogenous group (Douglas & Cuskelly, 2012; Gendle & Woodhams, 2005). Whilst some believed learning disabilities were obvious, others found identification challenging. Discrepancies in CJ staff finding

them obvious versus others finding identification nuanced demonstrates a lack of understanding. Participants were uncertain about when it would be appropriate to remove them from the CJS versus when they should be held responsible for their actions. This demonstrates overarching uncertainty in the CJS processes contributing to CJ staff being unsure of how to act towards them.

Drive for change

Problems for people with learning disabilities within the CJS and how to reconcile these arose. Systemic challenges and gaps in support were evident throughout studies, including challenges in identifying, understanding and supporting them in the CJS, alongside systemic gaps.

Challenges identifying and supporting PWLD in the CJS begins with their identification and CJ staff's knowledge. Despite receiving training, CJ staff demonstrated confusion between LD and mental illness (Douglas & Cuskelly, 2012). Training is crucial in improving CJ staff's awareness and knowledge of PWLD (Henshaw & Thomas, 2012), whilst some studies identified barriers to training, such as CJ staff's sense of a lack of responsibility when identifying and working with PWLD. Consistency in professional training in different CJ institutions was suggested (Hellenbach, 2012).

PWLD were referred to as underserved and a desire to include them in CJ processes was prevalent (Chadwick & Wesson, 2020). Findings explored ways of communicating with PWLD in the CJS as unhelpful and an issue of the 'ticking clock' of custody and the volatile environment in which communication occurs arose (Parsons & Sherwood, 2016). It was identified that the CJS should change to consider LD, however barriers including the way the CJS was founded prevented this (Cant & Standen, 2007).

Discussion

This TS explored CJ staff's perceptions, attitudes, awareness, and understanding of PWLD. Nine studies exploring 530 CJ staff perspectives across the UK, USA, and Australia were identified; consistent themes arose. Implications for future research are discussed. Five descriptive and four analytical themes emerged:

The first analytical theme, *'Navigating responsibility: ethics and adaptations',* reflects issues regarding who is responsible for the identification of, and adaptations made for PWLD in the CJS. Historically, it was CJ personnels' responsibility to identify them despite a lack of training (Furlong, 2018). TSC reported working with PWLD is outside their remit (Chadwick & Wesson, 2020). Some CJ personnel diverted this responsibility, expressing it is the Court's responsibility (Furlong, 2018). Often, police rejected responsibility to identify PWLD in the context of not feeling educated to do so (Gendle & Woodhams, 2005). Research suggests it is CJ professionals' responsibility to adapt for PWLD and their right to have adjustments provided (Diesfield et al, 2013). This suggests it is CJ staff's responsibility to change the CJS to make it inclusive for everyone. This, however, could lead to difficulties if CJ staff lack understanding of PWLD.

Consideration of alternatives to custody is needed, recognising that whilst sometimes it is appropriate for PWLD to enter the CJS, the inverse is also true (e.g., when diversion from the CJS is in their best interest) (Hayes, 2007). CJ staff spoke of discharging PWLD once identified (Talbot, 2009). This leads to queries regarding whose responsibility is it to question the appropriateness of the CJS for people with learning disabilities, and what makes it (in)appropriate. Mental health professionals often assume responsibility for them through specialist teams, however a lack of clarity regarding whose responsibility it is to provide adaptations exists. CJ staff referred to putting service users in the children's room for interview (Douglas & Cuskelly, 2012), which potentially poses challenges since

treating them as if they are ‘eternal children’ could promote acquiescence and vulnerability (McCarthy, 2001).

Another aspect of responsibility that arose is whether PWLD should be held responsible/culpable and be liable to legal consequences. It was suggested that some PWLD are not culpable due to their lack of understanding and vulnerability to being led into crime by others. This idea concerns whether the CJS is the right place for PWLD following reported crimes. In the USA, it was suggested that they could never be culpable due to cognitive functioning deficits (Nevins-Saunders, 2012). The UK has sought to avoid involvement of PWLD in the CJS, which potentially arose from specialist LD services focusing on ‘challenging behaviour’ and a belief that the CJS in punitive (Jones & Talbot, 2010). Consequences to this include leading some PWLD to believe that their behaviour is acceptable leading to more serious acts (Murphy et al, 2009).

Dilemmas regarding PWLD understanding and sharing diagnoses and whose responsibility it is to support this arose. Despite being aware of their limitations, PWLD may hide under a ‘cloak of competence’ for fear of discrimination (Jones & Talbot, 2010). As we are unaware of research asking people about barriers to disclosure, we can only infer. Professionals postulated that social stigma may prevent individuals from self-identifying (Chadwick & Wesson, 2020). Further research should explore why PWLD ‘pass’ and self-identification barriers. Since PWLD are often subject to discrimination, hesitation to self-identify is understandable. Society should work towards reducing stigma associated with LDs, so it is less shameful for PWLD to self-identify, subsequently supporting adaptations in CJ processes.

This study adds to the literature by recognising the hesitation CJ staff feel service users exhibit in self-identifying, which depends on being diagnosed. Many people with learning disabilities in the CJS have not received a diagnosis; procedures to identify them should develop further (Talbot, 2009). Self-identification relies on people knowing what it means to have a LD and understanding

self-disclosure. A service evaluation of adult experiences of being diagnosed with a LD identified that over 50% (*n*=6) of their sample (*n*=10) did not know what an LD was before or after assessment (Grahame et al, 2023). If PWLD are unable to self-identify, the onus is on CJ staff. Should both identification processes fail, the CJS will continue to fail to adapt processes, maintaining their vulnerability. Research identified when people want help in the CJS, they must inform CJ staff (Mercier & Crocker, 2011). Some CJ staff suggest they could wear a band to identify themselves further placing responsibility on them. This may result in people with learning disabilities not being identified, since they often do not self-identify until they reach custody, and many attempt to 'pass' to avoid stigma (Williams et al, 2015). A significant amount of UK research defends the need for LD screening in the CJS, with two existing tools requiring more trials and vigorous testing (Silva, Gough & Weeks, 2015). Further research should vigorously test such tools and identify what prevents individuals from understanding and disclosing their diagnoses.

The second analytical theme, *'PWLD are vulnerable due to societal pressures and systemic biases'* resulted from staff perspectives regarding people being identified as unable to understand processes they are subjected to, which suggests that they are vulnerable.

CJ professionals referred to "feeling bad" for how they treated PWLD and perceived them to face challenges, demonstrating underlying empathy (Douglas & Cuskelly, 2012; Gendle & Woodhams, 2005). Previous interviews explored PWLD' experiences of the CJS and confirmed their vulnerability and inability to understand the legal process and access measures to support their understanding (Talbot, 2009). From an interpretivist perspective, CJ staff may perceive PWLD as vulnerable due to their perceptions, attitudes, awareness and understanding of them which is likely to have been shaped by various perspectives including cultural and historical contexts. Their vulnerability is compounded from societal perceptions and systemic biases, whereby they are perceived as marginalised and overlooked.

Neglect and ill treatment towards PWLD is documented in mental health settings (O'Hara & Sperlinger, 1997). They may be more likely to experience maltreatment than others (Horner-Johnson & Drum, 2006). Whilst recognising their vulnerability can be protective to promote adaptations, it can prevent empowering PWLD. Concerns were raised regarding the ethics of referring to PWLD as vulnerable, ascertaining that the negative attributes of the label may affect researchers' decisions (Snipstad, 2022). It could also affect CJ professionals' decisions, promoting the idea that they are less equal to people without LDs. Whilst it was documented that PWLD are more likely to experience trauma, this could be due to them being in social contexts that make them more vulnerable (Snipstad, 2022). Trauma-informed practice (TIP) within the CJS has grown over the past two decades following its development in 2001 (Harris & Fallot, 2001; McAnallen & McGinnis, 2021). Despite the high levels of trauma experienced by PWLD (particularly those within CJ settings), research exploring issues concerning them in the CJS make little reference to TIP (Lindsay & Taylor, 2018). Due to CJ staff's desired CJS changes, developing TIP in the CJS may be a start to adapting and improving the CJS for service users. Future research should explore how TIP could be applied to PWLD within the CJS.

The third analytical theme, *'It's uncertain what needs to change in the CJS for PWLD'* reflected how uncertain staff feel regarding them: in identification and supporting them. Amongst the included studies across various countries, no guidelines for CJ staff existed, which differs from the structure of law they enforce. Synthesised findings of PWLD's experience of the CJS demonstrate they directly experience uncertainty, whereby they are uncertain about what to say or do and do not know who to ask for support (Hyun et al, 2014).

Police exhibited confusion between LD and mental illness (Douglas & Cuskelly, 2012). Training is necessary given the challenges of identifying PWLD (Jacobson, 2008). Research documented an association between contact and awareness with reduced stigma towards PWLD (Scior

et al, 2012). Training and interactions with PWLD may overcome barriers that CJ staff encounter which prevents adaptations to their attitudes, awareness, perceptions and understanding (Modell & Cropp, 2007). Some CJ staff believe PWLD can be identified by their appearance (Bailey et al, 2011), demonstrating a need for change. Three significant barriers to training were identified: resistance to change, the warrior mindset, and social isolation (Modell & Cropp, 2007). If CJ staff feel their attitudes are justified, training may be rejected. Future research should explore how to overcome such barriers.

The fourth analytical theme, *'drive for change'* reflects that the CJS requires change since it does not meet PWLD's needs. A lack of guidance regarding effective adaptations for PWLD remains (Klingele, Scott & Dickey, 2010).

CJ staff spoke of discharging PWLD suggesting their identification may lead to different results in the CJS. Indeed, CJ staff indicated that aspects of the CJS could never be the right place for PWLD (Gendle & Woodhams, 2005). This suggests CJ staff believed the best option was to remove individuals instead of providing adaptations. Further research should explore reasons behind this and barriers to implementing adaptations. In the UK, the Prison Reform Trust's *No One Knows* research programme produced a report to examine how, according to the policy framework, the police should and do respond to PWLD (Jacobson, 2008). Findings highlighted inconsistent decision-making on enforcement, diversion, and disposal options for PWLD. Inconsistent treatment was explained by an inability to identify their needs (Henshaw & Thomas, 2012). Thus, the drive for change that exists may benefit from increasing CJ staff's ability to identify PWLD and respond appropriately, alongside identifying barriers that prevent staff from developing awareness following contact with PWLD and training.

Awareness could reduce stigma towards PWLD. A review of 75 studies identified that educational attainment, prior contact with PWLD, and age predicted attitudes towards PWLD in the general population (Scior, 2011). It was suggested that public attitudes towards PWLD are a result of

the (non)existent policies aimed at increasing social inclusion of them (Scior, 2011). Direct contact with PWLD where they can demonstrate skills facilitates positive attitude changes (Fitzsimons & Barr, 1997). Increasing contact with them could change professional attitudes and reduce societal stigma, decreasing PWLD's pressure to pass. Contact theory suggests that meaningful contact between different individuals can produce positive attitudes (Allport, Clark & Pettigrew, 1954). Thus, one way to change perceptions and attitudes of CJ staff towards PWLD is to introduce positive contact with them into their training.

This review's findings build on previous research conducted in this topic area, particularly Gulati et al's (2020) systematic review which investigated experiences of LEOs interfacing with PWLD in the pre-trial stage of the CJS. The current review synthesised CJ staff's perceptions, attitudes, awareness and understanding of PWLD throughout the entirety of the CJS process. Both reviews identified barriers including lack of training around identifying PWLD and providing adequate adaptations throughout the processes. Gulati et al (2020) identified LEO's perceived conflict in respecting due process whilst ensuring a timely and effective forensic investigation. Responsibility was explored, which arose in this study and highlights CJ staff's perceived conflict regarding managing PWLD within the context of the CJS, which LEOs identified as mutually exclusive (Gulati et al, 2020).

Future mixed-methods studies should provide rationale for the design, integrate qualitative and quantitative results, address divergences between the different results, and include quality criteria for each methodological tradition. Reflexivity, an integral part of conducting rigorous qualitative research, focusing on minimising researcher influence on the data and making use of subjectivity was only mentioned in one of nine studies reviewed (Sin, 2010). Future studies should adequately consider the relationship between the researcher and participants and include evidence of this, alongside a sufficiently rigorous data analysis, clear statement of findings, and ethical considerations. Researchers previously hypothesised that reflexivity, though utilised within the qualitative research process, may be

cut from articles due to word count limitations, resulting in a difference between conduct and reporting (Newton et al, 2012). We argue that reflexivity is a crucial part of the research process and should be prioritised for inclusion.

Limitations

Several limitations exist including potential undiscovered literature and publication bias; grey literature was searched to mitigate this. The search terms selected are constrained in nature and may have failed to include studies that utilised different terminology. However, scoping searches were conducted to inform the search strategy, and these searches did not yield a more diverse range of search terms. Only one study mentioned reflexivity, a crucial aspect of qualitative research contributing to rigour and trustworthiness (Larkin & Thompson, 2011). Each studies' quality was appraised utilising the CASP and MMAT tools which utilise "yes", "no" or "can't tell" answers, potentially producing rater variation. A second rater increased reliability, however a tool with better sensitivity could highlight variances amongst study quality.

As a qualitative review, this study likely contains biases and prejudices from the author; reflexivity attempts to account for these. This review occurs from a Western standpoint which has limitations. Only one researcher was involved in screening, data extraction and coding. Two researchers developed the descriptive and analytical themes, contributing to trustworthiness and rigour. Enhanced transparency in reporting qualitative research synthesis was followed in attempts to mitigate some limitations (Tong et al, 2012; Appendix K).

Conclusion

The study's findings highlight inconsistencies across CJ staff's knowledge regarding PWLD which impacts their experiences of the CJS. CJ staff possess perceptions that PWLD can be identified through their communication, comprehension, appearance, and behaviour. CJ staff felt concerned with

how they treat and identify PWLD and if the CJS is appropriate for them. CJ staff reported PWLD require adaptations in the CJS. Analytical themes highlight queries regarding who is responsible for PWLD in the CJS concerning identification and adaptations. PWLD were seen as vulnerable, and whilst a drive for change existed, it was uncertain what needs to change. TIP attuned to the needs of PWLD is crucial for the CJS to be just for all and given that people with learning disabilities could represent 30% of the prison population, should be investigated further.

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Appendices

Appendix A – Registered Protocol on PROSPERO

Appendix B– PRISMA 2020 Checklist

Appendix C - CASP Qualitative Studies Checklist

Appendix D – MMAT Mixed Methods studies Checklist

Appendix E - Bank of Codes and Organisation into Descriptive Themes

Appendix F – Examples of Codes in Thematic Map Author Reflective Statement

Appendix G – Author Reflective Statement

Appendix H – Reflective Log Excerpts

Appendix I – Examples of Quotes for Descriptive Themes

Appendix J - Examples of Quotes for Analytical Themes

Appendix K – ENTREQ Framework Audit

Appendix A – *Registered Study on PROSPERO*

PROSPERO
International prospective register of systematic reviews

NHS
National Institute for Health Research

UNIVERSITY of York
Centre for Reviews and Dissemination

Systematic review

A list of fields that can be edited in an update can be found here

1. * Review title.

Give the title of the review in English

A systematic review of criminal justice staff's perceptions, attitudes, awareness, and understanding of people with learning disabilities

2. Original language title.

For reviews in languages other than English, give the title in the original language. This will be displayed with the English language title.

3. * Anticipated or actual start date.

Give the date the systematic review started or is expected to start.

02/10/2023

4. * Anticipated completion date.

Give the date by which the review is expected to be completed.

31/05/2024

5. * Stage of review at time of this submission.

This field uses answers to initial screening questions. It cannot be edited until after registration.

Tick the boxes to show which review tasks have been started and which have been completed.

Update this field each time any amendments are made to a published record.

The review has not yet started: No

Review stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	Yes	Yes
Risk of bias (quality) assessment	Yes	Yes
Data analysis	Yes	Yes

Provide any other relevant information about the stage of the review here.

The review is currently being written up and the data analysis is being explored for the discussion and conclusions.

The review is currently being written up and the data analysis is being explored for the discussion and conclusions.

6. * Named contact.

The named contact is the guarantor for the accuracy of the information in the register record. This may be any member of the review team.

Erin Evans

Email salutation (e.g. "Dr Smith" or "Joanne") for correspondence:

Erin

7. * Named contact email.

Give the electronic email address of the named contact.

egiles1@sheffield.ac.uk

8. Named contact address

Give the full institutional/organisational postal address for the named contact.

9. Named contact phone number.

Give the telephone number for the named contact, including international dialling code.

07736836431

10. * Organisational affiliation of the review.

Full title of the organisational affiliations for this review and website address if available. This field may be completed as 'None' if the review is not affiliated to any organisation.

University of Sheffield

Organisation web address:

11. * Review team members and their organisational affiliations.

Give the personal details and the organisational affiliations of each member of the review team. Affiliation refers to groups or organisations to which review team members belong. **NOTE: email and country now MUST be entered for each person, unless you are amending a published record. PLEASE USE AN INSTITUTIONAL EMAIL ADDRESS IF POSSIBLE.**

Ms Erin Evans. University of Sheffield
Dr Niall Power.
Professor Nigel Beail. University of Sheffield
Dr Gregg Rawlings. University of Sheffield

12. * Funding sources/sponsors.

Details of the individuals, organizations, groups, companies or other legal entities who have funded or sponsored the review.

None

Grant number(s)

State the funder, grant or award number and the date of award

13. * Conflicts of interest.

List actual or perceived conflicts of interest (financial or academic).

None

14. Collaborators.

Give the name and affiliation of any individuals or organisations who are working on the review but who are not listed as review team members. **NOTE: email and country must be completed for each person, unless you are amending a published record.**

15. * Review question.

State the review question(s) clearly and precisely. It may be appropriate to break very broad questions down into a series of related more specific questions. Questions may be framed or refined using PI(E)COS or similar where relevant.

The primary aim of this review is to systematically examine the perceptions, awareness, and understanding criminal justice staff have of people with learning disabilities.

1. How do criminal justice staff perceive people with learning disabilities?

2. How aware are criminal justice staff of the indications that people they interact with may have learning disabilities?

3. What level of understanding do criminal justice staff have of how a learning disability may impact someone's ability to engage with the criminal justice system (e.g. interview/investigation)?

4. What level of understanding do criminal justice staff have of the concept of learning disabilities generally?

16. Searches.

State the sources that will be searched (e.g. Medline). Give the search dates, and any restrictions (e.g. language or publication date). Do NOT enter the full search strategy (it may be provided as a link or attachment below.)

Four electronic databases (PsycINFO, Scopus, CINAHL and Web of Science) will be searched for relevant articles using pre-identified search terms between 02th October 2023 to 30st October 2023. Grey literature will be included and will be searched on Proquest with the search strategy searching 'only dissertations and theses.' The programme 'Citation Chaser' (Haddaway, Grainger & Gray, 2021) will be used to complete forward and backward citation searching of key article reference lists.

Searches will be limited to the period of 2000 to present and will include only studies published in English. Studies for which the full text is not available following effort (e.g. contacting the author) will not be included.

Search strategy: (perception OR attitude OR awareness OR understanding) AND (police OR law enforcement OR criminal justice) AND (learning disabilit* OR intellectual disabilit* OR developmental disabilit*)

17. * Search strategy.

Upload a file with your search strategy, or an example of a search strategy for a specific database, (including the keywords) in pdf or word format. In doing so you are consenting to the file being made publicly accessible. Or provide a URL or link to the strategy. Do NOT provide links to your search **results**.

https://www.crd.york.ac.uk/PROSPEROFILES/461499_STRATEGY_20230929.pdf

Alternatively, upload your search strategy to CRD in pdf format. Please note that by doing so you are consenting to the file being made publicly accessible.

Yes I give permission for this file to be made publicly available

18. * Condition or domain being studied.

Give a short description of the disease, condition or healthcare domain being studied in your systematic review.

A learning disability diagnosis (LD) requires deficits in intellectual functioning alongside concurrent deficits in adaptive functioning which must have onset before age 18. In England, approximately 2% of the population meets the criteria for a LD and prevalence increases in adults by 1% annually, mainly due to individuals living longer (Emerson & Hatton, 2008; McGrother, Thorp, Taub & Machado, 2001). LDs are categorised into four classifications of severity: mild, moderate, severe and profound depending on an individual's level of intellectual functioning and capacity for adaptive skills (Patel & Merrick, 2011). LD severity often affects care needs, whereby people with learning disabilities (PWLD) have different levels of independence. PWLD may have additional difficulties such as behavioural problems, psychological problems, physical dependencies, and/or epilepsy which may affect their care needs.

19. * Participants/population.

Specify the participants or populations being studied in the review. The preferred format includes details of both inclusion and exclusion criteria.

Criminal Justice Staff:

Inclusion - literature reporting perceptions, attitudes, understanding or awareness of Criminal Justice staff, including police officers, law enforcement officers, criminal court staff, prison staff, etc.

Exclusion - literature reporting perceptions, attitudes, understanding or awareness from any other staff (mental health, physical health, etc), carers, or people with learning disabilities themselves

Where studies have a sample of participants including but not limited to criminal justice staff, the majority (over 50%) need to be criminal justice staff.

People with learning disabilities:

Inclusion - people with confirmed learning disabilities

Exclusion - people with autism, people with mental health disabilities. If these exclusion criteria are comorbid or are included in the study, they will need to be clearly distinguishable from people with only learning disabilities.

Therefore, only studies investigating attitudes, perceptions, awareness, and understanding of people with confirmed learning disabilities will be included.

20. * Intervention(s), exposure(s).

Give full and clear descriptions or definitions of the interventions or the exposures to be reviewed. The preferred format includes details of both inclusion and exclusion criteria.

Not applicable

21. * Comparator(s)/control.

Where relevant, give details of the alternatives against which the intervention/exposure will be compared (e.g. another intervention or a non-exposed control group). The preferred format includes details of both inclusion and exclusion criteria.

Comparisons may be made to how criminal justice staff view people with learning disabilities versus people without learning disabilities, people with autism, or people with mental health disabilities. If studies include a comparison group, findings will need to be clearly distinguishable.

22. * Types of study to be included.

Give details of the study designs (e.g. RCT) that are eligible for inclusion in the review. The preferred format includes both inclusion and exclusion criteria. If there are no restrictions on the types of study, this should be stated.

Qualitative studies will be included. Quantitative studies or single case experimental design studies will be excluded. Case studies will be considered.

23. Context.

Give summary details of the setting or other relevant characteristics, which help define the inclusion or exclusion criteria.

Inclusion - any study that explores the perceptions, understanding, or awareness of people with learning disabilities that criminal justice staff have.

Exclusion - studies which do not explicitly examine perspectives of criminal justice staff, studies that examine other individuals' perceptions, understanding or awareness, studies that examine perceptions, understanding and awareness of people with autism or mental health disabilities with or without learning disabilities.

24. * Main outcome(s).

Give the pre-specified main (most important) outcomes of the review, including details of how the outcome is defined and measured and when these measurement are made, if these are part of the review inclusion criteria.

Identify themes across different studies examining the perceptions, attitudes, awareness, and understanding of criminal justice staff of people with learning disabilities.

Measures of effect

Please specify the effect measure(s) for you main outcome(s) e.g. relative risks, odds ratios, risk difference, and/or 'number needed to treat.

25. * Additional outcome(s).

List the pre-specified additional outcomes of the review, with a similar level of detail to that required for main outcomes. Where there are no additional outcomes please state 'None' or 'Not applicable' as appropriate to the review

None

Measures of effect

Please specify the effect measure(s) for you additional outcome(s) e.g. relative risks, odds ratios, risk difference, and/or 'number needed to treat.

26. * Data extraction (selection and coding).

Describe how studies will be selected for inclusion. State what data will be extracted or obtained. State how this will be done and recorded.

A PRISMA (2022) flow diagram will display systematic review methodology.

Search results will be imported to EndNote, duplicates removed and remaining references imported to Rayyan (a web-based software that collates references and supports initial screen). EE will initially screen titles and abstracts against the inclusion and exclusion criteria.

Full text articles will be assessed for eligibility. Forward and backward citation searching will be used on reference lists of eligible studies. A second reviewer (Lucy Eaves) will screen 10% of articles removed at full text screen, and 10% of articles included for extraction. The screening and selection process will be considered reliable if reviewers meet an agreement level of 80%.

https://www.myendnoteweb.com/EndNoteWeb.html

https://www.rayyan.ai/

Extraction will be conducted by EE. Data will be collected and stored in a Microsoft Excel file.

Table 1 – General Information:

(1) Author

(2) Publication year

(3) Title

(4) Citation

(5) Type of publication

Table 2 – Study Characteristics:

(6) Investigative aim/objectives

(7) Design

(8) Methodology (data collection method- e.g. semi structured interviews, focus groups)

(9) Setting

(10) Target population

(11) Sample size (and justification)

(12) Sampling method

(13) Response rate / attrition / non-responders?

(14) Participant characteristics (inc. demographics)

(15) Inclusion/exclusion criteria

Table 3 -

(16) Themes Produced

(17) Subthemes Produced

(18) Reflexivity (yes/no if included)

Table 4 - Quality Appraisal

Verbatim and nonverbatim statements relating to perceptions, awareness and understanding that criminal justice staff have will be included in results/findings.

Qualitative studies that contain a mixed sample of criminal justice staff and other individuals where the authors have reported excerpts from the criminal justice staff will be included due to minimal research in this field.

22. Risk of bias (quality) assessment

State which characteristics of the studies will be assessed and/or any formal risk of bias/quality assessment tools that will be used.

All eligible studies will be included in the quality assessment by one reviewer (EE). To establish quality of each study, a second reviewer will also assess approximately 25% of the articles. Should disagreements between reviewers arise we will seek out advice from a third reviewer.

The quality assessment will include use of the Critical Appraisal Skills Programme (CASP) checklist to help assess qualitative research. Whilst it is known to be a widely used tool for providing an overall quality score for each study, the CASP checklist has limitations and its appraisal of assessing quality in the included studies will be discussed. Due to this, no studies will be excluded to its associated quality rating. The CASP checklist will be checked="checked" value="1" by a second independent reviewer with agreements reached through discussion.

28. Strategy for data synthesis.

Describe the methods you plan to use to synthesise data. This **must not be generic text** but should be **specific to your review** and describe how the proposed approach will be applied to your data. If meta-analysis is planned, describe the models to be used, methods to explore statistical heterogeneity, and software package to be used.

Data extracted from the studies will be synthesized using a narrative approach and presented in large tables. It is likely to include (but not limited to): Author/s, Year, Country, Main Findings, Sample Size etc. (See Data Extraction).

A synthesis will be completed the explore the perceptions, awareness and understanding of Criminal Justice Staff of people with learning disabilities. Themes within the literature will be identified. A guide of 8-12 articles will be considered to ensure suitable data for analysis.

Thematic synthesis will be guided by Thomas & Harden's (2008) 3-stage iterative process:

1. coding of text 'line-by-line'

2. developing 'descriptive themes'

3. generating 'analytical themes'

In detail, the verbatim quotes of these studies will be entered into NVivo. Then, EE (lead researcher) will independently code each line of text according to its meaning and content.

The codes will 'free' codes without a hierarchical structure.

The use of line-by-line coding aims to translate concepts between studies and categorize using codes. The data set will be checked="checked" value="1" for consistency of interpretation and new codes may be

generated.

The lead researcher will check for similarities and differences between the codes to start organizing them into a hierarchical tree structure. This will produce a synthesis close to the original findings of the included studies.

To ensure applicability to the review question and go beyond the studies' findings the descriptive themes developed from the inductive analysis of study findings will be scrutinized. One-by-one the descriptive themes will be critiqued in relation to the review question. This iterative process will be repeated until new analytical themes sufficiently capture the descriptive themes.

29. * Analysis of subgroups or subsets.

State any planned investigation of 'subgroups'. Be clear and specific about which type of study or participant will be included in each group or covariate investigated. State the planned analytic approach.

None planned.

30. Type and method of review.

Select the type of review, review method and health area from the lists below.

Type of review

Cost effectiveness

No

Diagnostic

No

Epidemiologic

No

Individual patient data (IPD) meta-analysis

No

Intervention

No

Living systematic review

No

Meta-analysis

No

Methodology

No

Narrative synthesis
No

Network meta-analysis
No

Pre-clinical
No

Prevention
No

Prognostic
No

Prospective meta-analysis (PMA)
No

Review of reviews
No

Service delivery
No

Synthesis of qualitative studies
No

Systematic review
Yes

Other
Yes

Thematic Synthesis

Health area of the review

Alcohol/substance misuse/abuse
No

Blood and immune system
No

Cancer
No

Cardiovascular
No

Care of the elderly
No

Child health

No

Complementary therapies
No

COVID-19
No

Crime and justice
Yes

Dental
No

Digestive system
No

Ear, nose and throat
No

Education
No

Endocrine and metabolic disorders
No

Eye disorders
No

General interest
No

Genetics
No

Health inequalities/health equity
No

Infections and infestations
No

International development
No

Mental health and behavioural conditions
Yes

Musculoskeletal
No

Neurological
No

Nursing

No

Obstetrics and gynaecology
No

Oral health
No

Palliative care
No

Perioperative care
No

Physiotherapy
No

Pregnancy and childbirth
No

Public health (including social determinants of health)
No

Rehabilitation
No

Respiratory disorders
No

Service delivery
No

Skin disorders
No

Social care
No

Surgery
No

Tropical Medicine
No

Urological
No

Wounds, injuries and accidents
No

Violence and abuse
No

31. Language.

Select each language individually to add it to the list below, use the bin icon to remove any added in error.

English

There is not an English language summary

32. * Country.

Select the country in which the review is being carried out. For multi-national collaborations select all the countries involved.

England

33. Other registration details.

Name any other organisation where the systematic review title or protocol is registered (e.g. Campbell, or The Joanna Briggs Institute) together with any unique identification number assigned by them. If extracted data will be stored and made available through a repository such as the Systematic Review Data Repository (SRDR), details and a link should be included here. If none, leave blank.

34. Reference and/or URL for published protocol.

If the protocol for this review is published provide details (authors, title and journal details, preferably in Vancouver format)

Add web link to the published protocol.

Or, upload your published protocol here in pdf format. Note that the upload will be publicly accessible.

No I do not make this file publicly available until the review is complete

Please note that the information required in the PROSPERO registration form must be completed in full even if access to a protocol is given.

35. Dissemination plans.

Do you intend to publish the review on completion?

Yes

Give brief details of plans for communicating review findings.?

36. Keywords.

Give words or phrases that best describe the review. Separate keywords with a semicolon or new line. Keywords help PROSPERO users find your review (keywords do not appear in the public record but are included in searches). Be as specific and precise as possible. Avoid acronyms and abbreviations unless these are in wide use.

learning disability, learning disabilities, criminal justice staff, criminal justice system, criminal justice, intellectual disability, intellectual disabilities

37. Details of any existing review of the same topic by the same authors.

If you are registering an update of an existing review give details of the earlier versions and include a full bibliographic reference, if available.

38. * Current review status.

Update review status when the review is completed and when it is published.New registrations must be ongoing so this field is not editable for initial submission.

Please provide anticipated publication date

Review_Ongoing

39. Any additional information.

Provide any other information relevant to the registration of this review.

40. Details of final report/publication(s) or preprints if available.

Leave empty until publication details are available OR you have a link to a preprint (NOTE: this field is not editable for initial submission). List authors, title and journal details preferably in Vancouver format.

Give the link to the published review or preprint.

Appendix B - *PRISMA 2020 Checklist*

Topic	No.	Item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Pages 16, 18 & 24-5.
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist	Page 18-9.
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Pages 19-24.
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Pages 23-24.
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Pages 27-28, Table 2.
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 26; Table 2.
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Pages 27; Table 1.
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Pages 27-30; Figure 1.
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Pages 30-32.
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Pages 32-3.

	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Page 36; Table 3.
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 41; Tables 4 & 5.
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	N/A.
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item 5)).	Pages 27-32.
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Pages 31-3.
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Pages 32-4.
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Pages 32-4.
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	N/A.
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A.
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Page 26; 20; 41.
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A.
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Page 30, Figure 1.

	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	N/A.
Study characteristics	17	Cite each included study and present its characteristics.	Table 3.
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Tables 4 and 5.
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g., confidence/credible interval), ideally using structured tables or plots.	Pages 34-53.
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Pages 36 and 41.
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Pages 34-53.
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	N/A.
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Page 32.
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A.
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	N/A.
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Pages 54-59.
	23b	Discuss any limitations of the evidence included in the review.	Page 60.
	23c	Discuss any limitations of the review processes used.	Page 60.
	23d	Discuss implications of the results for practice, policy, and future research.	Pages 54-59.
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	PROSPERO (reference: CRD42023461499)

	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared	Appendices.
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Appendices.
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	University of Sheffield.
Competing interests	26	Declare any competing interests of review authors.	None.
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Appendices.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

Appendix C - *CASP Qualitative Studies Checklist*

CASP
Critical Appraisal Skills Programme

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Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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CASP
Critical Appraisal Skills Programme

Paper for appraisal and reference: .....

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

CASP
Critical Appraisal Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

CASP
Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

CASP
Critical Appraisal Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

CASP
Critical Appraisal Skills Programme

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix D: *MMAT Mixed Methods Checklist*

Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix E - *Bank of Codes and Organisation into Descriptive Themes*

1. Identification

How PWLD can be identified:

PWLD can be identified by communication	**PWLD can be identified by comprehension**	**PWLD can be identified by their appearance**	**PWLD can be identified by their behaviour**
PWLD have unpredictable behaviour	**PWLD have differences difficult to conceal**	**PWLD have a poor educational background**	**PWLD are a homogenous group**

Identification of LD in the CJS (is it a problem? Some staff perceive it to be vs not):

PWLD are seldom identified in custody	**Identifying LD is challenging**	**Concern in identifying PWLD**	**LD aren't obvious**
PWLD are heterogenous	**PWLD go through the system without being identified**	**PWLD may be well dressed (difficulty identifying based on unstructured assessment)**	**PWLD are overlooked**

PWLD's behaviour can be misinterpreted	

PWLD may be reluctant to admit to having a LD

PWLD are reluctant to admit to difficulties	**PWLD do not identify or label themselves until they get to custody**	**PWLD may not want to disclose their LD**

PWLD will be detected in the CJS	**Staff overestimate how many PWLD there are**

2. Feelings towards PWLD

Feel bad about way you have treated PWLD	**Staff anxious to get LD diagnosis right**	**Staff perceive PWLD to face challenges**	**Willing to attend an event with PWLD**
Neutral or negative affect towards PWLD	**Variation in attitudes towards PWLD**	**Nervousness and fear working with PWLD**	**Lack of confidence working with PWLD**

3. **Perceived need for adaptation**

PWLD need adaptations (and they get them) – acknowledgment

PWLD need adaptations	**PWLD need adapted communication**	**PWLD can't function without assistance**	**PWLD are suggestible (vulnerable to false confessions)**
PWLD are vulnerable (to pressure and coercion in interviews)	**PWLD aren't bright**	**Put PWLD in the children's room**	**PWLD lack ability to understand police processes**
PWLD can be understood			

4. **Perceived need for improvement**

The CJS needs to be better with PWLD (push for change)

PWLD are neglected in the CJS	**PWLD are underserved in the CJS**	**PWLD don't have access to information that make it easier to negotiate the systems**	**PWLD have support needs the CJS is not well equipped for**
CJS staff lack knowledge about PWLD	**Staff aware of lack of skill recognising and dealing with PWLD**	**Training fosters positive attitudes in staff**	**CJS lack awareness of PWLD**

CJ staff lack understanding of PWLD	**No understanding of PWLD**	**Lack awareness working with PWLD**	**Officers keen to understand PWLD's experiences**

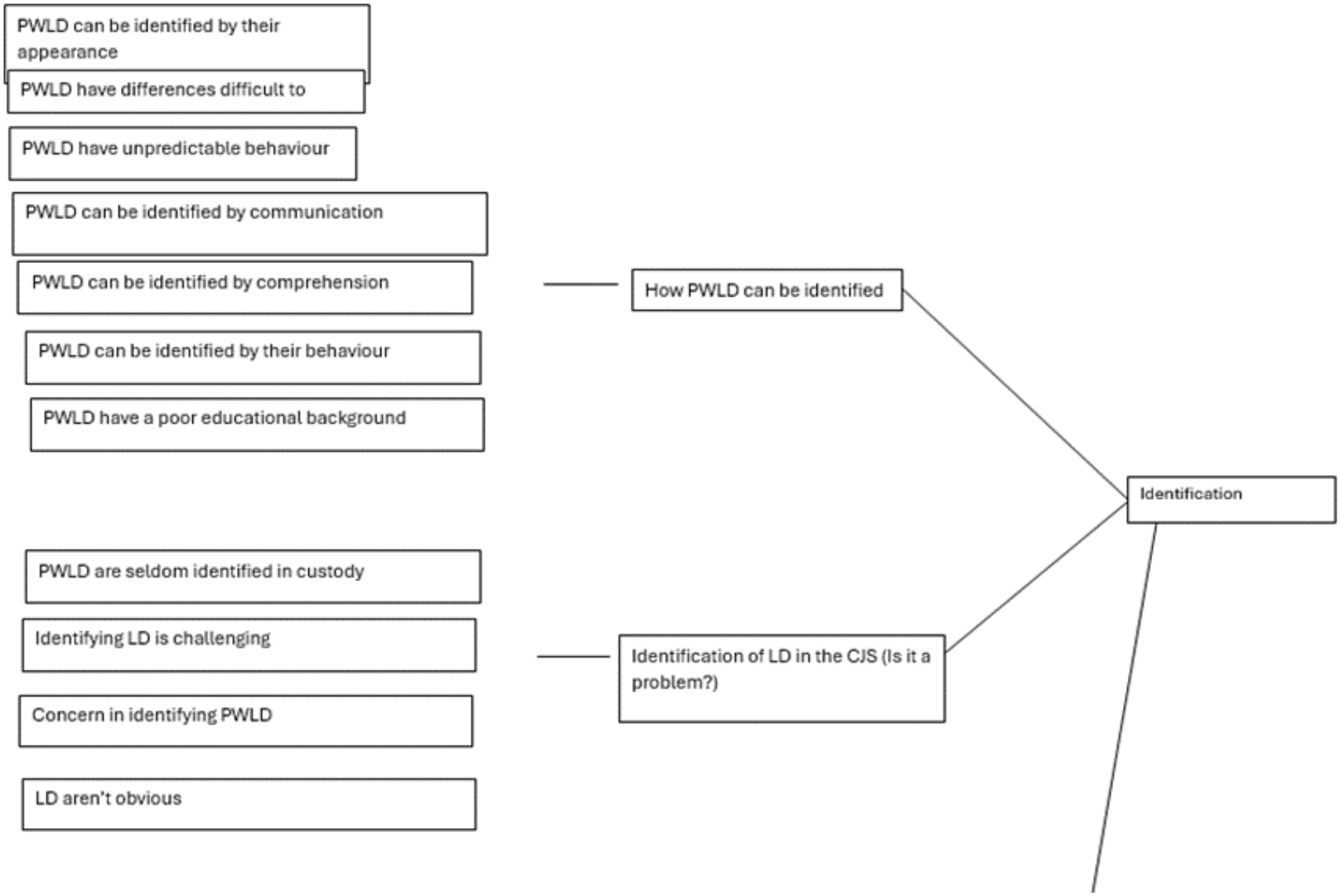
5. **Appropriateness (Unsure whether the CJS is appropriate for PWLD)**

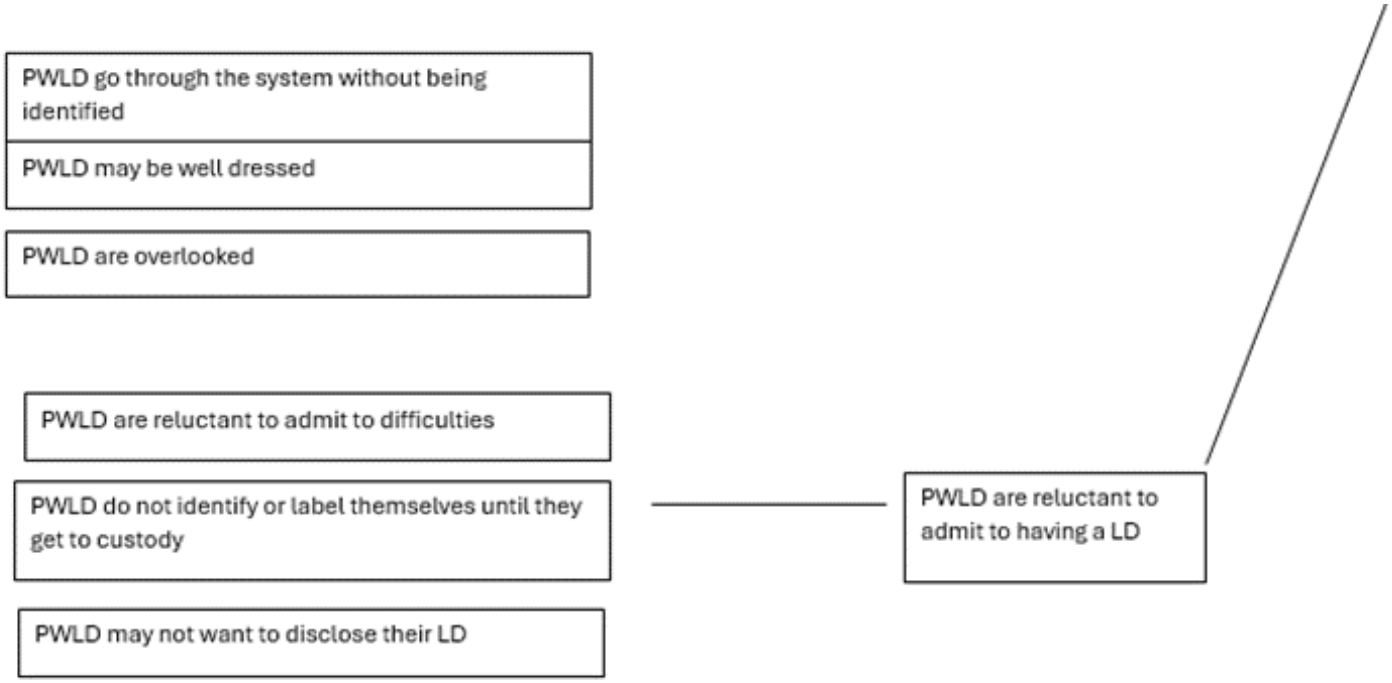
Can't expect PWLD to go through the legal system	**Cells could never be the right place for PWLD**	**Taking someone with an LD home**	**Working with PWLD is outside our remit**
PWLD aren't responsible for their lack of understanding	**PWLD aren't culpable**	**PWLD lack understanding (that they have committed a crime)**	**PWLD are more likely to get a discharge**
PWLD are easily influenced	**PWLD are vulnerable to being led into crime by others**		

Excluded Codes

PWLD are marginalised	**Compassion and empathy for PWLD**	**PWD have an abnormal focus**	**PWD lack ability**
Female staff have more positive attitudes towards PWLD	**White staff are more knowledgeable about PWLD**	**PWLD don't need extra rights**	**PWLD may not tell the truth**
Little contact with PWLD outside work	**PWLD are friends and relatives**	**PWLD offend to keep up with peers**	
PWLD are evenly offenders, suspects and victims	**Staff overestimate rates of victimisation for PWLD**	**PWLD won't commit sophisticated crimes**	
PWD are more often victims of crime	**PWLD may want their day in court**	**PWLD should be made aware of their action's implications**	**Aggressive triggers are hard to spot with PWLD**

Appendix F: *Examples of Codes in Thematic Map*




PWLD go through the system without being identified
PWLD may be well dressed
PWLD are overlooked
PWLD are reluctant to admit to difficulties
PWLD do not identify or label themselves until they get to custody
PWLD may not want to disclose their LD
PWLD are reluctant to admit to having a LD

Appendix G: *Author Reflexive Statement*

The author is a white female from the US currently training as a Clinical Psychologist in North England. Prior to her experience working with PWLD in the healthcare sector, she grew up with a family member who has a learning disability alongside autism, who has experienced severe mental health difficulties, and who was involved in the criminal justice system in the US and spent several years in prison. The author, therefore, has developed strong protective feelings towards PWLD, particularly those who may be vulnerable to suggestibility and become involved with crime for social acceptability. The author also identifies as a strong advocate for individuals whose disabilities may be hidden and therefore may not be provided with necessary adaptations to be treated in a just and ethical way. The author, as an American, also holds a strong value of justice alongside a belief that what is just will look different to each individual due to their unique needs.

The author recognises that they hold beliefs from experience as a research assistant in a juvenile justice research and reform lab at a University in Philadelphia, Pennsylvania, US. The author has experienced the CJS as a punitive institution and therefore holds beliefs that it should change, which are subjective to her experience. The author previously conducted research identifying factors that would contribute to cases remaining in the CJS as opposed to being dismissed, and noted that several socioeconomic disadvantages existed that would lead to cases being taken to court (e.g., race, number of prior referrals). This research existed at a time when certain neighbourhoods in Philadelphia were being policed more heavily, leading to more Black Americans being stopped and searched.

The author conducted this study at a time when individual rights were at risk in the US, particularly involving healthcare and women's rights. The author also conducted this study at a time in which the UK was identified as having a chronically underfunded healthcare system and the nation was

experiencing a cost-of-living crisis. The author acknowledges that their understanding of the criminal justice system in the UK is limited due to only having resided in the UK since 2019.

Appendix H – *Excerpts from Author Reflexivity Log*

Date	Process	Reflections
28/07/2023	Preliminary literature searches	Reading Chadwick & Wesson's (2020) paper about people with intellectual disabilities being 'blocked at every level' has evoked feelings of sadness in me. It seems like there are these systems that are created without people with intellectual disabilities in mind (e.g. education systems, the criminal justice system) and then professionals seem to get frustrated when these vulnerable individuals don't fit nicely into these systems they've created. I feel frustrated reading about inconsistent adaptations of practices for people with learning disabilities because it feels a bit like a lottery in terms of who you are encountering in the criminal justice system regarding whether they will support making adaptations for you. Staff continuously say that there's no pathway for people with learning disabilities that encounter the criminal justice system. I'm sat here wondering why such a pathway has not been created, who is going to take responsibility for supporting including vulnerable populations into these mechanisms in our society?
2/20/2024	Thematic synthesis analysis	Reviewed my biases in thematic synthesis coding of 9 papers, discussed with one of my research supervisors. Noticed 'jumping ahead' when coding from codes to analytical themes of 'preconceived notions of PWLD' from CJS staff. I suppose the reason I have been 'jumping around' is due to an attempt to make sense of some of the codes that have arisen from thematic synthesis analysis. We also spent time reflecting on what drove me to choosing to do research about people with learning disabilities, especially people with learning disabilities in the criminal justice system as this is an under researched topic. I shared my experience being the sister of someone with a learning disability alongside autism and other mental health difficulties who has been involved in the criminal justice system in my own country. Throughout this research I have often connected what criminal justice staff say with how they responded to my brother upon arrest, in court and in prison, and how staff seemed to maintain awareness that something was 'different' about him, however adaptations to support him in effectively engaging with the criminal justice system process seemed to be absent. This brings me back to my own values of fairness and equality – whilst I can appreciate the world is not a just and fair place, I do think those in positions of power have a duty to implement adaptations so that people going through the criminal justice system have a fair chance at understanding what is happening

		to them and not being further retraumatised by the processes that exist which were not originally intended for them.
3/3/2024	Thematic synthesis analysis	Reviewed the codes that were developed following my iterative coding of the papers. Reflected with one of my research supervisors about some of the codes and feelings that arose from codes arising such as "PWLD may not tell the truth" or codes revolving around identifying PWLD due to their appearance which in some cases used terminology such as "ugly". It can be difficult to read some of these quotations and not feel anger as a practitioner or person and this was reflected on in supervision. I wonder what has happened to criminal justice staff that they think it to be appropriate to say (let alone think) that you can identify someone with a learning disability based off their physical appearance, that you can tell what they look like because they are 'ugly.'

Appendix I: *Examples of Quotes for Descriptive Themes*

Identification of PWLD in the CJS

"Well basically…you can see it in their face…how they look and maybe how they walk…the way that they communicate, their body language…" (Douglas & Cuskelly, 2012; p.38)

"..sometimes it can manifest itself in a physical appearance…"(Douglas & Cuskelly, 2012; p.40)

"You can tell by the look on their face..." (Gendle & Woodhams, 2005; p.77)

"'..obvious associated physical impairment' 'unkempt appearance – lack of personal hygiene, odd clothes'" (Henshaw & Thomas, 2012; p.624)

"...if they are put in a room by themselves that might make them more agitated so maybe unstable behaviour could be an issue at times." (Douglas & Cuskelly, 2012; p.39)

"Although a lot of people come before the court with learning disabilities, it never really seems to get touched upon and is swept aside a little bit." (Chadwick & Wesson, 2020; p.137)

"It just depends though, some might be well dressed, it's not until you start talking to them that you realise that maybe there is something wrong there by what they say to you. They might be quite articulate actually, they might be well dressed." (Douglas & Cuskelly, 2012; p.40).

"I think a lot of clients [....] don't wish to be labelled [...] People are going to perhaps feel uncomfortable being at the mental health court [...] It's being labelled, it's a stigma, its other people knowing that you're going into that particular court." (Chadwick & Wesson, 2020; p.138)

"You can pick someone when they haven't even opened their mouth, as they walk up to you, it's about their gait, how they walk, how they dress…." (Douglas & Cuskelly, 2012; p.39)

Feelings towards PWLD

"...making sure I understand and take seriously their issues." (Henshaw & Thomas, 2012; p.626).

"...behaviour is unpredictable – difficult to plan a response" (Henshaw & Thomas, 2012; p.626).

Perceived need for adaptation

"*Normally a defendant will be placed into a dock on their own so obviously if there are issues that are brought to our attention we might place them in the witness stand.*" (Chadwick & Wesson, 2020; p.140)

"*And even though he is now twenty years of age, because of his intellectual level I actually put him in there (children's room) and did the interview with him there*." (Douglas & Cuskelly, 2012; p.42)

"*I wouldn't ask the doctor to see somebody who was just not bright. I would just say, is there somebody who could come over with you when you are interviewed?*" (Hellenbach, 2011, p.17)

"*You may have to speak a little slow with certain people because it will take them longer to digest the information or maybe you have to make sentences shorter*." (Chadwick & Wesson, 2020; p.140)

Perceived need for improvement

'*With the exception of one custody sergeant, none of the police respondents had an accurate understanding of LDs*.' (Hellenbach, 2011, p.40)

'*The majority of sergeants referred to a person with mental health issues rather than LDs.'* (Hellenbach, 2011; p.17)

"*My understanding of it would be, it would have to necessarily be something that actually impairs somebody's ability to understand or to communicate while they are here. So for instance you have the schizophrenic who is very well controlled on medication and who presents normally."* (Hellenbach, 2011; p.17)

'*Confusion was evident, with several interviewees stating that a person could develop learning disabilities at any age, perhaps through accident trauma, stress or drug abuse, whereas the accepted definition of learning disabilities includes that problems must have been evident before the age of 18.'* (Gendle & Woodhams, 2005; p.74)

'The officers were clearly keen to understand the daily experiences of people with learning disabilities and understood the effects of social context.' (Gendle & Woodhams, 2005; p.75).

"So I think [PWLD] don't have access to information that is going to make it easier for them to negotiate the systems and the police…have little understanding of learning disabilities [...] so there's problems for both sides I think." (Chadwick & Wesson, 2020; p.139)

"I try to get them [the officers in training] to stop in for a cup of tea and speak to the staff and get used to being around the PWLD...." (Gendle & Woodhams, 2005; p.79).

"They'll just go information overload, can't deal with this I'll just leave it, if I ignore it, it will go away. They pick them [the standard rights and entitlements notice] up and it's almost like you see the mist come over their eyes…" (Parsons & Sherwood, 2016; p.17).

Appropriateness of the CJS for PWLD

"*I suppose in some ways they [PWLD] could be more easily influenced than someone with a bit more common sense*." (Gendle & Woodhams, 2005; p.75).

"*Now if people knew they had a learning disability they are far more likely to get a discharge than if they don't know"* (Cant & Standen, 2007; p.176).

"*You can't expect somebody to go through the legal procedures if they…have a mental deficiency…" (*Cant & Standen, 2007; p.177).

"[...]*the systems are not set up to be accessible for people (with LD), people are blocked at every level, right from the point where the police get involved through diversion, the court process, they're so complex and operated by people who don't have many dealings with people with LD.*" (Chadwick & Wesson, 2020; p.140)

Appendix J: *Examples of Quotes for Analytical Themes*

Navigating responsibility: ethics and adaptations

> "*We felt it was very important (for PWLD) to be treated equally under the law [...] they either get the chat in the back of the police car…They get a caution. Or it gets diverted.*" (Chadwick & Wesson, 2020; p.137)

PWLD are vulnerable due to societal pressures and systemic biases

> "*The defence council can suggest to people usually with a very mild learning disability, any number of propositions which they will readily agree with.*" (Cant & Standen, 2007; p.177).

It's uncertain what needs to change in the CJS for PWLD

> "*The question is, would it strike one sitting in court that somebody has a learning disability as an obvious thing and the answer is…no..*" (Cant & Standen, 2007; p.176).

> *"… if those defending the accused are even halfway competent, they will have identified the learning disability so by the time it's reached Crown Court.*" (Cant & Standen, 2007; p.176).

Appendix K - *ENTREQ Checklist (Adapted from Tong et al., 2012)*

Number	Item	Guide and Description	Page	Checked by independent reviewer (LE)
1	Aim	State the research question the synthesis addresses.	23-4	✓
2	Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology.	24-31	✓
3	Approach to searching	Indicate whether the search was pre-planned or iterative.	24-5	✓
4	Inclusion criteria	Specify the inclusion/exclusion criteria (e.g. *in terms of population, language, year limits, type of publication, study type*).	25-7; Table 2	✓
5	Data sources	Describe the information sources used and when the searches conducted; provide the rationale for using the data sources.	25	✓
6	Electronic search strategy	Describe the literature search.	24-5	✓
7	Study screening methods	Describe the process of study screening and sifting (e.g. *title, abstract and full text review, number of independent reviewers who screened studies*).	27-8; Figure 1	✓
8	Study characteristics	Present the characteristics of the included studies	34, Table 3	✓
9	Study selection results	Identify the number of studies screened and provide reasons for study exclusion.	Figure 1	✓
10	Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings	28-9	✓
11	Appraisal items	State the tools, frameworks and criteria used to appraise the studies or selected findings	28-9	✓

12	Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.	28-9	✓
13	Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.	39; Tables 4 and 5	✓
14	Data extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies?	30-1	✓
15	Software	State the computer software used, if any.	30	✓
16	Number of reviewers	Identify who was involved in coding and analysis.	30	✓
17	Coding	Describe the process for coding of data.	30-1	✓
18	Study comparison	Describe how comparisons were made within and across studies.	30-1	✓
19	Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive or deductive.	29-31	✓
20	Quotations	Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation.	43-6; 48-51; Appendices I and J	✓
21	Synthesis output	Present rich, compelling and useful results that go beyond a summary of the primary studies	43-6; 48-51	✓

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Section Two: Research Report

A Trauma Informed Criminal Justice System for People with Learning Disabilities: A thematic analysis of practitioner psychologists' perspectives

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Abstract

Objective: People with learning disabilities (PWLD)[2] experience higher levels of trauma and are overrepresented in the criminal justice system (CJS). This study explored English practitioner psychologist's perspectives who work with PWLD in the CJS to identify how trauma informed practice (TIP) could be understood and applied within the context of the CJS for PWLD who offend in the UK.

Method: A qualitative research design and phenomenological approach was used. An interpretivist epistemological position was taken within a contextualist epistemology. Nine psychologists were recruited; semi-structured one-to-one interviews were conducted. Reflexive thematic analysis was used to interpret the data.

Results: Four themes were identified: [1] TIP in the CJS has challenges, [2] TIP has diverse interpretations, [3] PWLD are systematically disadvantaged in the CJS, and [4] Change is needed.

Discussion: Participants identified challenges in the CJS including environmental and systemic barriers. Apprehension arose regarding TIP being superficial and avoiding addressing the CJS' systematic challenges. Compassion, safety, resisting of re-traumitsiation and individualised approaches were deemed crucial for TIP. Participants felt PWLD experience unique challenges within the CJS, including going unrecognised and receiving a lack of adaptations. Participants requested systemic change and further training for CJ staff.

Practitioner Points

[2] Learning Disability (LD) will be used throughout this study as opposed to Intellectual Disability (ID) due to the preference indicated by a group of people with learning disabilities during the study's public and participant involvement (Table 5).

- Due to their training, practitioner psychologists may be suitable to design initiatives, deliver training, and evaluate the impact of TIP within the CJS, specifically considering PWLD.

- Practitioner psychologists could support informing the CJS how and why adaptations for PWLD are required when they encounter the CJS. Barriers to implementing adaptations for them should be explored.

- Practitioner psychologists could support screening measures for PWLD and support for CJ staff to understand why they may choose to 'pass.'

- PWLD require support including adaptations provided in systems they exist in, as well as support for receiving, understanding, and knowing how to disclose their diagnosis.

- Future research should explore barriers to CJ staff engaging with and implementing training.

- Future research should explore opportunities for CJS change and effective implementation of TIP in the CJS for everyone, and specifically for PWLD.

Key words: Learning Disabilities; Intellectual Disabilities; Criminal Justice; Trauma Informed Practice; Trauma Informed Care; Thematic Analysis

Introduction

Learning Disabilities (LDs)

A learning (intellectual) disability diagnosis (LD) requires global deficits in intellectual functioning (compared to age-matched peers) alongside concurrent challenges in social/adaptive functioning which must have onset before the age of 18 years (American Psychiatric Association, 2013). In England, approximately 2% of the population meets the criteria for an LD and incidence rates increase by 1% annually, mainly due to individuals living longer (Emerson & Hatton, 2008; McGrother et al, 2001). Intelligence quotient (IQ) is a standardised measure utilised to assess cognitive ability and is a culturally, socially, and ideologically rooted concept, with an average score of 100 within the general population (Sternberg, Grigorenko & Bundy, 2001). LDs can be categorised into four classifications of severity: mild (IQ range 50-70), moderate (IQ range 35-49), severe (IQ range 20-34) and profound (IQ <20) depending on an individual's level of intellectual functioning and capacity for adaptive skills (Patel & Merrick, 2011).

People with Learning Disabilities (PWLD) and the Criminal Justice System (CJS)

Several studies indicate that PWLD who have an LD in the mild or moderate range are over-represented in the CJS. Estimated prevalence of PWLD in the CJS could be more than three times the rate in the general population. Prevalence estimates of PWLD in the CJS differ across the western world, with PWLD in Australian prisons making up an estimated 20% of the prison population (Hayes, 2007); 4-14% in the United States (Petersilia, 2000), 28% in Ireland (Murphy et al, 2000) and 10.8% in Norway (Søndenaa et al, 2008).

It is difficult to accurately estimate LD prevalence in the CJS due to LD being defined differently across studies, and different standardised measures used to indicate whether someone has an LD or not alongside criteria including impaired social and adaptive functioning with onset prior to

age 18. Specific to England, a random sample (*n*=140) from a prison identified 7.1% of prisoners met criteria for an LD with scores from the Wechsler Adult Intelligence Scale-III (WAIS-III; Wechsler, 1997), a standardised measure of general functioning, and a further 23.6% scored in the borderline range (an individual with an IQ of 70-79; Hayes et al, 2007). The rate of PWLD in a UK prison was even higher according to the Vineland Adaptive Behaviour Scales (VABS) indicating 10.1% of the population had an LD, and a further 33.3% were in the borderline learning disability range (Hayes et al, 2007; Sparrow & Cicchetti, 1985). At a police station in Cambridge (UK), it was estimated that 15.2% of suspects had a LD (Lyall et al, 1995), and from a sample of offenders on probation in Kent (UK), 11% fell below a percentile rank of five on cognitive functioning assessments (Mason & Murphy, 2002) suggesting that prevalence of LD is higher than in the general population amongst different areas of the CJS.

Evidence suggests certain offences are more common among PWLD. Sexual offending, criminal damage, and burglary seem to occur more amongst those with IQ in the borderline range than in the general population, whilst theft, and more serious offences such as murder and armed robbery are under-represented from PWLD (Simpson & Hogg, 2001). This could be due to higher levels of recidivism (tendency to reoffend) amongst them, estimated between 40-70% compared to 50% amongst general UK offenders (Lindsay & Holland, 2010).

PWLD and Trauma

Psychological trauma (henceforth 'trauma') refers to stressful experiences which cause enduring distress (Van der Kolk, 2003). PWLD are considered more at risk of trauma exposure including systematic abuse and neglect (Emerson & Hatton, 2004). PWLD are significantly more likely to experience adverse life events, abuse, and childhood trauma compared with people in the general population (Govindshenoy & Spencer, 2006; Horner-Johnson & Drum, 2006; Nixon et al, 2017). A history of societal abuse against PWLD continues in some residential services and in the community

(Beail, Frankish & Skelly, 2021). Evidence suggests individuals in forensic services (e.g., services set up to support or manage individuals who have committed criminal offences) experience trauma at a disproportionately higher rate than the general population (Razza et al, 2011). In a retrospective study of 123 PWLD in forensic services in the UK, 47% met criteria for post-traumatic stress disorder (PTSD) and 72% had experienced at least one adverse childhood experience (Morris, Shergill & Beber, 2020). Thus, trauma and its impact are highly prevalent amongst PWLD in the CJS, and trauma-informed (TI) and trauma aware services could support them.

Previous studies highlighted the importance of staff being trained to respond compassionately to PWLD in criminal justice (CJ) settings whose trauma affects their current functioning (Brackenridge & Morrissey, 2010). For example, in a service evaluation at a high-secure forensic hospital in England, authors suggested a lack of awareness amongst staff regarding early symptoms of trauma responses and how trauma might affect functioning (Brackenridge & Morrisey, 2010), suggesting the need for TI training of staff working with forensic LD populations.

Trauma-Informed CJS

Trauma-informed care (TIC) has been increasingly explored in the context of healthcare, education, and social settings internationally over the past decade. 'TI practice' (TIP) was originally named by Harris and Fallot (2001) and seeks to ensure all services are trauma aware, safe, compassionate, and respectful to individuals who they provide services to, and is more commonly used in the CJS (Levenson and Willis, 2019). Increasing work has developed regarding TIP and the CJS; a systematic review of the United States' CJS and TIP identified various themes including the need to recognise trauma to support recovery and avoid re-traumatisation (McAnallen & McGinnis, 2021).

TIC is a framework with five guiding principles focusing on [1] safety, [2] trustworthiness, [3] choice, [4] collaboration, [5] empowerment, and [6] cultural consideration. A definition of the TIC principles as defined by UK government guidance (2022) is displayed in Table 1.

Table 1 - Trauma Informed Care (TIC) principles

Safety	The physical, psychological and emotional safety of service users and staff is prioritised, by: • people knowing they are safe or asking what they need to feel safe • there being reasonable freedom from threat or harm • attempting to prevent re-traumatisation • putting policies, practices and safeguarding arrangements in place
Trustworthiness	Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by: • the organisation and staff explaining what they are doing and why • the organisation and staff doing what they say they will do • expectations being made clear and the organisation and staff not overpromising
Choice	Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by: • ensuring service users and staff have a voice in the decision-making process of the organisation and its services • listening to the needs and wishes of service users and staff • explaining choices clearly and transparently • acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships
Collaboration	The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by: • using formal and informal peer support and mutual self-help • the organisation asking service users and staff what they need and collaboratively considering how these needs can be met

	• focussing on working alongside and actively involving service users in the delivery of services
Empowerment	Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by: • validating feelings and concerns of staff and service users • listening to what a person wants and needs • supporting people to make decisions and take action • acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth
Cultural Consideration	Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by: • offering access to gender responsive services • leveraging the healing value of traditional cultural connections • incorporating policies, protocols and processes that are responsive to the needs of individuals served

(UK Government, 2022)

A TI approach involves realising the prevalence of trauma, recognising how trauma affects everyone involved in the CJS, and responding by putting knowledge into practice. Despite the high levels of trauma PWLD experience, research regarding PWLD in the CJS make no reference to being TI (Lindsay & Taylor, 2018). Whilst research has investigated TI interventions in some CJSs across the world, there remains a gap in research regarding how CJSs can apply TI principles consistently and successfully. Individuals including CJ staff are at the core of TI organisations (Covington, 2022). Thus, practitioner psychologists (namely clinical psychologists, forensic psychologists, and counselling psychologists) are at the forefront of supporting services to be more TI, and offer unique perspectives in how the CJS can become more TI concerning people with learning disabilities. Considering that they are more likely to experience traumatic life events than individuals without LDs, it is important that we explore the idea of implementing TIP within services supporting them, particularly the CJS, particularly

considering PWLD's experience within the CJS can itself be (re)traumatising. Indeed, a thematic analysis of four studies exploring PWLD's experience of the CJS identified that they did not know what was happening to them or why nor where to seek support, and that they were uncertain about what to say or do (Hyun, Hahn & McConnell, 2014). Implementing TIP into CJS could support PWLD to understand the processes they are experiencing and support available to them to ensure they are empowered and able to make informed choices in the CJS.

A scoping review of 23 papers across the US, UK, Australia, Canada and India regarding applying TIC principles towards PWLD within schools, support services, healthcare settings and forensic settings identified a lack of empirical implementation research and highlighted four patterns: opportunities for embedding TIC within LD contexts; incorporating TIC principles into specific models of services for PWLD; implementing TIC across micro, meso and macro levels; and challenges to implementing TIC (Leverington, 2023). Similarly, this study seeks to identify opportunities for implementing TIP into the CJS for PWLD and highlight any challenges.

The current study

This study aims to explore TI ideas in the context of the CJS specific to adults with LDs from a practitioner psychologist perspective. Objectives include: [1] developing a better understanding of how TIP can be understood and applied within the context of the CJS for adults with LDs who offend, and [2] explore factors that enable and [3] the barriers that prevent CJ staff from working with PWLD in a TI way. We plan to develop a greater understanding of the relationship between TIP, PWLD and the CJS, with practical considerations for CJ and healthcare professionals when working with service users to explore TI ways of working.

Method

Design

Qualitative research seeks to interpret detailed participant accounts to seek patterns and accommodate difference with data (Clarke & Braun, 2013). Qualitative researchers seek to make sense of and/or interpret phenomena in terms of the meaning people bring to them (Denzin & Lincoln, 2000). A qualitative design was selected to meet the study's aims to enable understanding of experience and processes through utilising words as data, since this study sought to understand psychologists' experiences of TIP within the CJS with PWLD (Thompson, 2012).

University of Sheffield Research Ethics Approval was granted for this study (Reference number 058663, Appendix A). HRA Approval was obtained to recruit participants from South West Yorkshire Partnership NHS Foundation Trust (SWYT) (IRAS Project ID 339466, Appendix B; Appendix C).

Participants

Practitioner psychologists (i.e., Clinical, Forensic, Counselling) in the UK with experience liaising with CJ staff in the context of PWLD were included in the study. Any other healthcare or CJ staff, or psychologists without experience liaising with CJ staff within the context of PWLD were excluded.

Procedure

Nine practitioner psychologists (*n*=6 clinical psychologists and *n*=3 forensic psychologists) who had experience supporting PWLD and had contact with the CJS in the UK were recruited via purposive sampling utilising advertisements on social media platforms (Appendix D) and study invitation emails to psychologists employed by SWYT via a lead contact (NP). If individuals were interested in participating, they contacted the lead researcher (EE) via email. Participants received

information sheets (Appendix E) to explain the study details and their right to withdraw. Prior to the interview, participants asked questions and completed the consent form (Appendix F) and demographic sheet (Appendix G). The lead researcher and participant arranged a time to meet virtually.

Data was collected via virtual semi-structured interviews recorded via Microsoft Teams. The researcher ensured the participant was physically in a confidential space. Participants were provided with a debrief sheet following the interview (Appendix H). Interviews were transcribed by an approved University of Sheffield transcriber who was bound to confidentiality and provided instruction (Appendix I). Transcription data was stored in line with University of Sheffield's data security policies. Transcribed interviews were checked against audio files. Interviews lasted an average of 52 minutes and 25 seconds. The report was written in line with CASP guidelines.

Interview Schedule

The interview schedule was intended to be a basis for a conversation and not prescriptive, utilising an open-ended, inductive style of interviewing typical for qualitative methods (Riger & Sigurvinsdottir, 2016). It was developed by the lead researcher (EE) with consultation from three research supervisors (GR, NP and NB) following results from a systematic review identifying future research should explore TIP in the CJS with PWLD considering their extensive experiences of trauma (Evans, 2024; Appendix J). Questions were developed from research questions produced by the government-led initiative (Changing Futures) for people experiencing multiple disadvantages in the UK (Department for Levelling Up, 2023). Feedback was provided by a clinical psychologist (MN) who liaises with the CJS regarding the language used. The purpose of this was to further develop and enhance the interview schedule. Changes were implemented (Appendix K).

The interview schedule was intended to be a guide and follow up questions were asked if they were relevant to the research question. The interview was piloted with the first two participants, after which the research team (EE, GR and NP) met and decided no further changes were needed.

Public and Participant Involvement (PPI)

Consultation with a group of individuals with LDs reached through the UK charity MENCAP was organised in August 2022. The purpose of this was to understand if PWLD thought that the topic was a reasonable topic to pursue, and to identify which language they would prefer researchers use when discussing PWLD. Research champions reported that they felt 'intellectual disabilities' was an outdated term and that individuals may take offence to it. The learning disability charity, Mencap, also uses the language of 'learning disabilities' thus it was decided to refer to 'LD' within this study. The researcher has planned to produce the dissemination of research results in easy-read format and other accessible ways so people with LDs can access the main findings from the study.

Analysis

Thematic analysis (TA) is a method used to identify, analyse, and interpret patterns of meaning, known as themes, within qualitative data (Braun & Clarke, 2006). The aim of TA is to interpret key features of the data guided by the research question. TA can be useful in identifying patterns within and across data in relation to participants' experiences, views, and perspectives, thus supporting this study in analysing perspectives.

The six stages of thematic analysis were utilised (Braun & Clarke, 2006). Study aims were operationalised for coding (Appendix L). Stages included: (1) Familiarising oneself with the data (2) Generating initial codes (3) Searching for themes (4) Reviewing themes (5) Defining themes and (6) Writing up. In this study, both semantic (explicit) and latent (implicit) meanings will be derived from the transcriptions.

Firstly, each transcript was read and re-read while listening to the corresponding audio file. Initial ideas relevant to the research question were noted during this process. Each transcript was coded, and codes were organised into potential themes. Numerous iterations of theme combinations were reviewed to ensure that themes best represented the coded data extracts. Recoding was conducted, when necessary, to allow the analysis to be iterative. Once the initial codes were generated, codes were collated into potential themes and all relevant data was gathered for each potential theme (Appendix M). A hierarchical coding frame was considered however was not incorporated due to its inflexibility, whereby it can be difficult to adapt once it is created and could limit the scope of the research and potentially overlook emerging themes (Hecker & Kalpokas, 2024).

Themes were then checked to see if they work in relation to the coded extracts and the entire dataset. Ongoing analysis occurred to refine the specifics of each theme. Themes were named and defined, and a concise narrative of the data was presented. Extracts were selected, and the analysis was discussed with members of the research team. All analyses related back to the original research question and the corresponding literature.

Irrelevant data is replaced by the use of '…' and additional contextual information is provided within '[ ]'. Pseudonyms have been used to protect confidentiality. Peer audits including a 15-Point Checklist of Good Criteria for Food Thematic Analysis Process were utilised (Braun & Clarke, 2006; Appendix N; Appendix O) and contribute to the trustworthiness and rigour of this study. A quality checklist (the Standards for Reporting Qualitative Research) was used to ensure a high-quality report was produced (O'Brien et al, 2014; Appendix P).

Epistemology

Braun & Clarke (2006) do not identify an epistemological position regarding conducting a reflexive TA. This study adopted a broad interpretivist epistemology, which is important within TA methodologies, since it asserts that the researcher is part of the research and interprets the data in a way which can never be fully objective or removed from the research (Denzin, 2008). The personal, interpersonal, methodological, and contextual ways in which the researcher interpreted the data were capitalised on throughout the reflexive process. Moreover, the researcher acknowledges that truth and knowledge are subjective and culturally situated. Thus, there was an understanding that participant's experiences and how they came to understand their experiences likely affected the data. It was important to understand in this study that psychologists' perspectives were shaped by various influences (e.g., social, cultural, economic, political) that led to them being who they are, psychologists, in their job role liaising with the CJS and working with PWLD, and willing to voluntarily engage in research. There was, therefore, an understanding that their language was not simply a reflection of their experiences but had various influences. A critical realist stance was also utilised whereby participants' transcribed data were interpreted by a researcher with perceptions and beliefs, which subsequently affected data analysis, and acknowledgement that both the researchers and participants' reality is mediated by perceptions and beliefs existed. Therefore, all results and conclusions drawn from this study require interpretative understanding.

This is opposed to an essentialist epistemology which would assume language is a simple reflection of meanings and experiences (Widdicombe & Wooffiitt, 1995). Thus, meaningfulness was highly influential in the development and interpretation of codes and themes (Byrne, 2022). A critical orientation was also taken, which appreciates that discourse is constitutive of respondents' personal states (Braun & Clarke, 2014) and therefore the methodology seeks to offer interpretations of meaning beyond those explicitly stated in interviews. Throughout analysis, the wider social context was considered, and the researcher sought to examine the constitution of the social reality described.

Reflexivity

A reflexive approach was taken within this TA (Braun & Clarke, 2019) which directly impacted the research. A reflective diary was kept throughout the process to record details of the nature and origin of any emergent interpretations including values, preconceptions, and reflections, and can therefore incorporate personal, interpersonal, methodological, and contextual reflexivity (Appendix Q; Braun & Clarke, 2021). This included recording preconceptions, theoretical and personal influences, and discussing these in research supervision. Engaging in reflexivity is shown to support a deeper, more profound understanding of the data (Clancy, 2013).

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Personal

In this study, I sought to capitalise on my knowledge and identity. As a third-year trainee clinical psychologist, I had extensive experience working with individuals with communication needs, and with individuals who have experienced significant trauma. This impacted my desire to support and encourage adaptations for vulnerable individuals. Due to my personal experiences, I have strong personal motivations for exploring how systems can be more trauma informed, since I have existed in systems in which I have felt my previous experiences were not considered. My personal and

professional factors will have motivated my desire to conduct research around trauma informed care and considering how systems can be adapted to suit those with histories of significant trauma or those who may be seen as vulnerable. Thus, I had preconceptions around systems in general, in that they are not individualised and do not account for developmental trauma, and this would have impacted the research, since it is impossible to have a 'view from nowhere' as a researcher (Nagel, 1974). I capitalised on this by maintaining an awareness that as someone with developmental trauma, I had a profound understanding around how systems could be adapted to better suit individuals with experiences like mine.

Interpersonal

There were several interpersonal interactions throughout the research process that were affected by my own values and practices. My relationships with my supervisors were impacted by power dynamics, in that I was a trainee clinical psychologist working under three experienced clinical psychologists, one of whom was a professor. My desire to be understood and accepted for what I brought to the research process would have affected our interactions and subsequently the research. The relationship between myself and the research participants would have also been affected throughout this research process. Participants often alluded to the clinical doctorate as a stressful and demanding process, which may have influenced the way they communicated their beliefs. One participant mentioned how they had tried to speak clearly due to understanding the transcription process and wanting it to be easier for me as the data analyst. Thus, my interactions with the participants and their preconceptions surrounding my role as a trainee clinical psychologist would have impacted the research process.

Methodological

I had never conducted qualitative research prior to the aforementioned systematic review and this thematic analysis. Thus, my preconception that qualitative analysis is not as rigorous as quantitative

analysis existed and would have impacted the data. Due to my quantitative background, I was more familiar with linear research and therefore had to adapt to the process of how continuous qualitative research can be. I capitalised on my novelty to this process by remaining curious throughout the process.

Contextual

This research had several contextual influences which impacted the study. Firstly, the original topic for this research had to be changed in December 2023 due to failure to recruit for the original topic. This meant that the population of recruitment (psychologists) was influenced by the desire to recruit a population which may be more likely to engage in research, alongside the understanding that psychologists are academically trained in trauma and organisationally well suited to consider how TIP can be implemented within systems. This empirical project was created, approved by ethics committees, conducted and written within the timeframe of about five months, alongside a rigorous doctorate programme with various other demands. This will have inevitably impacted the research, whereby decisions would have been made with a greater emphasis on what was pragmatic. Many participants referred to the fact that I was completing clinical training whilst being interviewed, acknowledging that they also understood the pressured context in which this research took place, which may have impacted their responses, the data and further analysis.

Quality Appraisal

The research process was detailed so it could be checked independently. The lead researcher (EE) maintained an audit trail of all documents and data throughout the process including the protocol, tables of themes, draft reports, and transcripts. An independent audit could be carried out on 20% of the participant data. Practical elements were adhered to during the analysis process such as a peer-credibility check and supervision during which the supervisors reviewed the first interview

transcription and annotated transcripts with codes, notes, and themes to check the credibility and method of data analysis.

Sample Size

Clarke & Braun (2017) identified TA can be used to analyse large and small data sets, from 1-2 (Cedervall & Aberg, 2010) to 60+ (Mooney-Somers, Perz & Ussher, 2008). Qualitative studies seek a sample size small enough to manage yet large enough to provide a 'new and richly textured understanding of experience' (Sandelowski, 1995). For small projects, Braun & Clarke (2013) recommended 6-10 participants to have enough data to demonstrate patterns whilst ensuring data is manageable.

Information power guided participant numbers since data saturation is incongruent with reflexive TA's values and assumptions (Braun & Clarke, 2021). Thus, information power of the interview sample was considered alongside the aims of the study, sample specificity, use of established theory, quality of dialogue, and analysis strategy (Malterud Siersma & Guassora, 2016). Since interviews in this study aimed for 45-60 minutes' worth of transcribed data, information power suggested a lower number of participants. Five components to a qualitative sample size using information power include narrow aims, dense specificity, applied theory, strong dialogue, and case analysis, all contribute to an argument for a smaller sample size in this study to balance a breadth of findings yet depth of interviews (Malterud et al, 2016). Since information power is related to the information that the sample holds, the data and final sample size was continuously evaluated throughout data collection and analysis to ensure the study contained adequate data to develop new knowledge.

Results

All participants worked within the NHS. Five participants were recruited via social media and worked for various Trusts throughout England; four participants were recruited through an NHS Trust

in North England. Participant demographic information can be found in Table 3. Ethnicity was collected however not reported on the individual level to protect participant's confidentiality. Most (*n*=8) participants were White British and (*n*=8) female. Participant's ages ranged from 30-48 years. Years of experience as practitioner psychologists ranged from six months - 20 years. Most participants (*n*=6) reported liaising with the CJS over 20 times annually.

Reflexive thematic analysis generated 839 codes (93 per transcript on average) resulting in four themes and 14 subthemes (Table 4). A thematic map demonstrates the relationship between the themes (Figure 1); see Appendix R for thematic map development. Participant contributions to themes are in Table 5. Examples of supporting quotes can be found in Appendix S.

Table 3 - *Participant Demographics*

Name[3]	Gender	Age	Type of practitioner psychologist	Years qualified	Years of experience working with people with learning disabilities (PWLD)	Frequency of liaison with the criminal justice system (CJS) per year	Current work setting
Autumn	Female	31	Clinical	0.5	5	1-3 times	Community learning disability
Amber	Female	36	Forensic	3	10+	More than 20	Community (previously prison)
Sophia	Female	37	Clinical	9	9	6-12 times	Medium secure hospital
Irina	Female	30	Forensic	2	8	More than 20	Forensic community
Edith	Female	45	Clinical	18	6+	More than 20	Community
Maya	Female	30	Clinical	4.5	12	More than 20	Low secure learning disability
Lily	Female	38	Clinical	7.5	9.5	1-3 times	Community mental health for PWLD
Bruce	Male	41	Clinical	2	12	More than 20	Community forensic learning disability
Lorna	Female	48	Forensic	20	24	More than 20	Community learning disability

[3] Note: All names are pseudonyms to protect confidentiality.

Table 4 - *Main themes and Sub-themes*

Theme	Sub-themes
Trauma informed practice (TIP) in the criminal justice system (CJS) has challenges	An investment of time and resource The CJS is an *"old", "formal", "punitive"* system TIC *"is not an e-module"* The CJS is a tricky environment to work in
TIP has diverse interpretations	A *"compassionate"* and *"safe" "collaborative"* environment Resist re-traumitsiation Mindful of individual circumstances
"People with Learning Disabilities (PWLD) are systematically disadvantaged within the CJS"	*"We're doing a disservice by not acknowledging PWLD's needs"* *"PWLD should receive adaptations"* PWLD go unrecognised in the CJS
Change is needed	*"Need wider system change"* *"It's everyone's responsibility"* Improving understanding through education It's important that the CJS is TI

Figure 1: Thematic Map

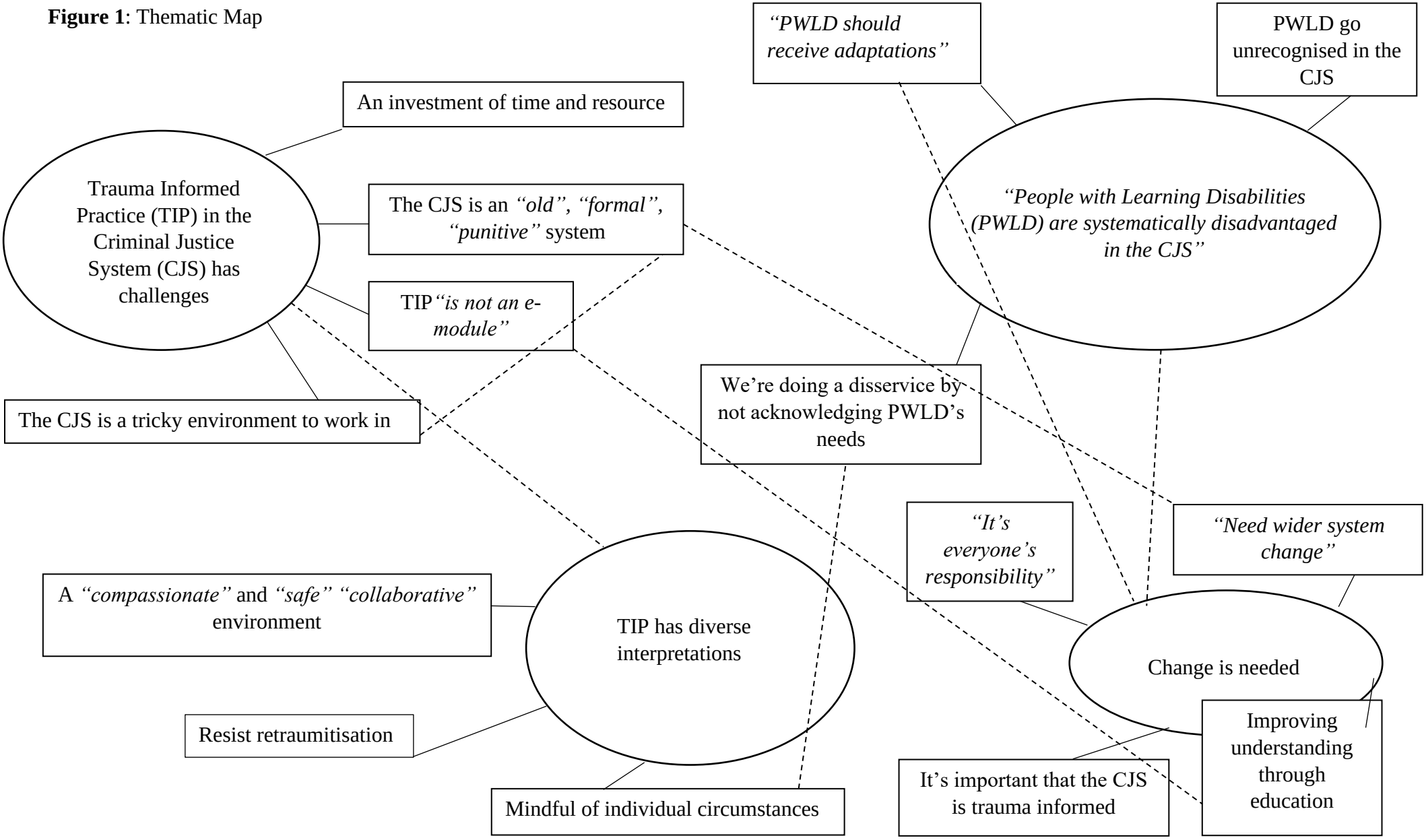

Table 5 - *Summary of Participant Contributions to Each Theme*

Theme/Subtheme	Contributing participants:	Autumn	Amber	Sophia	Irina	Edith	Maya	Lily	Bruce	Lorna
TIP in the CJS has challenges		✓	✓	✓	✓	✓	✓	✓	✓	✓
An investment of time and resource		✓	✓	✓	✓	✓	✓	✓	✓	✓
The CJS is an old, formal, punitive system		✓		✓		✓	✓	✓	✓	
TIP is not an e-module		✓	✓		✓		✓	✓	✓	✓
The CJS is a tricky environment to work in		✓	✓	✓	✓	✓	✓	✓	✓	
TIP has diverse interpretations		✓	✓	✓	✓	✓	✓	✓	✓	✓
A compassionate and safe collaborative environment		✓	✓	✓	✓	✓	✓	✓	✓	✓
Resist re-traumitsiation		✓	✓	✓	✓	✓	✓	✓	✓	✓
Mindful of individual circumstances		✓	✓	✓		✓			✓	✓
PWLD are systematically disadvantaged within the CJS		✓	✓	✓	✓	✓	✓	✓	✓	✓
We’re doing a disservice by not acknowledging PWLD’s needs		✓	✓	✓	✓	✓	✓	✓	✓	✓

PWLD should receive adaptations	✓	✓	✓	✓	✓	✓	✓	✓	✓
PWLD go unrecognised in the CJS		✓	✓	✓	✓	✓			✓
Change is needed	✓	✓	✓	✓	✓	✓	✓	✓	✓
Need wider system change	✓	✓	✓		✓	✓	✓	✓	✓
It’s everyone’s responsibility		✓		✓	✓		✓		✓
Improving understanding through education	✓	✓	✓	✓	✓	✓	✓	✓	✓
It's important that the CJS is TI	✓	✓	✓	✓	✓	✓	✓	✓	✓

Theme 1: TIP in the CJS has challenges

Participants discussed a range of challenges, including lack of resources (e.g., time and money) alongside environmental, systemic, and staff-specific obstacles. These challenges were spontaneously discussed by participants throughout the interviews without necessarily being considered in the context of PWLD, and before being asked about challenges specifically. There was a general feeling that participants needed to go through the exercise of considering TIP in the CJS first, prior to discussing such an approach specific to PWLD.

Four subthemes arose:

An investment of time and resource

It was perceived that incorporating TIP within the CJS was viewed as an *"investment",* which required *"time", "resource",* and *"the right environment."* This was perceived as challenging due to *"a lack of resources"* in the CJS. Indeed, *"lack of funding", "resources", "specialist providers", "staff", "supervision", "support", "staff busyness", "time", and "personal and financial resources"* were all reported as possible barriers.

The CJS is an "old", "formal", "punitive" system

Overall, participants described the CJS as an *"old, complicated, punitive system"* under *"huge pressure"* and with *"formal language"* that was not conducive to implementing TIP or making appropriate adaptations for PWLD. Overall, participants described a *"less punitive"* and *"less formal"* system as better for everyone, particularly PWLD. Some participants felt the CJS was *"broken beyond repair"* with *"barriers all the way through the system",* which prevented embedding *"new thinking"* such as TIP into the system. Finally, some participants thought wider society *"wouldn't want to be TI*" since *"some parts of society think it's [the CJS] there to punish people."*

TIP is "not an e-module"

Barriers to working in a TI way included challenges with implementing TIP whereby it *"needs to be done in a thought out, resourced way"* and not as an *"e-module"* or yet *"another initiative"* that CJ staff are mandated to complete. Some participants explicitly critiqued the concept of TIP throughout the interview, referring to it as *"superficial"* or a *"buzzword"* and *"directing attention and resource away from transformation."* There was a sense that TIP may *"be too painful to hold"* for some CJ staff due to staff capacity, or that staff *"might see it being used as an excuse for behaviour."* Participants described TIP as valued but expressed concerns if TIP *"becomes done in a tokenistic way."*

The CJS is a tricky environment to work in

Participants discussed numerous challenges for CJ staff within the CJS throughout interviews, and often described these as barriers to implementing TIP. Indeed, participants referred to the CJS as *"stressed", "pressured"* and *"overworked"* with *"a lack of funding, resources, support, staffing and supervision."* Participants identified how *"stressed"* the CJ environment is to work in and how this could prevent them embedding TI principles into their work. Participants reported CJ staff *"deal with lots of distress, lots of trauma"* and may *"get really stressed"* or are *"working under fire."*

Theme 2: TIP has diverse interpretations

Overall, when exploring TI ideas in the context of the CJS, it was clear participants had a working knowledge of TIP and how it could be applied across the CJS, however this was not always consistent across participants. For example, there was variation in what aspects of TIP participants chose to discuss in the interview. Participants described TIP as *"collaborative", "safe", "formulation-led", "compassionate", "resisting of re-traumitsiation", "communicative", "person-centred", "utilising choice", "promoting empowerment", "demonstrating trustworthiness and transparency", and "having trauma aware staff."* Every participant, even those that were explicitly sceptical about TIP in the CJS suggested that working in a TI way would be beneficial for various reasons including

reductions in *"risk", "reoffending", "recidivism", "incident rates", "self-harm", "staff sickness*" and increasing *"safety"* within the CJS.

A "compassionate" and "safe" "collaborative" environment

Most participant discussed various aspects of TIP that were crucial, including "*Not retraumatising people, treating people with respect, empowering people to make their own decisions, creating safety, and explaining the reasons behind decisions." "Compassion," "safety"* and *"collaboration"* were salient terms across interviews and were perceived as important for TIP. However, *"holding justice and compassion simultaneously"* was viewed as difficult for CJ professionals. Participants mentioned safety in the sense that TIP was about *"embedding relational, physical, and psychological safety"* into the CJS. Many participants mentioned *"collaboration"* as TI, including *"working in partnership"* with PWLD and *"enhancing multi-agency working."*

Resist re-traumitsiation

Throughout interviews, participants expressed that several *"things about the process"* within the CJS were indeed *"traumatising or re-traumatising"* for everyone involved and particularly for PWLD. There was a sense amongst participants that *"risk needs to be managed in a TI way"* yet an appreciation that this may have challenges. The idea that TIP *"is about not retraumatising people",* particularly in the context of reducing restrictive practice arose, especially considering that *"prison itself can be traumatising"* and regarding it being *"traumatising to have an LD"* in general, due to PWLD having needs that society and the CJS does not adapt for. When considering TIP in the CJS, it was crucial that CJ staff actively resisting re-traumitsiation was a factor that enabled TIP.

Mindful of individual circumstances

Participants described TIP as *"person-centred"* and incongruent with the CJS as one participant termed it "*a generic system*" which struggles to implement individual adaptations. Participants

described TIP as *"mindful of individual circumstances"* and "*adapted to individual needs*" including *"adapted assessments, practices and sentences."* Participants described TIP as "*not generic"* however appreciated that the CJS was meant to be *"one size fits all."* Participants described a person-centred approach as crucial to all who encounter the CJS, with consideration for PWLD who have unique needs. A concept arose amongst participants that PWLD should be seen as individuals, and adaptations would need to be tailored accordingly.

Theme 3: "PWLD are systematically disadvantaged in the CJS"

Participants discussed PWLD in the context of this group being *"systematically disadvantaged"* within the CJS. Specific challenges ranged from systematic difficulties (e.g., struggling with uncertainty or the concept of time) to lacking resources to cope with the system. Participants referred to the CJS as *"restrictive"* and felt this could be (re)traumatising for PWLD due to restrictive practices and lack of adjustments. Participants described them as *"forgotten people"* in the CJS and wider society who *"aren't given a fair chance."*

"We're doing a disservice by not acknowledging PWLD's needs"

It appeared difficult for participants to describe implementing TIP with PWLD without acknowledging difficulties with the system, particularly surrounding CJ staff *"doing a disservice by not acknowledging PWLD's needs."* Participants described PWLD *"aren't given the information they need"* and referred to the CJS as *"inaccessible for people with different communication needs."* Whilst "*considering accessibility"* when working with individuals *"is TI",* participants felt if adaptations were not made for them, they would remain *"disadvantaged"* and it would also be *"a waste"* of CJ staff's time. Participants discussed PWLD being *"let down"* by a lack of adjustments. There was a sense that the system and way CJ staff are trained to work is a barrier to implementing TIP.

"PWLD should receive adaptations"

Participants discussed the various adaptations for PWLD that occur within the CJS already and how implementing adaptations for them is a TI way of working. There was an overall sense amongst all participants that adaptations should be made for PWLD within the CJS, some of which are not specific to a TI approach, including *"tailored pathways", "additional time", "pacing", "clear guidelines of next steps", "adapted communication and assessments*", and *"presenting information in multiple forms."* However, there was also an understanding amongst participants that adjustments for PWLD may be perceived negatively amongst CJ staff and in society, whereby people may think *"that's justifying or minimising"* the offense if PWLD receive adjusted or *"too lenient"* sentences.

PWLD go unrecognised in the CJS

There was a sense amongst several participants that PWLD *"pass"* and go unrecognised within the CJS due to both a *"lack of knowledge, understanding, awareness and identification" from* CJ professionals alongside PWLD being reluctant to share their diagnosis or *"masking."* Participants seemed to believe there were *"varying degrees"* of ways in which the CJS *"might identify someone with a LD"* which could contribute to PWLD remaining *"unrecognised"* and *"forgotten."* It was understood that if PWLD remain unrecognised, individual adaptations which are TI would not be implemented successfully, thus maintaining a non-TI system.

Theme four: Change is needed

Participants described change as required for the CJS to be TI in general and specifically for PWLD. Some participants noted that change is occurring within the CJS and healthcare systems over the past several years, including *"huge strides towards TIC"* and *"much better understanding around trauma"* in the CJS, which some believed occurred due to research driving *"practical change."* Participants reflected on change they believe still needs to occur (including *"timing", "the way CJ staff and healthcare practitioners see risk"* and *"how staff views are imposed on PWLD").* Regarding timing, there was a sense that adjustments were done *"too late"* within the CJS (e.g. identification of

LD, making TI adaptations), and if done earlier, it may improve PWLD experiences in the CJS and contribute to a more TI approach. Whilst individual changes (e.g., *"reducing physical intervention")* were discussed, there was an overarching idea that the system needed to change first for effective change to occur at an individual level.

"Need wider system change"

There was a sense amongst participants that the CJS *"needs wider system change" and "a complete overhaul"* to be effective in *"reducing risk and reoffending"*, as well as in supporting individuals to *"reintegrate back into the community."* Participants described change within the CJS as challenging since it tries *"to promote concordance instead of change"* and suggested *"changes need to start with government policies."* Whilst participants suggested that the CJS would benefit from change, there was a sense of *"anxiety about change in the CJS"* and potential negative implications with how these changes would be perceived within wider society, including fear PWLD would be viewed as getting *"a free pass"* and that *"the justice system is getting too soft."*

"It's everyone's responsibility"

Participants discussed the collective responsibility to possess knowledge about PWLD, meet their needs, and apply TIP. Participants described it being *"everyone's responsibility to work in a TI way"* and that *"everybody needs to be on board with TIC."* It was discussed that *"everybody…from police officers to probation officers, the courts, nurses... should have some type of awareness"* of trauma and LDs. A sense of uncertainty around responsibility arose regarding who was responsible for identifying PWLD and implementing adaptations, with many participants identifying it as a collective responsibility with specific responsibility from leaders, since *"if your seniors are working in more TI ways then people are more likely to follow."* Indeed, participants felt *"prioritising TI working has got to come from the top"* and that leaders possessed responsibility to *"model TIC principles"* within the CJS and *"make sure staff's knowledge and awareness of PWLD"* was sufficient.

Improving understanding through education

Participants discussed *"identification", "awareness", "training"* and *"education"* about PWLD and trauma as equally important. Throughout interviews, it was expressed that *"training about LDs"* should *"form a more significant part of training"* for CJ professionals with an assumption that this would increase understanding. *"A greater level of understanding of PWLD*" was seen as a precursor to implementing change. Participants discussed understanding TIP as important in the CJS, however this was contradictory to what they believed society sees the CJS' purpose as: *"to punish."*

It's important that the CJS is TI

Participants expressed the importance of the CJS to work with everyone in a TI way, particularly in meaningful and *"not tokenistic"* ways because it's *"humane", "ethical", "moral"* and *"inclusive."* Participants saw it as *"important that life experiences are taken into account*" and that working in a TI way would *"get to the root of the problem"* and promote understanding of reasons behind offending. Participants acknowledged that *"most of the people in the CJS will have experienced trauma"* and the idea that *"trauma is widespread"* contributed to a sense that TIP should be considered with everyone, including but not limited to PWLD.

Discussion

This study explored nine psychologists' perspectives on TIP, PWLD and the CJS. All participants had regular contact with people with learning disabilities and the CJS. Reflexive thematic analysis revealed four themes:

TIP in the CJS has challenges

Factors that enable and barriers that prevent CJ staff from implementing TIP were explored. Participants discussed barriers including time and resource. Concerns regarding TIP being implemented superficially and it being difficult to implement in a fragmented CJS arose. Participants perceived

systemic and environmental challenges including a lack of resources, challenges for staff and the concept of TIP. In research investigating TIC implementation into child/family welfare services in Australia, similar challenges arose, including a lack of guidance for facilitating systemic change, and challenges with TIC's definition (Wall, Higgins & Hunter, 2016). In prison planning, implementing TIP is criticised due to systemic environmental challenges, whereby the attempt to implement TIP in hostile environments is described as futile (Jewkes et al, 2019). Participants recognised challenges for CJ staff including a lack of supervision and staff, which could from psychologists valuing clinical supervision (Chircop Coleiro, Creaner & Timulak, 2023). Research could explore CJ staff's experiences of accessing support and identify how this could impact TIP.

Aligning with some psychologist's discussions, the UK's CJS is implementing TIP more, evidenced by training and interventions (Covington, 2022; Petrillo, 2019). As these practices develop, it is important to investigate their impact on CJS goals (e.g., reducing [re]offending behaviour, rehabilitating offenders) alongside TIP goals (e.g., emphasising safety, empowering individuals). Healthcare setting research identified positive changes following TIC implementation including workplace satisfaction, improved procedures, client satisfaction, and increased discharges (Hales et al, 2019). Research should prioritise investigating the benefits and potential negative impact of TIP.

TIP has diverse interpretations

The second theme discusses how TIP is varied depending on who prioritises its implementation. Indeed, a systematic review exploring systems-based measures to assess how TI services were identified that TIP lacks a coherent conceptualisation (Champine et al, 2019). Participants highlighted the importance of resisting re-traumitsiation, being trauma aware and understanding the impact of trauma, alongside additional considerations for PWLD. A study investigating professional views of TIC and PWLD identified services being trauma aware and providing person-centred support as key for them (Truesdale et al, 2019). This is consistent with research identifying TIP as requiring a paradigm

shift in thinking to deliver services rooted in the understanding the prevalence and effects of trauma (Sweeney et al, 2018) and with a systematic review of TIP and the CJS, which identified recognising trauma as important to support recovery and avoid re-traumatisation (McAnallen & McGinnis, 2021).

Participants expressed that TIP is individualised, specifically for PWLD, and highlighted the importance of a compassionate, safe, and collaborative environment. Indeed, research discusses the need for collaboration across agencies and safety (McAnallen & McGinnis, 2021). Across interviews, all TIC principles arose. Interestingly, some principles emerged more than others. Collaboration and safety arose the most and were not specific to those with learning disabilities, consistent with research whereby safety was identified as a central consideration for everyone (McAnallen & McGinnis, 2021). Empowerment was mentioned less, and cultural considerations was only considered by one participant. Only one participant named all six TIC principles throughout their interview. This suggests that embedding TIP into services may result in diverse, inconsistent TIP, since individuals tend to focus on different TI aspects. This could be explained by personal biases or what professionals deem the most important. Different practitioner psychologists (e.g., clinical and forensic psychologists) have different training programmes, thus professional biases may have arose in interviews.

Other concepts included: being formulation-led, being compassionate, resisting re-traumatisation, adapting communication, being person-centred, and being trauma aware. Whilst not explicitly TIC principles, these are exhibited in literature referring to TIP (Kubiak, Covington & Hillier, 2017; Levenson, Prescott & Willis, 2022; McLachlan, 2024). Considering participants were psychologists, it is not unusual that formulation-led was a TI principal considered important. Since formulation is an alternative way of understanding distress and offending behaviour, it may contribute to understanding how practice could be adapted for PWLD (Johnstone & Dallos, 2013).

PWLD are systematically disadvantaged within the CJS

Participants expressed beliefs that PWLD are systematically disadvantaged within the CJS, discussing individuals remaining unrecognised and how some processes are more challenging for them than others (e.g., court processes). This is consistent with literature suggesting PWLD are at increased risk of being disadvantaged when they encounter the CJS due to their vulnerabilities (Murphy & Clare, 2009). It is also consistent with research identifying PWLD as overlooked throughout CJ processes (Chadwick & Wesson, 2020). These disadvantages could relate to individual's impaired understanding of legal rights and their potential susceptibility to acquiescence, suggestibility, compliance, and confabulation (Clare & Gudjonsson, 1995). Recently, positive shifts towards implementing adaptations for 'vulnerable people' who encounter the CJS arose (e.g., use of appropriate adults) (O'Mahony, 2024), although progress is required to implement adaptations effectively (Dehaghani, 2016).

Several participants expressed the CJS not prioritising adaptations for PWLD. The UK's CJS results in actions taken by agencies in response to crime (Davies, Croall & Tyrer, 2005). In contrast, TIC was developed for healthcare settings intending to care about individuals. Therefore, TIP may need adaptations when implemented into the CJS due to differing priorities.

Research in Australia identified PWLD were no more likely to be arrested and charged with a criminal offence than the general population during arrest, however once they entered the CJS, they were rearrested at nearly double the rate (Cockram, 2000). Although this evidence was collected over two decades ago, it suggests that people with learning disabilities are disadvantaged in certain parts of the CJS more than others. Research identified the need for the CJS to be flexible since it was not designed for PWLD (Jones, 2007). It is, therefore, crucial to identify which areas of the CJS require imminent systemic change.

Understanding how the CJS could be more TI from PWLD's perspective would be valuable; future research should explore this. Co-production is becoming more common in mental health and would contribute to identifying individual's unique needs (Clark, 2015).

Change is needed

The fourth theme suggests systemic changes are required in the CJS resulting in a complete overhaul for successful TIP implementation, consistent with US research suggesting systems-level approaches to CJ reform (Mears, 2022). Participants referred to CJ staff not being interested in CJS change, understood by a lack of desire for training. This could be understood by the transtheoretical stages of change model, positing that individuals experience six change stages: precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska, DiClemente & Norcross, 1997). Precontemplation reveals individuals may not identify a need for solutions due to believing problems do not exist (Raihan & Cogburn, 2023). Indeed, a systematic review identified CJ staff were unsure if the CJS was appropriate for PWLD, and struggled to identify them, suggesting staff may need to prioritise understanding individuals before implementing change (Evans, 2024). To our knowledge, research has not yet explored CJ professional's opinions regarding whether they believe solutions for the CJS with PWLD are required, which could be the first step in a TI CJS.

A systematic review identified that reducing recidivism was a benefit of TIP (Walker, 2021); polices aiming to embed TIP in the CJS may benefit from exploring benefits. Anxiety from some participants arose regarding how the public would interpret TIP in the UK CJS. Providing information on the relationship between TIP and recidivism may challenge societal assumptions that punishment is the most effective way of reducing [re]offending.

Systemic changes participants suggested can be organised into micro, meso and macro levels, where micro refers to individual actions, meso to organisations, and macro to society (Dopfer, Foster & Potts, 2004). Suggested micro changes included individual changes (e.g., reducing restrictive practice, views of risk, and imposition of views on PWLD). Systemic pressures (such as lack of staff time) were identified in research with an understanding that CJ staff are under pressure (Hellenbach, 2011). Historically, addressing only micro-level changes could achieve little or fail, due to not addressing

systemic problems (Mears, 2022). Thus, individual changes will be difficult to pursue whilst there are meso and macro changes that exist making the CJS challenging to work in. Meso changes suggested by participants included staff training, an environmental shift, and an overhaul of CJS processes. Training was suggested to implement an understanding of trauma and PWLD, subsequently positively impacting CJ professionals on a micro level. Macro changes included wider society changes required to embed TIP in the CJS and support adaptations for people in a TI way. Historically, the UK government has implemented macro changes regarding PWLD including 'No One Knows', a UK-wide programme exploring their experiences in the CJS (Talbot, 2008), the Bradley Report (2009) which provided recommendations for CJ services, and a handbook to educate CJ staff about PWLD. This demonstrates wider society changes towards educating CJ staff on identification and adaptations regarding PWLD (Department of Health, 2011). Given over a decade has passed since these initiatives, research including their impact and macro changes incorporating TIP into PWLD in the CJS is warranted.

It's everyone's responsibility

Many participants agreed it was everyone's responsibility to be TI and TIP needs to be modelled by leaders, aligned with research suggesting an effective organisational shift in the conceptualisation of trauma requires everyone to embrace TIP at a meso level (Thirkle et al, 2018).

Health literacy refers to people's competencies to meet the complex demands of health in society (Sørensen et al, 2012). This construct could be used to help interpret some of the current findings here, given we explored what is known, understood, and shared about a trauma-informed approach. People with learning disabilities and all service users will have individual needs that systems must assess and understand to apply adapted ways of working for a successful healthcare and criminal justice system. Moreover, preventing disease and promoting health at a population level may have a lasting positive impact on society. Thus, an integrative health literacy model considering societal, environmental, situational, and personal determinants of individuals and the wider population could be

used to make sense of the changes that are required within the CJS to promote TIP. At a societal level, trauma and its lasting impact alongside an understanding of learning disabilities requires more consideration, and healthcare and criminal justice environments should consider this when designing and evaluating their processes. This model links to an aim of TIP, which is to reduce re-traumatisation, and identify which individual and systemic determinants may exist that could inhibit or promote the prevention of distress and promotion of health within systems and society. Future research could explore the benefits of a trauma-informed approach within systems including its impact on health costs, outcomes, offending behaviour, and service use. Future research could also evaluate the impact of a trauma-informed approach on an individual and population level, thus assessing its effectiveness, particularly for people with learning disabilities.

The UK's NHS identified systemic change must occur to implement TIC and developed a tool to support this. Roots (2021), is a developmental framework utilising insights from organisational culture change, human behaviour, complexity theory, and TIC evaluation to facilitate learning and improvement around TI services contributing to systemic change (Thirkle et al, 2022). Roots suggests that for an organisation to be TI, it needs to apply TI principles in a systems-wide (meso) way. This suggests the CJS utilising a tool, such as Roots, may be beneficial to develop and evaluate TIP implementation. Future research should explore this.

Strengths and Limitations

The findings add an original contribution to the limited research surrounding PWLD in the CJS, particularly considering the impact of trauma on them. Virtual interviews aided in offering diverse views. Regarding limitations, most participants in the sample were White British, female, and clinical psychologists. Whilst forensic psychologists are primarily trained to assess and manage risk, clinical psychologists are trained to focus on how people think and behave, which could have impacted

perspectives expressed. Recruitment was limited to practitioner psychologists in England, so data cannot be generalised, which is also a limitation of qualitative research.

This study did not gather information on social and personal biases, such as personal experience, which could impact individuals' perspectives. Gathering this information would have provided additional context to the findings. Since participants chose to participate, it is likely they had an interest in the topic and possessed biases different from those who chose not to participate. Sampling was limited due to recruitment methods; it is likely only participants active on social media or employed by SWYT would have encountered the study, further limiting findings. Another limitation of the research is the researcher's personal experience and perspectives towards PWLD and the CJS (Author Statement, Appendix T), which likely impacted data collection and analysis through implicit biases. There was a lack of co-production in this study which has limitations; including PWLD who have been involved within the CJS would have contributed valuable perspectives to this study.

Clinical Implications

This study gives voice to psychologists' perspectives of the [re]traumatising or empowering role the CJS may have on PWLD. Psychologists appear well placed in the CJS to design initiatives, deliver training, and evaluate the impacts of developing TIP in the CJS for service users. Potential barriers for CJ staff engaging with TI training should be explored and mediated. Practitioners should consider the diverse interpretations that may arise from different individuals implementing TIP into the CJS, and how this could be streamlined. It appears particularly important to support CJ staff in their understanding of both people with learning disabilities and trauma.

Future Research Implications

This research highlighted the need for future research to consider how trauma-informed services and practices can be understood and implemented. Participants in this study contextualised TIP in various ways, indicating that its implementation could vary considerably depending on who is implementing the practices. Thus, future research could seek to systematically apply and evaluate TIP within healthcare and criminal justice systems. Moreover, future attempts to evaluate the acceptability and effectiveness of TIP should occur which could include measuring a shift in attitudes towards populations where TIP is applied and assessing if relational safety is improved following TIP implementation. Further, a trauma-informed service suggests that service users may be less likely to feel inclined to 'pass' and can speak openly about their difficulties, suggesting that in a TI service 'passing' should be reduced.

Conclusion

Evidence suggests psychologists envision challenges implementing TIP within the CJS with everyone, not limited to PWLD, due to the CJS being an antiquated, formal, retributive system difficult to work in. TIP was described as requiring more than superficial training. Participants had diverse interpretations of TIP with compassion, safety, collaboration, person-centred and resisting re-traumitsiation considered crucial. Many discussed PWLD being systematically disadvantaged within the CJS and felt the CJS does a disservice by not recognising and adapting practices for them. Participants felt change is required in the CJS before TIP can be integrated, particularly with PWLD, including wider systemic change and education for CJ staff. This study explored TIP in the CJS specific to those with learning disabilities, and developed a greater understanding of how TIP can be understood and applied within the CJS.

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Appendices

Appendix A – University Ethics Approval

Appendix B – Email indicating HRA approval was sufficient

Appendix C – HRA Approval Letter

Appendix D – Study Advertisement

Appendix E – Participant Information Sheet

Appendix F - Participant Consent Form

Appendix G – Participant Demographic Sheet

Appendix H – Participant Debrief Sheet

Appendix I – Transcription Confidentiality Policy

Appendix J – Interview Schedule

Appendix K – Interview Schedule Feedback

Appendix L – Operationalisation of Study Aims for Coding

Appendix M - Code List Organisation

Appendix N – Audit Checklists

Appendix O – TA Audit

Appendix P – Quality Checklist

Appendix Q – Reflexivity Diary Excerpts

Appendix R – Thematic Map Development

Appendix S – Examples of Supporting Quotes for Themes

Appendix T – Author Statement

Appendix A – *University Ethics Approval*

The University Of Sheffield.

Department Of Psychology.
Clinical Applied Psychology Unit

Doctor of Clinical Psychology (DClin Psy) Programme
Clinical supervision training and NHS research training & consultancy.

Clinical Applied Psychology Unit
Department of Psychology
University of Sheffield
Cathedral Court
Sheffield
S1 2LT
UK

Address: Erin Giles (Evans)

Clinical Psychologist
Department of Psychology
Cathedral Court

Clinical Applied Psychology Unit
Department of Psychology
Cathedral Court
Sheffield

Telephone: 0114 22 26650
Email: a.sinha@sheffield.ac.uk

Date: 04.03.24

Project title: How can the criminal justice system be more trauma-informed when working with adults with learning disabilities? A thematic analysis of practitioner psychologists' perspectives

URMS number: **186774**

Dear Erin,

The University has reviewed the following documents:

1. A University approved URMS costing record;
2. Confirmation of independent scientific approval;
3. Confirmation of HRA approval.
4. Confirmation of NHS REC/UoS Ethics approval.

All the above documents are in place. Therefore, the University now **confirms** that it is the project's research governance sponsor and, as research governance sponsor, **authorises** the project to commence any non-NHS research activities. Please note that NHS R&D/HRA approval will be required before the commencement of any activities which do involve the NHS.

You are expected to deliver the research project in accordance with the University's policies and procedures, which includes the University's Good Research & Innovation Practices Policy: www.shef.ac.uk/ris/other/gov-ethics/grippolicy, Ethics Policy: www.sheffield.ac.uk/ris/other/gov-ethics/ethicspolicy and Data Protection Policies: www.shef.ac.uk/cics/records

Your Supervisor, with your support and input, is responsible for providing up-to-date study documentation to all relevant sites, and for monitoring the project on an ongoing basis. Your Head of Department is responsible

for independently monitoring the project as appropriate. The project may be audited during or after its lifetime by the University. The monitoring responsibilities are listed in **Annex 1**.

Yours sincerely

Jaime Delgadillo

Dr Jaime Delgadillo

Director of Research Training, Clinical Psychology Unit

cc. Academic Supervisor/s Niall Power & Nigel Beail

Head of Department/School: Chris Martin

Annex 1

To access the University's research governance ~~website~~ go to:
www.sheffield.ac.uk/ris/other/gov-ethics/governance

Monitoring responsibilities of the Supervisor:

The primary responsibility for project monitoring lies with the Supervisor. You agree to:

1. Establish a **site file** before the start of the project and ensure it remains up to date over the project's entire lifetime:
   www.sheffield.ac.uk/ris/other/gov-ethics/governance/rg-forms

2. Provide **progress reports/written updates** to the Head of Department at reasonable points over the project's lifetime, for example at:

   a. three months after the project has started; and
   b. on an annual basis (only if the project lasts for over 18 months); and
   c. at the end of the project.
   See: www.sheffield.ac.uk/ris/other/gov-ethics/governance/rg-forms

3. Report **adverse events**, should they occur, to the Head of Department:
   www.sheffield.ac.uk/ris/other/gov-ethics/governance/rg-forms

4. Provide progress reports to the research funder (if externally-funded).

5. Establish appropriate arrangements for recording, reporting and reviewing significant developments as the research proceeds – i.e. developments that have a significant impact in relation to one or more of the following:

   - the safety or physical or mental integrity of the participants in the ~~project;~~
   - the ~~project's scientific~~ direction;
   - the conduct or management of the project.

   The Head of Department should be alerted to significant developments in advance wherever possible.

6. Establish appropriate arrangements to record, handle and, as appropriate, store all information collected for or as part of the research project in such a way that it can be accurately reported, interpreted and verified without compromising the confidentiality of individual care users.

****

Monitoring responsibilities of the Head of Department

You agree to:

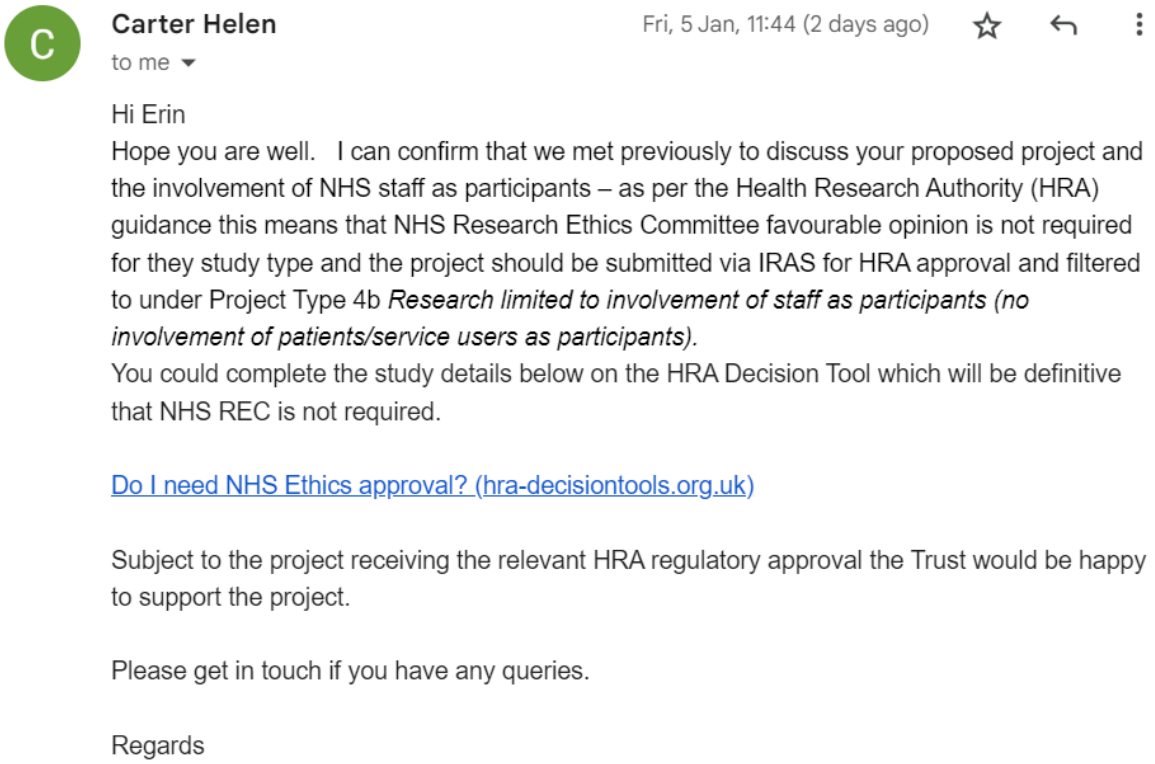
1. Review the **standard monitoring progress reports**, submitted by the Supervisor, and follow up any issues or concerns that the reports raise with the Supervisor.

2. Verify that **adverse events**, should they occur, have been reported properly and that actions have been taken to address the impact of the adverse event(s) and/or to limit the risk of similar adverse event(s) reoccurring.

3. Verify that a project is complying with any **ethics conditions** (e.g. that the information sheet and consent form approved by ethics reviewers is being used; e.g. that informed consent has been obtained from participants).

4. Introduce a form of **correspondence** (e.g. regular email, annual meeting) with a project's Supervisor, that is **proportionate to the project's potential level of risk**, in order to verify that a project is complying with the approved protocol and/or with any research funder conditions. Whatever correspondence is chosen the Head of Department should, as a minimum, ensure that s/he is informed sufficiently in advance about significant developments wherever possible.

Appendix B – *Email indicating HRA approval was sufficient*



Carter Helen Fri, 5 Jan, 11:44 (2 days ago)

to me

Hi Erin

Hope you are well. I can confirm that we met previously to discuss your proposed project and the involvement of NHS staff as participants – as per the Health Research Authority (HRA) guidance this means that NHS Research Ethics Committee favourable opinion is not required for they study type and the project should be submitted via IRAS for HRA approval and filtered to under Project Type 4b *Research limited to involvement of staff as participants (no involvement of patients/service users as participants).*

You could complete the study details below on the HRA Decision Tool which will be definitive that NHS REC is not required.

Do I need NHS Ethics approval? (hra-decisiontools.org.uk)

Subject to the project receiving the relevant HRA regulatory approval the Trust would be happy to support the project.

Please get in touch if you have any queries.

Regards

Appendix C – *HRA Approval Letter*

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Ms Erin Evans
Department of Psychology
1 Vicar Lane, Sheffield City Centre
Sheffield
S1 2LT

Email: approvals@hra.nhs.uk

23 February 2024

Dear Ms Evans

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**How can the criminal justice system be more trauma-informed when working with adults with learning disabilities? A thematic analysis of practitioner psychologists' perspectives**
IRAS project ID:	**339466**
Protocol number:	**1**
Sponsor	**University of Sheffield**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?
The *"After HRA Approval – guidance for sponsors and investigators"* document on the HRA website gives detailed guidance on reporting expectations for studies with HRA and HCRW Approval, including:

- Registration of Research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **339466**. Please quote this on all correspondence.

Yours sincerely,

Sarah Prothero
Approvals Specialist

Email: approvals@hra.nhs.uk

Copy to: *Ms Erin Evans*

List of Documents

The final document set assessed and approved by HRA and HCRW Approval is listed below.

Document	*Version*	*Date*
Interview schedules or topic guides for participants [Interview Schedule]	1	17 January 2024
IRAS Application Form [IRAS_Form_25012024]		25 January 2024
Letters of invitation to participant [Advert]	1	09 January 2024
Non-validated questionnaire [Demographic Sheet]	1	05 February 2024
Organisation Information Document [Organisation Information Document]	1	06 February 2024
Other [Combined Liability Certificate]	1	12 February 2024
Other [Certificate of Insurance]	1	12 February 2024
Other [Debrief sheet]		19 January 2024
Participant consent form [Consent Form]	1	17 January 2024
Participant information sheet (PIS) [PIS]	1	17 January 2024
Research protocol or project proposal [Research Protocol]	1	06 February 2024
Schedule of Events or SoECAT [Schedule of Events]	1	06 February 2024
Summary CV for Chief Investigator (CI) [CV]		17 January 2024
Summary CV for supervisor (student research)		

IRAS project ID	339466

Information to support study set up

The below provides all parties with information to support the arranging and confirming of capacity and capability with participating NHS organisations in England and Wales. This is intended to be an accurate reflection of the study at the time of issue of this letter.

Types of participating NHS organisation	Expectations related to confirmation of capacity and capability	Agreement to be used	Funding arrangements	Oversight expectations	HR Good Practice Resource Pack expectations
Research activities and procedures as per the protocol and other study documents will take place at participating NHS organisations.	Research activities should not commence at participating NHS organisations in England or Wales prior to their formal confirmation of capacity and capability to deliver the study in accordance with the contracting expectations detailed.	An Organisation Information Document has been submitted and the sponsor is not requesting and does not expect any other agreement to be used with participating NHS organisations of this type.	Study funding arrangements are detailed in the Organisation Information Document.	A Principal Investigator should be appointed at participating NHS organisations.	No Honorary Research Contracts, Letters of Access or pre-engagement checks are expected for local staff employed by the participating NHS organisations. Where arrangements are not already in place, research staff not employed by the NHS host organisation undertaking any of the research activities listed in the research application would be expected to obtain a Letters of Access based on standard DBS checks and occupational health clearance.

Other information to aid study set-up and delivery

This details any other information that may be helpful to sponsors and participating NHS organisations in England and Wales in study set-up.
The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

Appendix D – *Study Advertisement*

University of Sheffield

VOLUNTEERS NEEDED FOR RESEARCH STUDY

You are invited to take part in a study which aims to better understand how criminal justice systems can be more trauma-informed from a practitioner psychologist perspective.

Who are we looking for?

- Practitioner psychologists (Forensic, Clinical, Counselling) in the UK
- People with experience supporting people with learning disabilities who have had contact with the criminal justice system
- Enough experience to offer perspectives about this topic in a 45–60-minute interview

Hello!

My name is Erin. I am a third-year trainee clinical psychologist at the University of Sheffield.

I am the lead researcher on this project.

What will I need to do?

If you meet the criteria, you will be invited to take part in an online one-to-one interview with Erin, the lead researcher. The interview will last about an hour. You will be asked about your experience liaising with the criminal justice system and how you think it could be better trauma-informed for people with learning disabilities who offend.

How can I take part?

If you would like more information or would like to take part, please contact Erin via email at:

Egiles1@sheffield.ac.uk

This research forms part of a doctoral thesis in clinical psychology and has been ethically approved by the University of Sheffield's Psychology Research Ethics Committee

Appendix E – *Participant Information Sheet*

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The University Of Sheffield.

Participant Information Sheet

Title of Project: How can the criminal justice system be more trauma-informed when working with adults with learning disabilities? A thematic analysis of practitioner psychologists' perspectives

We would like to invite you to take part in a research study. It is important that you understand why the research is being done and what it will involve for you before you agree to participate in the study. Thank you for reading this information sheet.

What is the purpose of this study?

You have been invited to take part in a research project because you are a practitioner psychologist who has supported people with learning (intellectual) disabilities who have had contact within the criminal justice system. We would ask you about your experience of working within and around the criminal justice system (CJS) and with people with learning disabilities. We want to explore trauma-informed ideas in the context of the CJS specific to adults with learning disabilities. We aim to examine how a trauma informed approach can be applied and understood in this context. We also aim to explore any barriers and facilitators for the CJS to becoming more trauma informed when working with this group of individuals.

This study forms part of a Doctorate in Clinical Psychology (DClinPsy) research project based at the University of Sheffield.

Why am I being asked to take part?

You have been invited to take part in this research project because you are a practitioner psychologist within the UK and have experience supporting people with learning disabilities who have had contact with the criminal justice system.

Who can take part in this study?

To be included in the study, you must be a qualified practitioner psychologist (forensic, clinical, counselling) in the UK. You must have experience supporting people with learning disabilities who have had contact with the criminal justice system. You must have enough experience to offer perspectives on this topic in a 45-60 minute interview.

Do I have to take part?

No, participation in this study is entirely voluntary. Reading this information sheet and consent form on the next page will help you decide whether you would like to take part. If you do decide to take part,

you can type your name in the appropriate field of the consent form, and then go on to answer the questionnaire.

You can discontinue from the study at any point, without giving a reason. However, if you choose to take part and you change your mind, you can withdraw within 2 weeks without giving a reason. After 2 weeks of completing the interviews, withdrawing will not be possible because I will have started the process of analysing your data.

What will happen if I take part?
After reading this information sheet, you can proceed to the next page to read a consent form. This form will also ask for your consent to be contacted to participate in the second part of the study and you will be asked to provide your contact details. If you consent to participate, you can sign this form to proceed to the study questionnaire.

If you provide consent to be contacted, you will be invited to participate in a 45-60 minute interview where you will be asked some questions about how you think the criminal justice system can be more trauma informed. If you are selected to take part in this stage of the study, you will be contacted via telephone or email (please indicate which is your preferred method) by the lead researcher within 2 weeks.

If you wish, you can be provided a copy of the questions being asked in the interview, although this will be a guide.

The interview will take place either by telephone or Google Meet/Microsoft Teams at a time convenient to you.

This interview will be recorded and then transcribed either by the researcher or through using an approved University of Sheffield transcriber. The interview data will be analysed using thematic analysis. All interview data will pseudonymised (names changed and personally identifiable information removed) within 2 weeks following the interview taking place. Pseudonymised data will then be kept within the secure University of Sheffield data storage service and only accessible to the research team.

What are the benefits of taking part?
There are no immediate benefits for people participating in the project. However, you will have an opportunity to share your experiences and contribute to clinical research. We hope this study will help us better understand how we can support criminal justice services to become more trauma-informed when working with people with learning disabilities who become involved in the criminal justice system. The results of this study could inform clinical justice services and potentially support healthcare services to support clinicians who work within this setting. A written report of the findings will be complied for publication to a peer-reviewed journal.

What are the possible disadvantages and risks of taking part?
There are no major risks associated with this study. However, some of the questions within the short questionnaire and interview may touch upon topics which some people find sensitive. There will be information for sources of support will be provided following completion of the questionnaire should

you need to access further support. Additionally, if you feel that there is a problem at any time, you can let the researcher know.

If you experience any distress while sharing your experience, the researcher will be able to discuss this with you and discuss what further support might be of help. If you have concerns about your mood during or after the study, please take the following action:

- Consider getting in touch with your GP. GPs can provide assessment and advice about mental health difficulties and signpost you to relevant services.
- If you are in a crisis, you should contact emergency services (999 or 111).
- If you have thoughts about harming yourself, please contact the Samaritans on telephone number 116 123. This is a free line that is available 24 hours a day.

What will happen if I mention criminal behaviour?
If criminal behaviour is discussed in the interview, please be advised that the researcher is required to inquire whether the incident has been reported to the police. If the incident has not been reported to the police, it will be the duty of the researcher to raise this with their supervisory team which may result in any relevant information being forwarded to the police.

How will we use information about you?
We will need to use information from you for this research project.

This information will include your name and email address. All the information we collect about you will be kept strictly confidential. Your details will be stored separately from the information you provide by answering the questionnaire and completing the interview. We will use your contact details to offer you a summary of the study outcome once the research has been completed. You can choose to opt in or out of this. Otherwise, your personal data and data files may only be used for checks by regulatory authorities and the Sponsor of the research (The University of Sheffield and South West Yorkshire NHS Foundation Trust) to make sure that we have followed all rules about how research should be carried out. Your data will be always kept confidential.

According to data protection legislation, we are required to inform you that the legal basis we are applying to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice https://www.sheffield.ac.uk/govern/data-protection/privacy/general

As we may collect some data that is defined in the legislation as more sensitive (information about your political opinions or philosophical beliefs), we also need to let you know that we are applying the following condition in law: that the use of your data is necessary 'for archiving purposes in the public interest, scientific research purposes or statistical purposes' (9(2)(j)).

For more guidance on legal bases, including the additional conditions that apply to 'Special Category' personal data, refer to the University's Research Ethics Policy Note, and Specialist Research Ethics Guidance paper, on 'Anonymity, Confidentiality and Data Protection': https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/further-guidance/homepage.

Only the research team will be able to see your name or contact details. When we analyse your data, it will be identified by a study number rather than your name or other personal data. All interview data will be pseudonymised during transcription. You will not be identifiable in any reports or publications.

We will keep all information about you safe and secure. Your data will be temporarily stored on the University file store until you complete the interview then they will be destroyed. If you email and do not choose to participate, your contact details will be destroyed. All pseudonymised data from this research will be kept on the University secure file store for up to 10 years following completion of this research to allow for potential further analysis of the data.

The only exception to this would be if during the interview the researcher became concerned about a risk of harm to yourself (for example, suicidal risk), or someone (for example, a child or another adult) you talk about (for example, risk of neglect or physical harm). If this situation does arise, the researcher would discuss the need to break confidentiality with you. The aim of this would always be to support yourself and those you mention and ensure safety.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- at www.hra.nhs.uk/information-about-patients/
- at https://www.sheffieldclinicalresearch.org/for-patients-public/how-is-your-information-handled-in-research/
- at Patient Data and Research leaflet - Health Research Authority (hra.nhs.uk)
- by contacting the research team via the contact details indicated at the end of this document.

You can also read the following section about what happens with your data in the study in detail:

The South West Yorkshire National Health Service Foundation Trust (SWYFT) will act as the Sponsor and Joint Data Controller for this study. The University of Sheffield will also act as a joint data controller. This means, that we will be responsible for looking after your information and using it properly. All your data will be stored securely in password protected files at a secured University of Sheffield data drive, accessible only to members of the research team. After the completion of the study, the University of Sheffield will archive all the study documents for 10 years, and then securely dispose them. All information collected during this study will be kept confidential.

If you are recruited via South West Yorkshire NHS Foundation Trust (SWYFT), members of your direct clinical team may use your name, NHS number and contact details to contact you about the research study. You will only be contacted by a member of the research team if you give them permission to do so. The researchers in this study will have no access to your clinical records unless you are under their care at the SWYFT.

Your data will be pseudo-anonymous. This means that your study number can be used to link your survey answers and your personal details. This will allow us to email you to request your participation

in the interview stage of the study. When data-analysis commences, your personal data (e.g. email address, name) will be separated from your questionnaire and interview data and stored in separate files. Your questionnaire data will be assigned a study participant ID, so researchers will not be able to identify you when performing statistical analysis. You will not be identified in any reports or publications.

All your data will be managed according to the latest General Data Protection Regulation (GDPR) laws. For more information, please see: Patient Data and Research leaflet - Health Research Authority

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). As we will be collecting some data that is defined in the legislation as more sensitive (i.e. information about your ethnic origin and health), we also need to let you know that we are applying the following condition in law: that the use of your data is 'necessary for scientific or historical research purposes'.

The results of this study will form part of a Clinical Psychology Doctoral thesis. We also aim to publish the results in an academic journal. As stated above, you will not be personally identified in any reports or publications.

You can opt in to receive the results of this study by giving the researcher consent to email you about a summary of the study results. We will not contact you about these without your consent.

Who is organising and funding the research?
This study is being conducted by Erin Evans (Trainee Clinical Psychologist), as part of the qualification towards becoming a Doctor of Clinical Psychology at the University of Sheffield. Erin is being supervised by Dr Niall Power, who is based at the University of Sheffield and South West Yorkshire Foundation Trust, and Professor Nigel Beail, who is based at the South West Yorkshire Foundation Trust. The research is being carried out in collaboration with the National Health Service (NHS), specifically the South West Yorkshire Foundation Trust (SWYFT). The study is sponsored by the University of Sheffield.

Who has ethically reviewed the project?
This project has been reviewed and given favourable opinion by The University of Sheffield Research Ethics Committee and an independent sub-committee within the Clinical Psychology Doctorate programme department.

As we will also be approaching NHS staff to take part, we have sought approval from the Research and Development Department at South West Yorkshire Partnership (SWYT) NHS Foundation Trust.

What if something goes wrong and I wish to complain about the research?
If you would like to make a complaint about this project, in the first instance you should contact the lead researcher or their supervisor. You may contact the lead researcher, Erin Evans (egiles1@sheffield.ac.uk) or any of their supervisors: Dr Niall Power (n.power@sheffield.ac.uk), Dr Gregg Rawlings (gregg.rawlings@sheffield.ac.uk), or Professor Nigel Beail (n.beail@sheffield.ac.uk).

If you feel your complaint has not been handled to your satisfaction (e.g. by the Lead Researcher or Supervisor), you can contact Chris Martin, Head of Department at psy-hod@sheffield.ac.uk or Chair and Governance Lead of the Department of Psychology Research Ethics Committee, Rebecca J Denniss (psy-ethics@sheffield.ac.uk).

If your complaint relates to how your personal data has been handled, information about how to raise a complaint can be found in the University's Privacy Notice: https://www.sheffield.ac.uk/govern/data-protection/privacy/general

This study is part of a doctoral thesis where the researcher is under contract with Sheffield Health and Social Care (SHSC) NHS Foundation Trust. If you wish to make a complaint or have any concerns and do not want to speak to the researcher team, you can contact the SHSC complaints team at 0114 2718956 or complaints@shsc.nhs.uk. You can also write to: Complaints Team, Sheffield Health and Social Care NHS Foundation Trust, Centre Court, Atlas Way Sheffield, S4 7QQ.

This study is working with South West Yorkshire Partnership (SWYT) NHS Foundation Trust to contact potential participants. If you wish to make a complaint or have any concerns regarding SWYT NHS Foundation Trust, you may contact 01924 316391 or comms@swyt.nhs.uk.

If you have further questions about the study, please feel free to contact the research team on the contact details below.

Contact Information

Lead Researcher: Erin Evans
Address: Department of Psychology, University of Sheffield, Cathedral Court, 1 Vicar Lane, Sheffield, S1 2LT
Email: egiles1@sheffield.ac.uk
Telephone: Please leave a message with research officer, Amrit Sinha on +44 (0) 114 222 6650 and Erin will return your call.

First Supervisor: Dr Niall Power
Address: Bretton Centre, Fieldhead Hospital, Wakefield WF1 3SP
Email: Niall.Power@swyt.nhs.uk, n.power@sheffield.ac.uk
Telephone: Please leave a message with research officer, Amrit Sinha on +44 (0) 114 222 6650 and Niall will return your call.

Second Supervisor: Professor Nigel Beail
Email: n.beail@sheffield.ac.uk
Telephone: Please leave a message with research officer, Amrit Sinha on +44 (0) 114 222 6650 and Nigel will return your call.

Introduction

Thank you for taking the time to contribute to this research. I'm very interested in exploring how criminal justice services can become more-trauma informed, particularly when working with people with learning disabilities.

I plan to ask you questions regarding your experience of working within and around the criminal justice system (CJS) and working with people with learning disabilities (PWLD). This includes adults with a learning disability who have had contact with the police, been investigated or charged for an alleged offence, or have been given a sentence or disposal. When I ask about 'CJS staff', please think as broadly as possible, including police, lawyers, courts, prison, probation and healthcare staff.

I'm aware you have received some information about the research. Before we begin, are there any questions or concerns you would like to raise with me?

[Acknowledge competed consent form and reiterate the right to withdraw interview data up until two weeks following the interview.]

If at any time you would like to pause or stop the interview, please say so. If you have any questions or would like me to ask questions in a different way, please say so. What we talk about today will be confidential and the information from the recording will be pseudo-anonymised, this means we will change any information that could potentially identify you such as your name, place of work etc. If you do choose to talk about any of your previous or current clients, I will assume that you will have pseudonymised their information to protect their identity for example, by not using their real name or revealing any information that may be used to identify them.

I am obliged to break our confidentiality if I am concerned about the safety of you or someone you talk about today. If I do need to break confidentiality, I will try to let you know first, and we can plan the next steps. This may involve talking to another healthcare professional, such as your GP to help and support you.

Appendix F – *Participant Consent Form*

The University Of Sheffield.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Consent Form

Title of Project: How can the criminal justice system be more trauma-informed when working with people with learning disabilities? A thematic analysis of practitioner psychologists' perspectives

Name of Researcher: Erin Evans

Participant Identification Number:

Please tick the appropriate boxes	**Yes**	**No**
Taking Part in the Project		
I can confirm that I have read and understood the project information sheet, and any questions about this I may have had have been answered by the researchers. I can confirm that I fully understand what is expected of me within this study. *If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.*	☐	☐
I have been given the opportunity to ask questions about the project and have them answered.	☐	☐
I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, without my medical care or legal rights being affected. In addition, should I not wish to answer any question(s), I am free to decline. If I take part in the interview study, I understand that if I participate, I have 2 weeks from the date of the interview to withdraw. This is because transcription will be completed.	☐	☐
How my information will be used during and after the project		
I understand my personal details (e.g. name, email address and contact number) will not be revealed to people outside the project. I understand that regulatory authorities or representatives of the Sponsor (South West Yorkshire Foundation Trust or University of Sheffield) may inspect data files or my medical records/personal data to ensure researchers have adhered to all research regulations. I give permission for these individuals to access my data. I understand that my data will be kept confidential at all times.	☐	☐
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.	☐	☐

I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs	☐	☐
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
I can confirm that I: 1. Am a practitioner psychologist 2. Have experience working with people with learning disabiltiies who have been involved in the criminal justice system 3. Am willing to talk about my experience 4. Agree to take part in the above project	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Participant Electronic Signature Date

Researcher Electronic Signature Date

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form and the information sheet over email. A copy of the signed and dated consent form will be placed in the project's main record (e.g. site file), which is located on a secure, password protected file.

Appendix G – *Participant Demographic Sheet*

How can the criminal justice system be more trauma-informed when working with adults with learning disabilities? A thematic analysis of practitioner psychologists' perspectives

So we can define our sample in research outputs, could I please ask you some demographic questions?

1. What is your age? (E.g. 45)

2. What is your gender? (E.g. Male)

3. What is your ethnicity? (E.g. Black British)

4. What type of psychologist how you? (E.g. Counselling)

5. Roughly how long have you been qualified as a practitioner psychologist? (E.g. 5 years)

6. How many years have you worked with people with learning disabilities? (E.g. 5 years)

7. On average, how often do you directly liaise with criminal justice services as part of your role? (Circle, highlight or bold)
    - Less than 1 time per year
    - 1-3 times per year
    - 3-6 times per year
    - 6-12 times per year
    - 12-20 times per year
    - More than 20 times per year

8. What setting do you work in? (E.g. Prison, Community, Forensic Hospital, General Mental Health Hospital, etc).

9. Would you like to opt-in to receiving the results of this study (E.g. a research summary following completion, information regarding publications)?

Thank you for your time.

Appendix H – *Participant Debrief Sheet*

The University Of Sheffield.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Debrief Sheet

Thank you for taking part in this study and sharing your experiences with me.

If you have any queries about the study or have any further questions, please do not hesitate to contact me using the details below:

Erin Evans
University of Sheffield
Department of Psychology
Floor F, Cathedral Court
1 Vicar Lane
Sheffield S1 2LT

Email: egiles1@sheffield.ac.uk
Telephone: +44 (0) 114 222 6650

Feel free to also contact the research supervisors (Professor Nigel Beail, Email: Nigel.Beail@swyt.nhs.uk, Tel: +44 7901114138; Dr Niall Power, Email: Niall.Power@swyt.nhs.uk,) if you have any further questions.

This study is part of a doctoral thesis where the researcher is under contract with Sheffield Health and Social Care (SHSC) NHS Foundation Trust. If you wish to make a complaint or have any concerns and do not want to speak to the researcher team, you can contact the SHSC complaints team at 0114 2718956 or complaints@shsc.nhs.uk. You can also write to: Complaints Team, Sheffield Health and Social Care NHS Foundation Trust, Centre Court, Atlas Way Sheffield, S4 7QQ.

This study is working with South West Yorkshire Partnership (SWYT) NHS Foundation Trust to contact potential participants. If you wish to make a complaint or have any concerns regarding SWYT NHS Foundation Trust, you may contact 01924 316391 or comms@swyt.nhs.uk.

If you do feel that you wish to withdraw from the study, please email myself or Niall Power (Niall.Power@swyt.nhs.uk) with your participant identification number **within 2 weeks** of the interview. You do not have to provide a reason for withdrawing.

Some of the responses you shared in this study may have been sensitive and/or distressing so you may have some further questions. If you have concerns about your mood, please take action as follows:

- Consider getting in touch with your GP. GPs can provide assessment and advice about mental health difficulties and signpost you to relevant services.
- If you are an employee of the NHS, please contact Occupational Health to identify if any workplace wellbeing support is available to you.
- If you are not an employee of the NHS, please speak with your manager to identify what support is available to you.
- If you have thoughts about harming yourself, please contact the Samaritans on telephone number 116 123. This is a free line that is available 24 hours a day.
- If you are in a crisis, you should contact emergency services (999 or 111).

IRAS Project ID: **339466**

Appendix I – *Transcription Confidentiality Policy*

Transcribing Confidentiality Form & Guidance Notes

Doctorate in Clinical Psychology, University of Sheffield

Type of project: Research thesis

Project title: How can the criminal justice system be more trauma-informed when working with adults with learning disabilities? A thematic analysis of practitioner psychologists' perspectives

Researcher's name: Erin Evans

The recording you are transcribing has been collected as part of a research project. Recordings may contain information of a very personal nature, which should be kept confidential and not disclosed to others. Maintaining this confidentiality is of utmost importance to the University.

We would like you to agree:

Not to disclose any information you may hear on the recording to others,

If transcribing digital recordings – only to accept files provided on an encrypted memory stick

To keep the tapes and/or encrypted memory stick in a secure locked place when not in use,

When transcribing a recording ensure it cannot be heard by other people,

To adhere to the Guidelines for Transcribers (appended to this document) in relation to the use of computers and encrypted digital recorders.

To show your transcription only to the relevant individual who is involved in the research project.

If you find that anyone speaking on a recording is known to you, we would like you to stop transcription work on that recording immediately and inform the person who has commissioned the work.

Declaration

I have read the above information, as well as the Guidelines for Transcribers, and I understand that:

I will discuss the content of the recording only with the individual involved in the research project

If transcribing digital recordings – I will only accept files provided on an encrypted memory stick

I will keep the tapes and/or encrypted memory stick in a secure place when not in use

I will not use external storage programmes or website, such as Dropbox, for transferring recordings as it does not meet any of the University's data security guidelines

When transcribing a recording I will ensure it cannot be heard by others

I will treat the transcription of the recording as confidential information

I will adhere to the requirements detailed in the Guidelines for transcribers in relation to transcribing recordings onto a computer and transcribing digital audio files

If the person being interviewed on the recordings is known to me I will undertake no further transcription work on the recording

I agree to act according to the above constraints

Your name _____

Signature _____Date _____

Occasionally, the conversations on recordings can be distressing to hear. If you should find it upsetting, please stop the transcription and raise this with the researcher as soon as possible.

Appendix J – *Interview Schedule*

Main Interview Schedule

1. **What stage of the CJS are the people you typically work with - specific to PWLD?** (e.g., being investigated, undergoing court proceedings, under probation, in prison, in a forensic hospital, or after prison release/hospital discharge). If you have held more than one separate role supporting this population, please mention them all.

   Please note that this is just for context so I can get a better idea of your role/experience.

2. **What is your understanding of trauma informed care?**
   a. *What ways of working are 'trauma informed'?*
   b. *What ways of working are not 'trauma informed'?*
   c. *How would you define trauma informed care?*
   d. *What words come to mind when you think about trauma informed care?*
   e. *You can use examples from your practice and/or compare the needs of PWLD to the general population.*

3. **What would the criminal justice system working in a trauma informed way with PWLD look like to you?**
   a. *How would this be different to how the CJS currently works?*
   b. *Are there any additional considerations needed specific to PWLD compared to the general population?*
   c. *How would it be similar?*
   d. *How would working in a trauma-informed way differ across different areas of the CJS (E.g. Callouts, Police Interviews, Courts)?*
   e. *You can use examples from your practice.*

4. **In your experience, how does the CJS work in a trauma informed way with PWLD?**
   a. *If so, how do they do this?*
      i. *What CJS staff or procedures do that you consider trauma informed?*
   b. *If not, how could they?*
      i. *What could they do differently that would make them work in a more trauma informed way?*

5. **How could criminal justice staff work in a more trauma informed way with PWLD?**
   a. *What could staff do that is more trauma informed?*
      i. *How might staff communicate with PWLD?*

ii. *How might staff act towards PWLD?*

b. *What would be specifically important for staff to consider in the context of working with PWLD?*

6. **What factors do you think support the CJS to work in a trauma informed way with PWLD?**
    a. *How?*
    b. *What helps staff work in a trauma informed way?*
    c. *What other factors could support staff working in a trauma informed way with PWLD?*
7. **What barriers have you noticed that prevent criminal justice staff to work in a trauma-informed way with PWLD?**
    a. *What gets in the way of staff working in a trauma informed way?*
    b. *Can these barriers be overcome?*
        a. *How?*
8. **Do you think there are any concerns or potential negatives of criminal justice staff working in a trauma informed way with PWLD?**
9. **Is it important for the CJS to work in a trauma informed way with PWLD? Why/why not?**
    a. *What would be the negative implications if the CJS did not work in a trauma-informed way with PWLD?/What would be the positive implications if they did work in a trauma informed way with PWLD?*
    b. *Why is it particularly important to work in a trauma-informed way with PWLD?*

Is there anything else that we haven't talked about that you feel would be important for me to know to better understand your experience as a psychologist who has liaised with the CJS in the context of supporting PWLD?

End of Interview

Thank you for being open throughout your interview today. This research is aimed to better understand how criminal justice systems can work towards becoming more trauma-informed, specifically when working with people with learning disabilities. I will analyse the interviews I conduct to identify themes amongst the different psychologists I interview. After, I will write a report of my findings. Our hope is that these findings will be helpful to inform services so that they can be more trauma informed.

I am aware that this can be an emotive and/or difficult topic to discuss.

If you feel you would benefit from additional support, please refer to your workplace's guidance about seeking emotional support for your role, such as workplace wellbeing or occupational health.

If you are struggling with your own mental health and would like to seek support, we recommend you start by contacting your GP. If at any point you feel you need help in a crisis, you can go to A&E.

Appendix K – *Interview Schedule Feedback*

Feedback Raised	**Changes Implemented**
The clinical psychologist raised a concern that question #2 ("What is your understanding of Trauma Informed Care?") could appear to participants like they were being examined on their knowledge and could be off-putting.	It was agreed that interview schedules will be shared prior to the interview to account for any questions which could potentially feel like they are 'catching out' practitioners. It was also agreed that significant verbal scaffolding would occur to account for this, such as leading the question with acknowledgement that this wasn't a quiz question as such, but a question to capture the practitioner's explicit understanding.
The clinical psychologist raised that some of the questions may be raised in a way that would encourage participants to speak about good/bad practice within the criminal justice system, and lead to data collection which is not necessarily aligned with the research question.	The researcher agreed to 'watch out' for if any questions seem to lead to this throughout the first two interviews and consider implementing more significant changes to the interview schedule following the initial interviews should it feel that data collection becomes centred around 'good/bad' practice. The researcher also had follow-up questions in mind to ask about the trauma-informed concepts behind the practice being described.
The clinical psychologist raised that practitioners may not feel comfortable stating if they don't agree with the concepts of trauma informed care as they would not want to offend the researcher or the project.	The researcher decided to begin each interview prefacing that they intend to adopt a neutral stance as a researcher and encourage participants to share their perspectives accordingly.

Appendix L - *Operationalisation of Study Aims for Coding*

Study Aim	**To provide a thematic synthesis of criminal justice staff's perceptions, attitudes, awareness, and understanding of PWLD**
Perceptions	**The way something is regarded, understood or interpreted** **A belief or opinion** **How staff regard, understand and interpret PWLD**
Attitudes	**Learned evaluative responses** **Explicit or implicit evaluations of PWLD** **Feelings and opinions**
Awareness	**Knowledge or perception of PWLD** **Knowledge that PWLD exist** **Understanding of PWLD based on information and experiences**
Understanding	**Comprehending PWLD through having knowledge of LD**

Appendix M: *Code List Organisation*

Lack of resources (time, money)

A lack of service and support as a barrier

CJ staff don't have the time

Cost is a barrier

Environment and support not being available due to risks as a barrier

Funding for training got pulled

having staff work in a more relational way requires more resource

Improved resources to support PWLD's needs

Lack of funding as a barrier

Lack of resources as a barrier

Lack of specialist providers as a barrier

Lack of staff (stress)

lack of supervision as a barrier

Lack of supervision for prison staff

Lack of support from managers (stress)

Lack of support is not trauma informed

LD team has strict criteria

Money as a barrier to a trauma informed environment

More funding for training

Need for adequate staffing, pay and training

Number of people in the CJS make it difficult to identify PWLD

People are busy as a barrier

Personal resources as a barrier to TI

Resource as a barrier

Resource as a barrier for trauma therapy

resources are so stretched

Resourcing services enough

Service resources as a barrier to TI ways of working

Services are overworked as a barrier

The CJS being more trauma informed would cost more money

Time as a barrier

Time limited interventions as a barrier

Understaffing in prison service

TIC takes time

Benefits of TI

In the long run you'd save money

a trauma informed system would be cheaper in the long run

Working in a trauma informed way could reduce the amount of incidents

trauma informed working has a massive impact on somebody's mental health

trauma informed working might reduce rates of self harm

TIC would reduce staff sickness

TIC would increase staff retention

TIC reduces risk

TIC means better health care outcomes

Risk of PWLD coming to further harm if it's not TI

practical reasons to be TI

Benefits of working in a TI way

Working in a trauma informed way could support staff to respond appropriately

Cons of TI (It is tokenistic?)

TIC reinforces existing power structures

TIC obscures the need for system change

TIC obscures our role of perpetuation of harm and violence

TIC justifys the continued existence of suppressive institutions

TIC is superficial

TIC is an excuse for PWLD's behaviour

TIC is a superficial reformed measure

TIC directs attention and resource away from transformation

TI reinforces the authority of the state

TI as a distraction away from the root cause

TI approach is another shrine we can polish

Staff might see that it's being used as an excuse for behaviour

Some staff wouldn't be open to using trauma informed ways of working

I think it’s a cosmetic reform measure rather than addressing root causes of trauma

TI is a buzz word

TIC in a tokenistic way

trauma informed perspective might be too painful to hold

How does TI need to implemented?

TIC needs to be done in a thought out way

TIC needs to be done in a resourced way

supporting staff teams to be TI

supporting recommendations throughout the court process

Environmental challenges and considerations

Environment and support not being available due to risks as a barrier

Environments are busy and unpredictable

CJ staff are in a stressed environment

Changes to environment makes staff and service users feel secure and regulated

Being enclosed in an environment

adapting the environment

how do you replicate trauma informed care in somewhere that's so big

It's trauma informed to consider location

Knowing visitors in your environment

Making changes to the environment

Noise in an environment

Safe environment is trauma informed

Staff come back to a stressful environment

The environment can be overwhelming for service users

the environment should be trauma informed

TIC is about environments supporting nervous system regulation

TIC is about making the environment more safe or predictable

Hostile environment as a barrier

Trauma informed environment

Systemic Challenges

CJS is an old system

CJS as a punitive system

CJS is under huge pressure to get prosecutions

CJS trying to promote concordance instead of change

Creating safety in prison

Hard to get ahold of an advocate

fitness to plead threshold is really, really low

fitness to plead could be changed for the better

Difficult to work in a trauma informed way with the number of prisoners

Changes need to start with government policies

In the prison some of the ways of working can retraumitise people

Language in the CJS is so formal

Language used in the CJS is hard to follow

Need wider system change

Training might not be helpful to change the system

not catered for people's needs that have LD

Numbers game in the CJS to get people arrested and in court

organisations can be traumitised

Orgranisations have been quite stressed

People don't appreciate how complicated the CJS is

PWLD break the rules because they don't make sense

Services are set up without a learning disability perspective in mind

Services get frustrated and hopeless

System pressure – barrier

systemic failures

The current status quo isn't working

The formality of the CJS is not trauma informed

the medical model still predominates

There are traumatising approaches to the CJS

There's barriers all the way through the system

We need to break down barriers between services

accommodations having anxiety about taking on PWLD

adult social care funding as a barrier

anxiety about change in the CJS

probation services are stretched and short staffed

psychology hasn't got the service to meet the needs

The way things are set up in the CJS - barrier to safeguarding PWLD

difficult to generate direct relationships with people in prison

traumitised organisations can impact on the care for PWLD

this is how we've always done it

Is there a way of treating people differently in the cells and holding in mind that they're a human being who's been through diffiuclt things

A generic approach isn't trauma informed

THE SYSTEM….

-doesn't care

The system doesn't care about people with LD

The system doesn't care about PWLD

Getting LD on the agenda

-is pressured

systems are pressured

-is oppressive

Adapting a TI approach perpetuates the oppressive system

Adapting a TI approach is legitimising the oppressive system

The CJS is unfair

The CJS is a confusing process

The CJS is broken beyond repair

The CJS is oppressive

the system is fully stacked against people

The system perpetuates trauma

The system doesn't take steps to actively make things more accessible for people with LD

The system doesn't rehabilitate

There's barriers all the way through the system

Societal challenges in the system (media, politics)

Majority of people entering the CJS don't understand their basic rights

The way society sees offending behaviour

The way crime and offending are portrayed in the media is not trauma informed

the political will of the country as a barrier

Fear and societal stigma towards PWLD as a barrier

If society considered privilege there'd be less offending behaviour

Society wouldn't want the CJS to be trauma informed

Society views about why people offend don't include trauma

Society causes offending behaviour

Societal view of justice system as getting too soft

Societal stigma around PWLD

Why are we trying to help people experience safety who have done something wrong

LD being seen as a free pass to do what they want

Other people would feel that people need to be punished *(also in retributive code)*

Process challenges in the CJS

The court process made no sense to anyone

The court processes made no sense to people with a LD

The CJS isn't working

The CJS is processed driven as a barrier

Challenges for staff

Difficult for staff to get head around different processes

CJS is a tricky environment to work in

difficult for staff to work relationally

difficult to get staff working in a trauma informed way with the number of prisoners

Do the staff have space in the environment

Expectations for CJ staff

gaps in knowledge and understanding around the use of appropriate adults

CJ staff pride themselves on obtaining numbers of individuals involved in the CJS

CJ staff might not work in a trauma informed way because they think they're being soft

CJ staff not upholding the law as a barrier to being trauma informed

CJ staff dealing with lots of distress

CJ staff dealing with lots of trauma

CJ staff are in a stressed environment

holding both justice and compassion

how do you work sensitively and compassionately and still get your job done

How powerless staff can feel

I have seen staff who want to learn more about trauma informed practices

Impact of staffing levels

It is confusing for staff

Lack of staff (stress)

lack of supervision as a barrier

Lack of supervision for prison staff

Lack of support from managers (stress)

Lack of support is not trauma informed

pressure for CJ staff to get things done

Services aren't set up for staff to support them

Staff are overworked

Staff emotions effects work with PWLD

Staff feel overwhelmed (barrier)

Staff have personal barriers to working in a TI way

Painful for people to hold we might be in the same place if we had a different upbringing

Staff not having time – barrier

Staff stress as a barrier to working in a trauma informed way

Staff's personal lives may increase pressure

There's an emotional disconnect for staff

Tricky for staff to balance grey areas around offending

Vicarious trauma for staff as a barrier

Added complexity in work as a barrier

personal attitudes as a barrier to trauma informed working

Probation staff get forgotten

Professionals don't feel safe in services

Professionals don't know what is going to happen

Professionals might not understand enough about the process

Priority for staff isn't always how to respond in a trauma informed way

Staff were scared

Staff struggle to understand the CJS

Staff not knowing who to contact about someone with LD as a barrier

staff need support

staff might feel anxious around PWLD

Staff lacking ability to engage with PWLD as a barrier

Staff don't know the prisoners

staff don't have understanding of how to adapt communication to people's needs

Staff aren't really interested in knowing about someone's background

Some staff don't know how to communicate

it's protective to be closed to other people's suffering

people might react based on their own experience in a way that wouldn't be trauma informed

Fear of being judged as a barrier

Tricky for people to balance offender and victim roles

People work in the CJ staff due to their values of justice, good and bad so gray areas are annoying and conflicting

Difference in opinion of who has LD

LD is a specialist field

It’s easier to not be TI

Easier to tell people that's what their experience must mean

What needs to change for staff

Giving staff a space to reflect

Giving space to CJ staff to reflect and be less risk averse

Increase in supervision for staff

Increase in support for staff

Staff in the CJS should adapt to a trauma informed approach

Staff having access to a LD assessment report

CJ staff having access to a LD assessment report to work at somebody's level and understand difficulties

Power

CJS comfortable with top down power

CJS anxiety about sharing power

Feelings of powerlessness (PWLD)

feeling not in control and without power can be retraumatising

fundamental power structures produce and perpetuate trauma

How powerless staff can feel

Institutional power as a barrier

People in prison or hospitals don't feel like they're in control

TI would erode power

Challenges specific for PWLD (theme: PWLD are systematically disadvantaged in the CJS)

people fall through the gaps

CJS doesn't use everyday words

CJS is inaccessible for people with different communication needs

Communication difficulties exacerbate the experience

difficult for PWLD to wait months for a hearing

Delayed consequence difficult for PWLD

Difficult when offense is repeated in court

Difficulty understanding letters

Having a learning disability is traumitising

higher mortality rates

Inequality for PWLD

LD and trauma is associated with higher rates of reoffending

Length of time of the interview as a barrier

lots of the offender programs are cognitive based

manualised treatment programs aren't accessible for PWLD

No courses for PWLD to prove their risk is reduced

Not accessing accommodation is retraumitising

Not being open to LDS as a barrier

People are expected to process and retain information in the court process

People can't make an informed choice (due to language)

People struggle to make sense of formal language

PWLD are disadvantaged in the CJS

PWLD are disadvantaged

PWLD are forgotten people

PWLD are exposed to higher rates of trauma

PWLD are less likely to complain because they don't know the process for it

PWLD are often really forgotten

PWLD are suggestible

PWLD aren't given a fair chance

PWLD breaching licence and ending back in prison because they couldn't tell time or use public transport

PWLD break the rules because they don't make sense

PWLD break the rules because they've not been explained properly

PWLD can't access accommodation

PWLD communicate trauma in different ways

PWLD didn't understand the processes

PWLD excluded from rehabilitation

PWLD find it harder to retain and process information

PWLD have their own vulnerabilities

PWLD in the CJS don't know the right thing to say

PWLD in the CJS aren't given the information they need

PWLD in the CJS may live in fear

PWLD lack awareness of legal issues

PWLD lack control

PWLD lack understanding for why the CJ system processes have taken so long

PWLD less likely to get visits because they don't know the process

PWLD managing trauma in different ways

PWLD may feel not understood in the CJS

PWLD may not feel comfortable expressing their anxieties

PWLD may not understand time

PWLD miss out

PWLD more likely to have restrictive practice

PWLD need more time to build trust

PWLD need time to trust the person they're working with to then learn

PWLD need to be in the right environment

PWLD not being the top of people's priorities as a barrier

PWLD not making their own decisions in court

PWLD seen as disengaging when something else is going on

PWLD struggle to concentrate

PWLD struggling to regulate and keep himself calm, not able to take in as much information without adaptation

PWLD unable to progress through prison system

PWLD who experienced trauma are associated with poorer outcomes

Society doesn't value PWLD

shortage of accommodations

struggling to understand must be scary

The CJS is stacked against PWLD

the cjs is traumitising for PWLD

The CJS is unable to support PWLD to progress with reporting trauma

The CJS isn't set up to cater towards PWLD's needs

The CJS lacks understanding of factors which may impact PWLD

The CJS lacks understanding of how PWLD can experience the CJS

the cjs must be scary

The person with a LD did not understand what happened at court

The person with LD did not give informed consent in court

The system doesn't care about people with LD

The system doesn't care about PWLD

the system is fully stacked against people

Trauma is underreported for PWLD

Unless you have a good probation officer or solicitor information gets lost

We have to meet PWLD's needs or they are disadvantaged

Barrier of getting acknowledged that you have care needs

Barrier to accessing accommodation

Being able to put basic support in place to support PWLD as a barrier

Being arrested must be scary and traumatic for PWLD

Being stuck in hospital as a barrier

Better pathways for PWLD would be trauma informed

CJ staff have higher expectations of PWLD

CJ staff have less patience with PWLD

Concept of time difficult for PWLD

Keeping PWLD in prison because there's a lack of accommodation in the community

People should know about their right to complain

Placed away from family as a barrier

Psychology input has ended because PWLD struggle to engage

Progress for PWLD may look different

Therapy or assessment with PWLD is likely to take a little bit longer

Sensory difficulties exacerbate the experience

PWLD will need a big support package to live in the community

PWLD feeling their report wasn't good enough

PWLD's experiences of support can be traumatic

Person with LD doesn't remember what happened because it was so long ago

how can we expect them to do trauma work without a place to live

Uncertainty in system is difficult for PWLD

Tough to identify correct services for PWLD

poor wellbeing outcomes for PWLD and trauma

Offending behaviour versus challenging behaviour

psychoeducation for PWLD about trauma

PWLD Need an advocate/external support

More advocates

Learning disability champion

ensuring people have appropriate adults

Appropriate adult or intermediary

PWLD Passing/Masking

Passing

PWLD don't always present like they have LD

PWLD mask in the CJS

PWLD may mask

PWLD may not want to be seen as having a LD

PWLD might feel more comfortable disclosing to somebody they've developed a lot of trust with

PWLD's level of understanding can be overestimated

Staff presume understanding and comprehension

Beyond the LD diagnosis

PWLD are more than someone with a LD

diagnostic overshadowing

diagnostic overshadowing is why some people struggle to hold understanding and compassion

making sure services don't do further harm by pathologising people

Perceptions that PWLD don't know what they're doing

Adaptations & Adjustments for PWLD/in a TI way

PWLD was less anxious with the adaptation

PWLD should be supported to engage with adjustments

reasonable adjustments in court proceedings

Sensory adaptations

Sensory adaptations for a trauma informed environment

TIC is about how we adapt our services and responses

Varying degrees of understanding what reasonable adjustments look like

Visual aids and communication adaptations would help

We could improve someone's engagement if we worked in a TI way

We have to meet PWLD's needs or they are disadvantaged

We need to find creative solutions to meet people's needs

What more might be needed for PWLD (adaptations)

With adaptations the person with learning disabilities was able to manage himself

adapt assessment for the persons needs

Adapt practice to work with PWLD

Adapted sentences are trauma informed

Adapted sentences are trauma informed but that's not why they do it

adapting communication

Additional things to help PWLD engage with the process

Approaches towards PWLD were tailored

Before the adaptation was made the person with a LD struggled to regulate and keep himself calm

Communication aids should be considered

how the CJS could adapt their practice to PWLD

If you don't make adaptations for PWLD you waste your time and everybody's time

Making papers into easy read

Making sure communication fit for someone's needs

Person with LD thrived more with certainty

practical adaptations to support PWLD to feel empowered and like it is a collaborative process

presenting information in multiple forms

PWLD are arrested and CJ staff don't make adaptations

Time adaptations made so people with learning disability don't have to wait

TIC needs to be adapted to individual needs

Considering pacing is trauma informed

TIC is about making processes really clear and available to people in a way they best understand

TIC is checking understadning with PWLD

Reacting instead of responding

Meeting needs

we've done a disservice in terms of not acknowledging their needs through that process

what are we doing to meet PWLD's needs

Taking PWLD's needs into account

Staff understanding what PWLD's needs are

Consider communication needs

Not meeting medical needs as a barrier

Sensory needs being met

TI is making sure basic needs are met

People's needs are missed

It's important to have a TI approach to ensure wider needs are met

Accessibility

We need to make language more accessible

we need to make things more accessible to people

Considering accessibility is trauma informed

Making information accessible is TI

Collaboration

Good working relationships as a factor

Collaboration

Closer links between services could help

CJ staff working in partnership with PWLD

Lack of collaboration is not trauma informed

Lack of multi-agency working as a barrier

multi agency working

Networking is invaluable

Sharing assessments is trauma informed

sharing knowledge between services

TIC is collaborative

We need to break down barriers between services

We need to find more collaborative ways of working

Working in a trauma informed way can improve communication and build relationships

TIC is collaborative

changes to probation as more collaborative and safe

Involving the person is trauma informed

Communication

Working in a trauma informed way can improve communication and build relationships

Good communication is TI

Better communication between agencies

TIC is good handover between professionals

TI is questioning in a calm way

Police should have access to information

Information sharing

There's a reluctance to share information with service users

Formulation

Get CJ staff to think about why people behave the way they do

Get staff to think about people's behaviours and not just what's in front of them

Formulation well known as a factor

Formulation led

Formulation is holding an understanding

Exploring other factors that could impact on a person's presentation is trauma informed

develop a thorough understanding of the person's needs

develop a thorough understanding of the person

Considering what people have been through

Considering trauma history and formulation

Considering an alternative narrative to offending

Being aware people offend because of past trauma

Absence of LD in formulation

Having a psychologically informed approach

Helping staff understand why we might have seen this response

understanding offending as a consequence of life experience

Understanding PWLD's trauma history is important to move forwards

Understanding why is important to get to the core of the issue

prisons deal with whats in front of them and dont think about the why

TIC is formulation led

not thinking about why this person is responding in this way

Staff making sense of offenses from a trauma informed perspective

They just see the behaviour not the communication behind it

Identification & Awareness of PWLD

Getting CJ staff to think about could this person have an LD

flag in the CJ system about PWLD

Everybody should have LD awareness training

CJ staff not recognising for PWLD more support may be needed

CJ staff could have a better understanding of LD

Identification needs to start early on

Identifying PWLD is hard in prison

If people aren't picking up on LD then you can't work for their needs

If those needs had been identified earlier they'd have been out years ago

Importance of increasing staff awareness

in society in general there's there's much more awareness of difference

Increasing awareness of PWLD's vulnerability would be trauma informed

It's prison staff's responsibility to identify if people aren't understanding due to LD

Lack of awareness as a barrier

LD is not easy to identify

LD is poorly identified in the CJS

LD is poorly recognised in the CJS

LD not recognised in the CJS

Marking LD on the system could help

Need better screening systems for PWLD

Number of people in the CJS make it difficult to identify PWLD

Screening measure for LD in police custody

Society is increasing awareness of PWLD

Some people feel identifying LD is justifying the offence

Some people feel identifying LD is minimising the offence

specific pathways support awareness of LD

Staff don't pick up on the cues of PWLD

Staff lack awareness of PWLD

supporting identification of PWLD

there's a lot of people in the prison service who have got learning difficulties and its not always necessarily picked up

Varying degrees of understanding how to identify a person with a LD

I've never seen liaison and diversion services support identification of PWLD

People resisted to identifying PWLD

Being trauma aware

Being aware people offend because of past trauma

having in the back of your mind that that person could have experienced trauma

how we understand the impact of trauma

people are more trauma aware

TIC is having an awareness that people do have trauma

TIC is about knowing what trauma means

TI is being aware of past trauma people may have experienced

being trauma aware

awareness of TIC is great

Actual court proceedings are a lot more trauma aware

Recognising Trauma

acknowledging trauma

Consider trauma history

It is TI to consider how the experience of trauma shapes how someone sees the world

It's TI to consider people's presentations within a trauma informed model

recognising the signs someone might have experienced trauma

recognising the impact trauma may have had on them

Recognising PWLD's experience is trauma informed

TIC addresses the effects of trauma

Understanding about PWLD

Lack of understanding about communication needs

Lack of understanding about LD

lack of understanding of PWLD's needs

Lack of understanding as a barrier

lack of understanding that PWLD have a life of experiences

Legal representation don't understand LD

Legal representation don't understand PWLD's communication needs

Staff don't understand sensory needs

staff don't understand the needs of prisoners

Staff not understanding that PWLD may not understand as a barrier

There needs to be a greater understanding of LD

TIC is about how we support people to understand

understand how to support that person in a different way

Understanding of LD populations as a factor

Understanding would aid TI working

Better understanding would be more trauma informed

staff won't understand the person has a LD

There needs to be a greater understanding of effective approaches towards LD

The CJS doesn't understand PWLD's needs

Understanding about trauma (it’s impact)

The organisation understanding trauma is trauma informed

The orgranisation understadning how trauma might impact people's relationships to services is trauma informed

The orgranisation understanding trauma's impact is trauma informed

Staff understanding how trauma impacts the nervous system

Lack of understanding about TIC

People need to understand what being TI means

TIC is about prioritising and understanding the impact of trauma

how we understand developmental trauma

Trauma might impact the things that people find difficult

Trauma impacts how people make sense of what's going on for them

CJ staff having previous experience with PWLD

CJ staff reactions may be due to their experience with LD

Experience working with PWLD as a factor

Importance of experience

Limited experience with PWLD as a barrier

Personal connections to PWLD help

Compassion

CJ staff having compassion is important

CJ staff would get a better job done if they worked sensitively and compassionately

CJ staff could be compassionate and provide care for PWLD during the arrest and the process

Having more compassion

Helping people to be compassionate is tricky and not in everyone's nature

holding both justice and compassion

how do you work sensitively and compassionately and still get your job done

TI approach would be compassionate

Education & Training

educating police how to be TI

Giving staff training

I have seen staff who want to learn more about trauma informed practices

Importance for training

Importance of being trauma informed for staff

Importance of training

Important for staff to connect to why training is important

increasing understanding of LD

increasing understanding of trauma informed care

LD training wasn't well received by police

mandatory training supports awareness

Need more training

Need psychological training

Needs to be more education about developmental impact of trauma

Training might not be helpful to change the system

Psychologists do trauma informed care training

Some staff haven't had training

Specific training

Staff could have more training

Staff to be trained in trauma informed principles

training co facilitated by PWLD

Training delivered by community LD teams

Training from psychology teams

Training on how we assess for LD

Training on reasonable adjustments for LD

Training related to LD

Training should be in person

Better education would be more trauma informed

Better training is needed

probation services get mandatory training on ACES

Psychoeducation would be helpful

TIC is about people having training

The LD service would input into police training

Barriers to training

Some staff wouldn't want to learn about the trauma informed approach

Mandatory training takes precedence over trauma informed training

Police didn't have an appetite for LD training

Staff to buy into training

Training could perpetuate stereotypes about PWLD

Training around LD didn't seem to be something CJ staff felt to be important

Training has to be meaningful

Training is another thing being put on staff to learn

Training might risk overlooking PWLD's strengths

Training not seen as a priority

trauma informed training not seen as important

Trauma informed training wouldn't have been prioritised

trauma training may contribute to dehumanising PWLD

trauma training might contribute to undermining PWLD's dignity

Another initiative put on staff

Barriers to implementing training

TI is not an e module

Retraumitisation (RESIST)

exclusion is retraumitising

It's important we don't retraumitise people

It's retraumitising to not work in a way that's suitable for people's needs and understanding

It's retraumitising to try and report something and nothing can be done

Not accessing accommodation is retraumitising

not doing any practices that would retraumitise someone

not explaining decisions or reasons for things as well can also be retraumitising

PWLD's difficulties are going to traumitise or retraumitise people

resisting retraumitisation

Retraumitising to repeat offense in court

searching could be retraumatising

Sharing a room can be retraumatising

the cjs is retraumitising

TI is not retraumitising

TIC is about not retraumitising people

Traumitisation or retraumitisation starts from arrest

use of force can retraumitise

We could retraumatise people if we put them on sex offending courses and they were sexually abused as a child

Working in a trauma informed way ensures we don't retrigger people

being trauma informed in the CJS is about not retraumatising people

To try to make sure that the support we're offering is not retraumitising is trauma informed

Retriggered PWLD to feel not good enough

Retriggered PWLD to feel stupid

The CJS is traumitising

The CJS violates people's human rights

The experience he had in the CJS was traumatising

The CJS may struggle to cope with knowing they contributed towards PWLD experiencing trauma

Institutional harm and traumitisation in the CJS

Traumatisation in the CJS

traumitsiation in the CJS is massively underestimated

How can staff support PWLD with all the trauma they're experiencing in prison

In prison people are referred to by number or surname

I've brought the wrong person to see in custody

not identified by their name

Post letters under the door

Priority is not always the prisoners

‘experts by experience’ – getting PWLD involved

Getting PWLD's viewpoints and encouraging their participation

training co facilitated by PWLD

Expert by experience involvement in training

how do we get PWLD voices heard in those conversations

service user development

Person-centred (considering individual factors)

Individualised care can feel unfair

Thinking about who people are as a person

TI approach is important because it's about seeing the person as a whole

Being person centred

TIC needs to be person centred

Thinking about trauma on an individual level

TI is mindful of individual circumstances

TIC is individual

the importance of having an integrated sense of somebody to guide care and intervention

It's TI to consider how legal frameworks are applied to people

It's trauma informed to consider who PWLD want in the room

Being mindful of people is trauma informed

Recidivism

Risk of reoffending if it's not TI

Working in a TI way would reduce reoffending

a trauma informed system would reduce recidivism

probation officers are keen to reduce risk and reoffending

Support given to people to think about how to not end up back in the CJS needs to be trauma informed

reducing recidivism

Restrictive Practice – shift from retributive to restorative justice

some prisons are quick to use force

use of force can retraumitise

use of force

a punitive approach is predictable

A shift toward rehabilitation would be trauma informed

depersonalisation is necessary to control people

Doing to rather than doing with is not trauma informed

encouraging the CJS not to use physical intervention

People may hold views that the CJS is there to punish

People might disagree with TIC because it's less punitive

Physical restraint in the cjs

The CJS is much more about punishment

The CJS is about having a consequence or being punished

reducing restrictive practice

restrictive practice towards PWLD

Staff attitudes towards using force

No de-escalation

not using de-escalation

Other people would feel that people need to be punished

Lack of consequences reinforced the behaviour

Responsibility (It’s everyone’s)

someone to make sure staff's knowledge and awareness of PWLD is good

Staff could hold institutions accountable for their actions

Staff could get involved in direct action

staff could demand change within the CJS

Staff could pressure institutions to be TI

Staff should have knowledge about LD

Staff to model TIC principles

TIC involves everyone

We have to meet PWLD's needs or they are disadvantaged

We need to protect and defend the rights of PWLD

we need to work with staff in a trauma informed way

Who's job is it to tell the PWLD what they've done wrong

Everybody needs to be on board with TIC

It is everyone's responsibility to work in a trauma informed way

prioritising trauma informed working has got to come from the top

The public struggles with people lacking capacity or responsibility

Dependent on the staff member

Accountability

If you're gonna say you're gonna do something you've got to do it

TIC would prioritise accountability

Moral and Ethical Considerations

Working in a trauma informed way is important because it's humane

Working in a trauma informed way is important because it's inclusive

being trauma informed is about ensuring people aren't disadvantaged

Failing to provide basic human rights as a barrier

How is it allowed in the CJS to not support PWLD to progress

It's ethical and moral to be trauma informed

It's moral and ethical to be TI with PWLD

Moral and ethical reasons to be TI

The CJS is not ethical

The CJS is so far from being trauma informed that it is actively discriminating against people

We pretend we are TI when we perpetuate trauma in the organisation

Equality

PWLD can be given an equal chance

Lack of equality between regions in the UK

Working in a trauma informed way is important because it promotes equality

the culture in the cjs might struggle to cope with the inequalities towards PWLD

Safety

Working in a trauma informed way could make the prison environment safer

What we can do to help people feel safe enough to access support is trauma informed

TIC is ensuring people have a safe base

TIC is about relational safety

TIC is about safety

TIC increases victim safety

Drive to promote safety as a factor

physical safety

psychological safety

safety

changes to probation as more collaborative and safe

being trauma informed in the CJS is about creating safety

a trauma informed approach is supporting someone to feel safe

a trauma informed system would reduce a battle for control and safety

Supporting PWLD to live a safe, fulfilling, healthy life

Trustworthiness & Transparency

TRUSTWORTHINESS

PWLD need more time to build trust

PWLD need time to trust the person they're working with to then learn

PWLD might feel more comfortable disclosing to somebody they've developed a lot of trust with

Trustworthiness

Building trust

Transparency

Explaining the reasons why decisions are being made

Transparency

People not working transparently

It's trauma informed to give people as much information as possible in advance

Clear roles helped to work in a TI way

clear step by step guide of what's gonna happen next

being trauma informed in the CJS is about explaining reasons behind decisions

breaking down the steps

Staff explain decisions and reasons for decisions

TIC is being honest with people

TIC is about minimising those areas where people have to guess or fill in the blanks to make things more predictable

Empowerment

TIC is about empowerment

How disempowered people must feel

being trauma informed in the CJS is about empowering people to make their own decisions

giving people a degree of agency

Staff ensure that person feels in control of their own life

Choice

Choice

Choice and Control

Respect

Staff treat people with respect

TI approach is respectful

being trauma informed in the CJS is about treating people with respect

Fostering hope

fostering hope and engagement

hope for the future

At first, we need to ensure people's basic needs are met and people are regulated (physiological safety)

How can you use your potential or recover if you're dysregulated

It is important that the CJS is trauma informed (because trauma is widespread)

it's important that life experiences are taken into account

it's important for the CJS to work with everyone in a trauma informed way

It's important to have a TI approach to get to the root of the problem

It's important to have a TI approach to understand why something has happened

it's important to me that that people are seen as a whole person

It's important to work in a trauma informed way because people experience difficulties

Most of the people in the CJS whill have experienced trauma

not taking LD and trauma into account doesn't work

Support people to live a good life

poorer outcomes if people don't feel heard, recognised, cared for, and thought about

Policies should be trauma informed

CHANGE

Change has been occurring

Probation service has made huge strides towards TIC

Problems promote change

research has driven practical change

shift in terms of people's understanding of LD

It has got better - neurodiversity lead at the prison

It's got better over the last ten years or so

Over time there has been much better understanding around trauma

the use of appropriate adults has improved

There is more TIC in inpatient hospitals now

PBS is trauma informed

Staff have referred people to psychology

being trauma informed in the CJS is adopting trauma informed principles

Psychologist getting involved with PWLD in the CJS

Change needs to occur (Timing, the way we see risk, how we impose our views)

The CJS needs a complete overhaul

Things are done too late

Things could be done earlier

Things done earlier would help

We're imposing our views on PWLD

we tend to see risk first and person second

We can't help people think their way out of offending

A PBS model can't be trauma informed

changes to court imposed restrictions

We put people on treatment plans for sex offences that don't work

People would engage better if they felt heard

Matching up the treatment or punishment with the committed crime would be better aligned if trauma enforced care was at the forefront

People not wokring with the person

Barrier to change

it takes a lot of practice to take a step back and reflect and think about doing things differently

Things could be better

The CJS could be more flexible

the CJS could learn the value of relationships

People don't necessarily spend the time explaining the steps to people

Being sensitive with searching

What works well

Support for staff works well

Valuing and recongising staff

Fostering curiosity

Working in a trauma informed way ensures we're able to remain curious

Working in a trauma informed way ensures we're able to remain curious and not attach our descriptor's to someone's behaviour

SUPPORT

38 codes as above

a trauma informed approach is supporting someone to get regulated again

a trauma informed approach is thinking how we can support people

Drive to support as a factor

Confidence in developing or using trauma informed resources as a factor to support trauma informed working

Ensuring PWLD receive support

How can staff support PWLD with the distress they're experiencing

Information about LD to inform police support

Knowledge and awareness of what exists can support trauma informed working

Peer support can be trauma informed

Staff mobilising the community support and advocacy effort is trauma informed

TI approach supports autonomy

TI is supportive staff

TIC would prioritise mutual support outside the CJS

Tough to identify correct support for PWLD

Diversity/Cultural Awareness

Aware of how soemone's diversity impacts them

Understanding

43 codes previously

people in custody who haven't understood what has happened to them

Asking lengthy questions PWLD don't understand as a barrier

Not just expecting that people understand what the processes are

Only 8% of the general population can understand police caution

the police are understanding

TI is understanding what's happened to people

TIC is about making processes really clear and available to people in a way they best understand

TIC is checking understadning with PWLD

We could help someone understand the conseuqnces of certain actions

TI is about wanting to understand what happened to you

Fairness/Justice

PWLD are less likely to go to prison

If the police bar arresting people because they have LD then PWLD consistently hurt people or damage property

Fairness

TIC would prioritise justice

The CJS is unfair

Risk

difficult balance between risk and trauma

Risk assessments aren't an accurate representation

Risk assessments miss huge important things

Risk needs to be managed in a TI way

Present focused

TIC is bringing traumatic experiences to the here and now

Appendix N – *Audit Checklists*

Data collection

Is there evidence that raw data was collected and is appropriate for the research aims? Yes, as evidenced by anonymised transcripts and data

Has relevant demographic and background information been collected to contextualise the sample (e.g. gender, age, interview location/time)? Yes.

Are there reflections/notes/summaries on the data collection process? Yes – reflexive logs and diaries were kept.

Research/analysis process

Has the researcher engaged appropriately in supervision as part of the research process? Yes.

Has the data been sufficiently coded? (e.g. is all the relevant data coded?) Yes.

Has the data been systematically coded? Yes.

Is it clear that the researcher has engaged in a process of refining and redefining the themes and subthemes and are these processes justified? (This may be evidenced by looking at different versions of the NVivo documents and notes, and changes to coding/themes should be justified).

Yes.

Cross-check

Crosschecking randomly selected excerpts from the interviews and photo-elicitation items against the corresponding coding and themes recorded on NVivo.

Are these consistent?

Yes.

Vice-versa crosschecking randomly selected themes and subthemes from NVivo against the corresponding data.

Are these consistent?

Yes.

Study write-up/results

Are quotes sufficient to provide evidence of the themes and subthemes? Yes.

Does the results/write-up sufficiently address the aims of the study? Yes.

Signature of researcher

Erin Evans

Signature of auditor

Lucy Eaves

Audit Checklist

(Adapted from Tracy, 2010)

Worthy Topic	
1. Is the topic of research relevant and justified?	**Yes** / Partially / No
Rich Rigor	
2. Does the study include clear theoretical constructs?	**Yes** / Partially / No
3. Does the study comprise of rich data?	**Yes** / Partially / No
4. Does the study describe the sample and provide demographic information?	**Yes** / Partially / No
5. Does the study describe how trauma and trauma informed care/practice are conceptualised?	**Yes** / Partially / No
6. Does the study sufficiently justify and describe the data analysis process?	**Yes** / Partially / No
7. Has the data been thoroughly coded adhering to the chosen analysis (TA)?	**Yes** / Partially / No
8. Has the researcher engaged in a reflexive process to define personal and group themes?	**Yes** / Partially / No
Sincerity	
9. Does the researcher record self-reflexivity?	**Yes** / Partially / No
10. Does the research address the chosen methods limitations?	**Yes** / Partially / No
Credibility	
11. Are participant quotes evidenced for themes and subthemes?	**Yes** / Partially / No
12. Has the researcher engaged in appropriate supervision to support research quality?	**Yes** / Partially / No
Resonance	
13. Are the research findings documented clearly and insightfully?	**Yes** / Partially / No
Significant Contribution	
14. Does the study extend current knowledge of the relationship between trauma informed practice, people with learning disabilities and the criminal justice system?	**Yes** / Partially / No
15. Does the study provide implications for clinical practice?	**Yes** / Partially / No
16. Does the study make recommendations for research?	**Yes** / Partially / No
Ethical	
17. Does the research have ethical approval?	**Yes** / Partially / No
18. Are the participants' experiences appropriately represented?	**Yes** / Partially / No
Meaningful Coherence	
19. Does the study achieve its reported aims?	**Yes** / Partially / No
20. Does the study relate its findings with previous research?	**Yes** / Partially / No

Name of Researcher Erin Evans **Researcher Signature** [redacted]

Name of Auditor Lucy Eaves **Auditor Signature** [redacted]

Appendix O – *TA Audit*

A 15-point checklist of criteria for good thematic analysis (Braun & Clarke, 2006)

Phase	No.	Question	Comments
Transcription	1.	Has the data been transcribed to an appropriate level of detail?	Yes, the audio files were transcribed verbatim.
Coding	2.	Has each data item been given equal attention in the coding process?	Yes, evidenced by the high number of codes and references for each interview (data file) in NVivo.
	3.	Has the coding process been thorough, inclusive and comprehensive?	Yes, all aspects of the transcripts relevant to the research aims were coded.
	4.	Have all relevant extracts for each theme been collated?	Yes, Nivo software supported this.
	5.	Check themes against each other and back to the original data set – are they consistent?	Yes, Nvivo software supported this.
	6.	Are themes internally coherent, consistent, and distinctive?	Yes.
Analysis	7.	Have data been analysed rather than just paraphrased or described?	Yes, there was extensive theme generation throughout data analysis, and this was an iterative process.
	8.	Does the analysis and data match each other? Do the extracts illustrate the analytic claims?	Yes, data quotes are representative of the themes.
	9.	Does the analysis tell a convincing and wellorganised story about the data and topic?	Yes.
	10.	Is there a good balance between analytic narrative and illustrative extracts is provided?	Yes.
Overall	11.	Is there evidence that enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly?	Yes, there was an appropriate timeline.

12.	Are the assumptions about TA clearly explicated?	
13.	Is there a good fit between what they claim to do, and what they show to have done – i.e., described method and reported analysis are consistent?	Yes, this is present in the methods and evidenced throughout the results.
14.	Are the language and concepts used in the report consistent with the epistemological position of the analysis?	Yes.
15.	Is the researcher positioned as active in the research process; themes do not just 'emerge'?	Yes, the themes were generated by the researcher and the researcher has acknowledged this.

Signature of researcher

Erin Evans

Signature of auditor

Lucy Eavess

Appendix P – *Quality Checklist (Standards for Reporting Qualitative Research; O'Brien et al, 2014)*

Number	Topic	Item	Evidenced on Page
Title and Abstract			
S1	Title	Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interviews, focus group) is recommended	119
S2	Abstract	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	121-2
Introduction			
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	123-8
S4	Purpose or research question	Purpose of the study and specific objectives or questions	128
Methods			
S5	Qualitative approach and research paradigm	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale	129; 133
S6	Researcher characteristic and reflexivity	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	133-4; Appendix Q; Appendix T

S7	Context	Setting/site and salient contextual factors; rationale	129-30
S8	Sampling strategy	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale	129-30; 134-5
S9	Ethical issues pertaining to human subjects	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	129
S10	Data collection methods	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale	129-30
S11	Data collection, instruments, and technologies	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection, if/how the instrument(s) changed over the course of the study	130; Appendix J
S12	Units of study	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	135; Table 3
S13	Data processing	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding and anonymisation/deidentification of excerpts	130

S14	Data analysis	Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale	131-3
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale	132-4
Results/Findings			
S16	Synthesis and interpretation	Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	135-6; 142-8
S17	Links to empirical data	Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	148-154
Discussion			
S18	Integration with prior work, implications, transferability, and contribution(s) to the filed	Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/ generalizability; identification of unique contribution(s) to scholarship in a discipline or field	148-154
S19	Limitations	Trustworthiness and limitations of findings	154-5
Other			
S20	Conflicts of interest	Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	N/A. Reflexivity was considered

			as stated above.
S21	Funding	Sources of funding and other support; role of funders in data collection, interpretation, and reporting	University of Sheffield.

Appendix Q – *Reflexivity Diary Excerpts*

Personal Reflexivity

Initial Thoughts

I am a person without a learning disability, and I therefore recongise my own limitations in fully understanding the concept of what it means to have a learning disability and how this would affect one's experience in the criminal justice system. I do have a family member who has a mild learning disability alongside autism and mental health difficulties, who has been heavily involved in the criminal justice system in the United States over the past couple of decades. I also have personally experienced the criminal justice system in the United States as a teenager, and my fear and apprehension revolving around the police and any engagement within the system has likely served as a catalyst to identify ways of making the system more accessible for people who have experienced trauma.

However, it should be noted that I am a white immigrant living in the United Kingdom who therefore has limited understanding of the nuances of what it means to encounter the criminal justice system in this country, as well as what it means to have a learning disability in this country. I feel as if I am in a position of power in this research, in that I have chose it myself and in that I am a trainee clinical psychologist speaking about a population which rarely gets spoken about in research, let alone spoken to. I would have liked to incorporate more people with learning disabilities' experiences into the research, and the lack of this is a huge limitation to this study.

Reflecting During Writing

I have been thinking about my family member's experience a lot as I am writing up the results and discussion. I remember watching him engage in court several years ago and not

having a full understanding of what was occurring, but due to the context of the court he was expected to sit there and carry on with the process. I remember visiting him in prison and seeing him thrive in a highly structured environment as opposed to the challenges he faced when he was embedded in society outside of prison, which felt conflicting as his younger sister. I often reflected that I believed the mild aspects of his learning disability and his evident autism sometimes played against him in the criminal justice system, since it appeared to an outsider that he understood what was occurring. Whilst he was incredibly tall and potentially intimidating to criminal justice professionals, and also had committed several crimes which he probably should have received punishments for, I often thought of him as a victim in the system, a victim to members of the public that supported him to commit crimes through gang relations and his desire to belong in a group, and a victim of society since it was not set up for him. There is no doubt for me that these emotions have pulled at my engagement with this research, and I think my lived experience with this concept presents as both a strength and limitation for this study.

Interpersonal Reflexivity

Interviews

1) 4/3/2024

First interview was conducted today with a psychologist. I was a bit apprehensive about interviewing psychologists as it felt more intimidating than the original research which was interviewing parents of PWLD who have been arrested. This participant was very forthcoming in the interview and it was really nice to hear them say that they value the research and were really invested in it when they heard about it. I found myself being a bit informal at points, for example saying "this isn't a quiz question" when asking what their definition of trauma informed care was, because I didn't want it to feel like they were being

quizzed or that there was a right or wrong answer. The participant stated that they had been thinking about it all weekend which to me indicated that maybe it does come across as a quiz question and should be revised. It was difficult to not give as much to the participant as I would in my clinical work, which I named at the end of the interview but think it will be valuable for my next interview to name at the beginning. That said, due to how psychologists are trained it is possible they have also led research interviews and would therefore understand my position. I mentioned this to one of my supervisors after the interview and he reported that this is common for clinicians who then lead research interviews and directed me to some literature - an article entitled "Transitioning from Clinical to Qualitative Research Interviewing" which I will read.

2) 06/04/2024

Further reflection whilst reading the paper stated previously. I did find myself very concerned with what the participant was explicitly stating, and also found myself asking them to state things that I thought they had alluded to. This was a very different feel then a clinical interview whereby I wouldn't ask someone to explicitly state something for the purpose of it being said and then recorded to transcribe and become data.

3) 08/03/2024

Had my second interview today. I incorporated many more research skills as opposed to clinical skills and hesitated to introduce new ideas or reflect back to the participant too much. This particular participant worked in a prison for seven years and it was difficult hearing some of the way prisoners are treated in terms of staff being eager to jump into using their restraint techniques just after training as opposed to practicing de-escalation techniques. The participant spoke of how maintaining a "bravado" can be a barrier for staff to act in a trauma informed way and this made me think about how attitudes can get in the way of

implementing change, which is something that has also come up in the systematic review in terms of attitudes getting in the way of any change for CJ staff towards PWLD. I felt sad thinking about the use of force, particualrly against PWLD. The overarching theme of responsibility also came up in this interview - who is responsible for training, who is responsible for acting in a trauma informed way, who is responsible for identifying PWLD. When the answer is "everyone" I find this frustrating because the sense of shared responsibility seems to lead to no one in particular taking responsibility.

4) 11/03/2024

I had my third interview today and I definitely felt much more in my "research" role as an interviewer as opposed to clinician. The participant today was very passionate about the topic and the interview was smooth in guiding her towards answering the questions. Some of the content was particularly distressing today. The participant mentioned how PWLD had "DNR" orders during the COVID-19 pandemic - I was not aware of this however this was distressing to hear and think about. The participant was adament about how PWLD are neglected in society as well as the CJS and how people do not care about them. Whilst there's lots of evidence in society that these statements could be true and the participant had a lot of valuable experiential data to back up her claims, it is still quite negatively impactful to consider how PWLD are often seen as second-rate and not considered. The participant relayed this to how it would not be the case if other aspects of one self were considered (e.g. sex). In a way this points to how valuable my research could be, since it is an active inclusion and investigation into how to support PWLD to exist in a part of society that was not set up for them. In other ways it is quite difficult to sit with the fact that society is built for an elite group of individuals and the rest are forgotten. The participant also mentioned how only 8% of the population would understand their initial rights read to them by police, this reminded me of the work I did almost a decade ago in the juvenile justice research and reform lab

regarding researching Miranda rights in the United States and it is interesting to think of how my research has, in a way come full circle since then.

5) 15/03/2024

I had my fourth interview this morning. The participant described a scenario where a person with a learning disability often received no further action reports from the police when he was committing sexual assault on other members of the care home he was living in. The participant described how they could see both sides - how consideration should be made due to the fact that it was the individual with a learning disability that did this, and also that there were lots of victims of his sexual abuse and that some consequences may have helped, since the individual with a learning disability mentioned how there was no reason to stop their behaviour. This reminded me of a clinical case I had last summer where I worked with the mum of a child who was sexually abused by a neighbor who had a learning disability, and how I felt so strongly that there were multiple victims involved. I felt awful thinking about what happened to the child and how that may affect her and her family, and also I remember feeling sad for the person with a learning disability when he was spoken about in the way the mum would speak about him, because I wondered if other measures could have been put in place to prevent the abuse from happening.

Methodological Reflexivity

04/04/2024

Currently coding interview 1 in Nvivo. Reflecting on how the participant described a potential barrier to the CJS acting in a more trauma informed way this idea that CJ staff wouldn't want to be seen as soft or as staff that don't uphold the law. This connects to a theme described previously in the interview where it feels like the values that may drive someone to a position in the CJS (e.g. justice, sense of right vs wrong) are incongruent with some of the

grey areas that arise when a person with learning disabilities or a person who has been traumitised then commits a crime. It feels like there is an overarching theme of who the staff are as people and how this doesn't necessarily fit with working in a trauma informed way.

26/04/2024

Sorting through the codes, and reading through feels really difficult. Some of the codes have to do with a lack of identification and awareness of people with learning disabilities, and psychologists have said that if people with learning disabilities' needs were identified earlier then they'd have been 'out' years ago. That's difficult to read, that because someone wasn't identified properly (which surely is a systemic responsibility in my opinion) that their experience in the criminal justice system is affected negatively, and potentially much longer. This evokes a lot of feeling in me about justice and the need to put measures in place that successfully identify this group of people.

Theoretical presuppositions

As someone who has studied psychology since age sixteen and has personal experience having a family member with a mild learning disability and autism, I have a specific view which I describe as a social model of disability. That is, I believe that we all have differences, however people with learning disabilities are an example of a group which have differences that our society has labelled as ‘disabled.’ Due to a lack of adaptations provided by society, this indicates that people with learning disabilities are not able to participate in society as ‘able’ people may be able to. When I was working as a teaching assistant, I’d often see children who would struggle to participate in the structure of school – struggling to sit still for long periods of time, turn taking, and participating in a passive classroom. This further enhanced my belief that society is created for a specific group of individuals, and if you do not fit into that group you may then be labelled as disabled, or in these children’s cases may

receive diagnoses of attention deficit disorder. Similarly, I believe people with learning disabilities difficulties exist because society has refused to provide adaptations to support them to thrive. I think this viewpoint has affected how my first interview went, and as I am reviewing the transcript, I can see that it likely affected how I interpreted what the participant was saying when she was saying it. In future interviews I would like to be more guided by what the participants say and attempt to avoid colluding with them. I think a lot of participants who choose to participate in this research will likely hold fairly similar views to mine, but it is important to me that I do not evoke this in them or see what I want to see, but rather attempt to observe the data as objectively as possible.

Reflections with PWLD for PPI

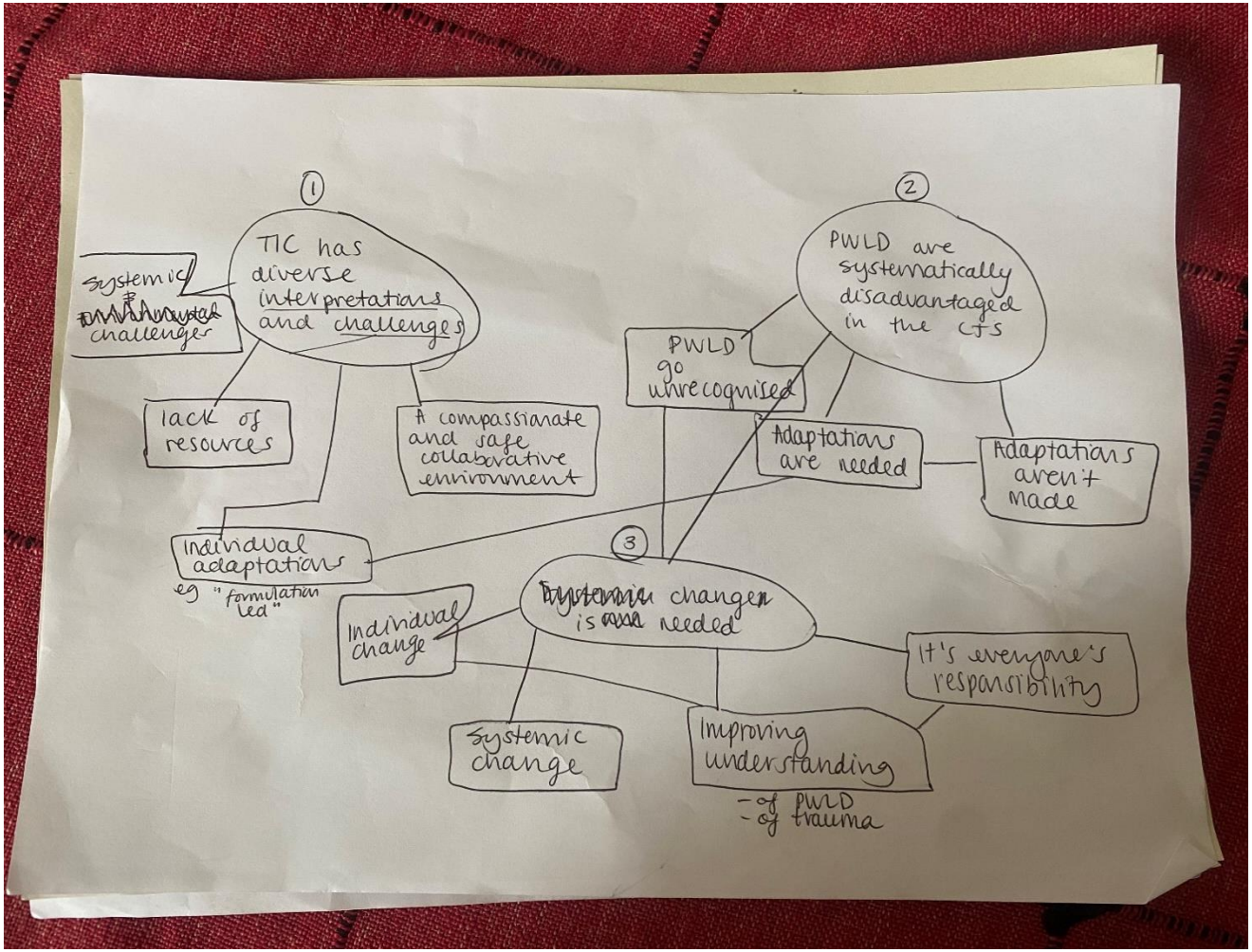
Attended a research champions meeting with PWLD who are involved in research. I was a bit apprehensive taking my topic to them because I didn't want it to come across in a negative way. I was really pleased when PWLD stated that they also felt like asking about PWLD's experiences of the CJS was a valuable research topic. They did mention that getting PWLD's consent for their parents to talk about it was a valuable idea, and I wondered about how the research contributes to PWLD being talked about as opposed to talked to, and how this could be negative. I was pleased when PWLD stated that they preferred "LD" terminology as opposed to "ID" and have incorporated this into my project.

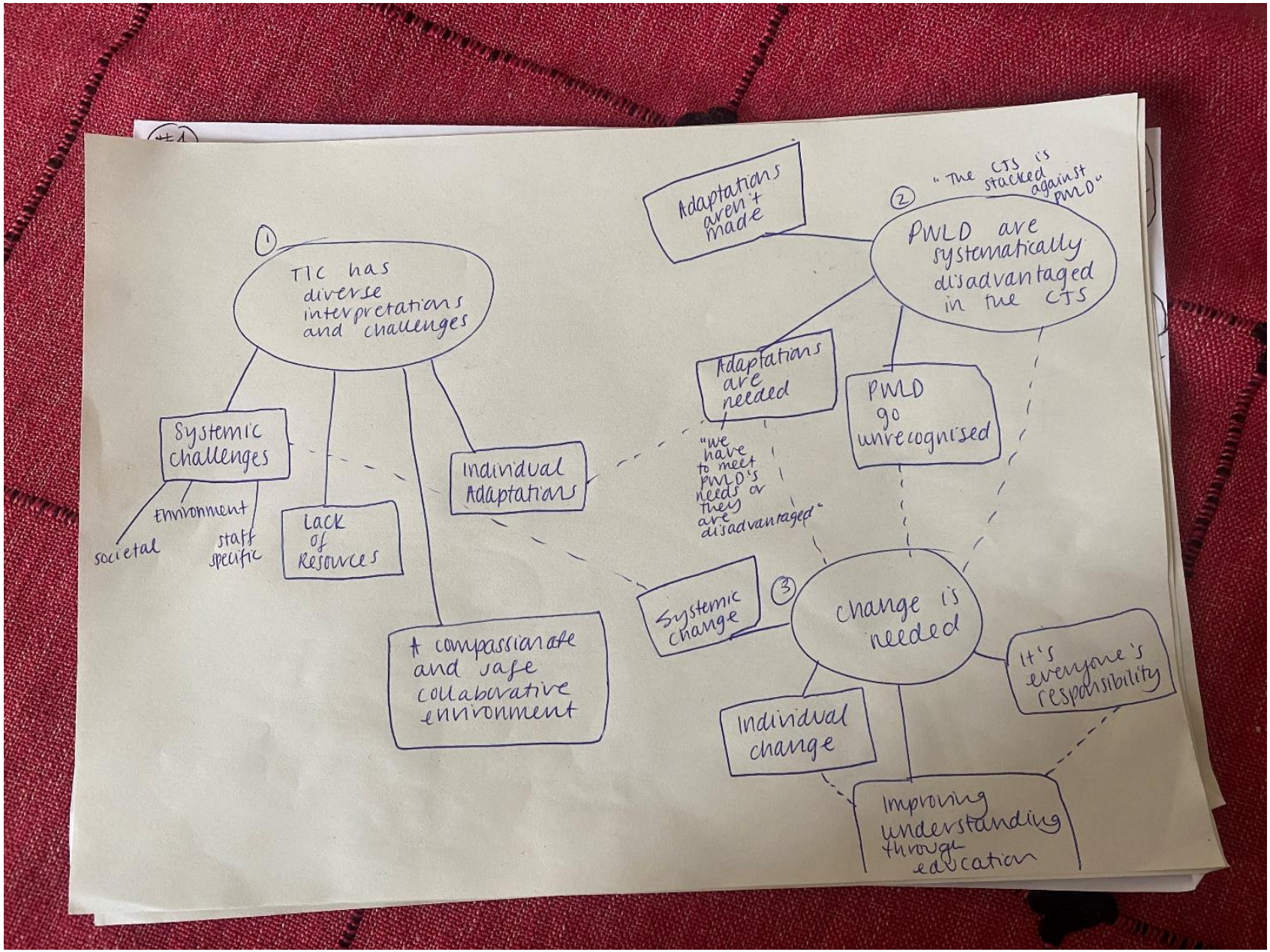
Contextual Reflexivity

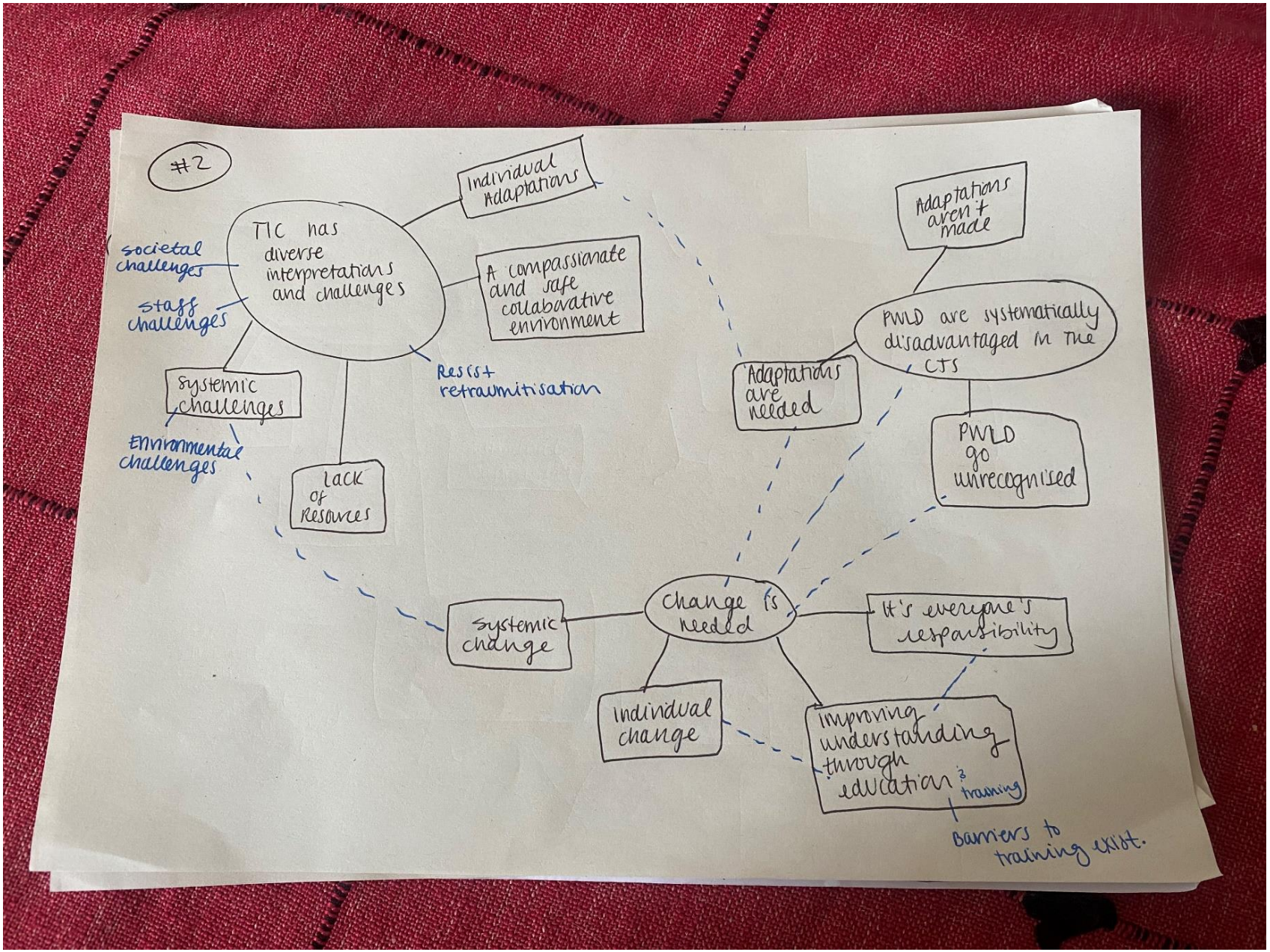
As a trainee clinical psychologist, learning disabilities are often talked about, and their importance is magnified by the fact that one of the four core placements on the course at the University of Sheffield involve a placement in a team that works with people with learning disabilities – although this is often widened to other neurodevelopmental differences as well. Throughout working on my systematic review (Evans, 2024) I was shocked by the lack of

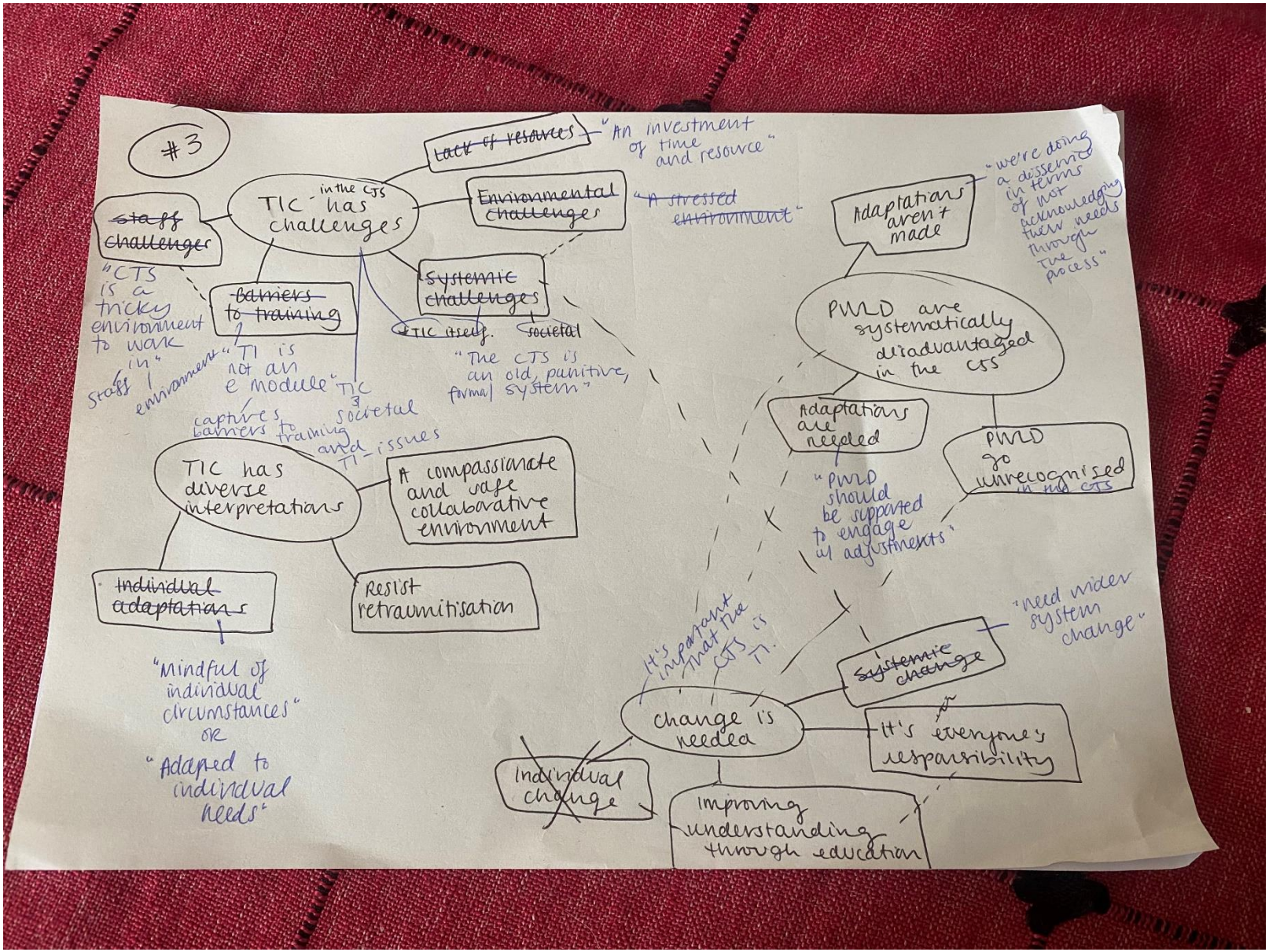
research regarding people with learning disabilities. I didn't understand how an area could be so under researched yet so prominent in our field. The participant I interviewed yesterday expressed how they felt people with learning disabilities were 'forgotten people.' Reflecting on this, I am not surprised I was drawn to learning disability research as I often assume the role of enhancing the voices of those who may be silenced in our society. As someone who is able to speak up for others, I often take on this role in my personal life, and subsequently it makes sense why I would seek to use the platform of my doctoral thesis to also do this. Something I do regret about this project is the lack of PPI which I think is a huge limitation, and I am frustrated by the tight timeline which reduced the capacity for this. Whilst I'm glad I was able to use this space to talk about people with learning disabilities, I think talking to them is much more important and I hope future research prioritises this. During placement, I have seen making easy-read adaptations for individuals as something that can get pushed aside or passed to psychology. If that's the case in a healthcare setting, I can imagine in a criminal justice setting how adaptations are provided. However, I will try and withhold judgement throughout interviews.

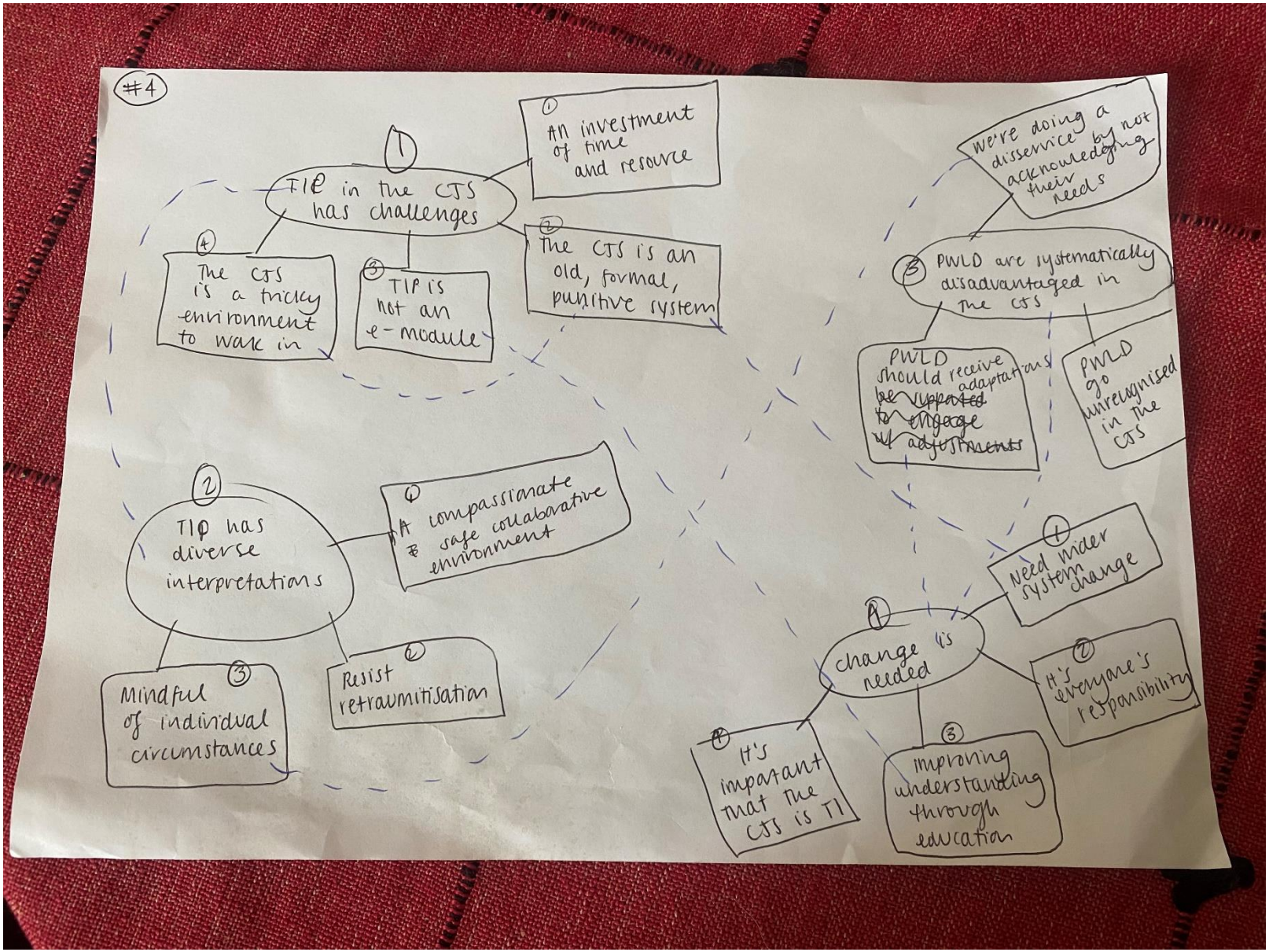
Appendix R - *Thematic Map Development*



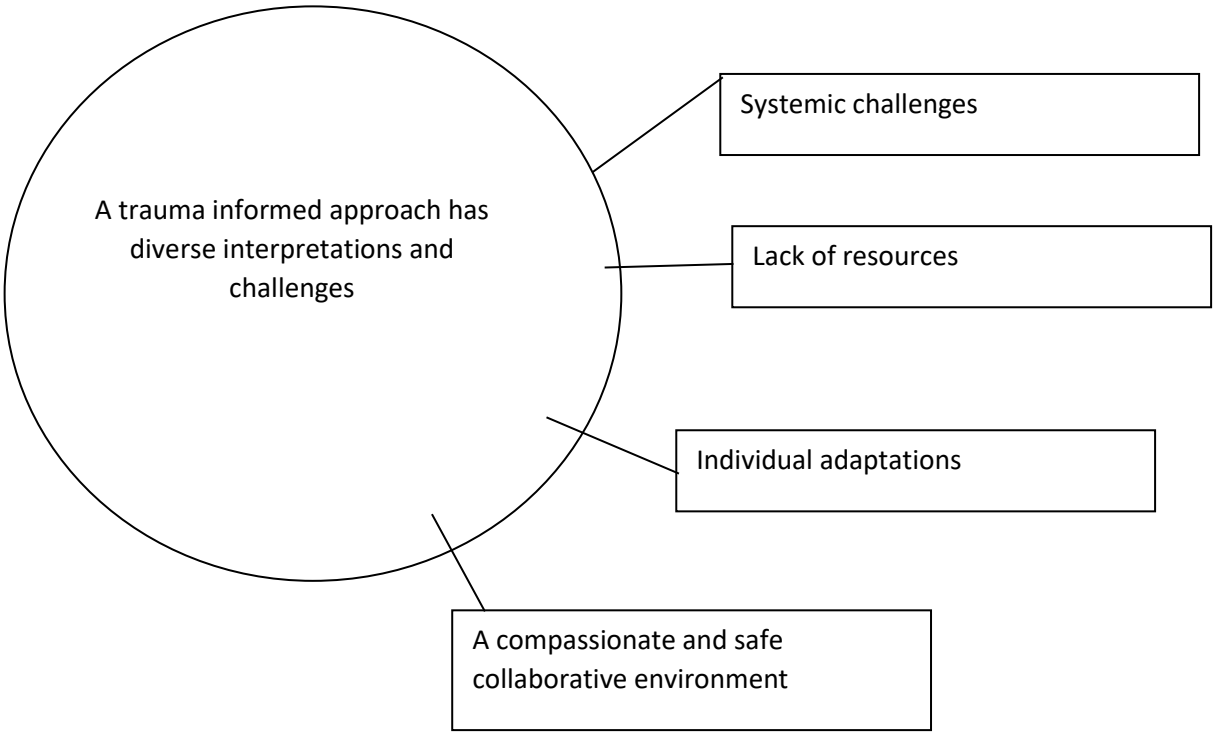

1
TIC has diverse interpretations and challenges
Systemic challenges
societal
Environment
staff specific
Lack of Resources
Individual Adaptations
A compassionate and safe collaborative environment
Adaptations aren't made
2
"The CTS is stacked against PWLD"
PWLD are systematically disadvantaged in the CTS
Adaptations are needed
"we have to meet PWLD's needs or they are disadvantaged"
PWLD go unrecognised
Systemic change
3
change is needed
It's everyone's responsibility
Individual change
Improving understanding through education


#2
TIC has diverse interpretations and challenges
Individual Adaptations
A compassionate and safe collaborative environment
societal challenges
staff challenges
Resist retraumitisation
systemic challenges
Environmental challenges
lack of Resources
Adaptations aren't made
PWLD are systematically disadvantaged in the CJS
Adaptations are needed
PWLD go unrecognised
systemic change
Change is needed
It's everyone's responsibility
Individual change
Improving understanding through education & training
Barriers to training exist.


#3
TIC in the CJS has challenges
~~Lack of resources~~
"An investment of time and resource"
~~Environmental challenges~~
~~"A stressed environment"~~
~~Staff challenges~~
"CJS is a tricky environment to work in"
Staff environment
~~Barriers to training~~
"TI is not an e module"
TIC & societal
captures barriers to training and TI-issues
~~Systemic challenges~~
TIC itself.
societal
"The CJS is an old, punitive, formal system"
TIC has diverse interpretations
A compassionate and safe collaborative environment
~~Individual adaptations~~
"Mindful of individual circumstances" OR "Adapted to individual needs"
Resist retraumitisation
Adaptations aren't made
"we're doing a disservice in terms of not acknowledging their needs through the process"
PWLD are systematically disadvantaged in the CJS
Adaptations are needed
"PWLD should be supported to engage w/ adjustments"
PWLD go unrecognised in the CJS
It's important that the CJS is TI.
~~Systemic change~~
"need wider system change"
Change is needed
It's everyone's responsibility
~~Individual change~~
Improving understanding through education


#4
TIP in the CJS has challenges
1
1 An investment of time and resource
2 The CJS is an old, formal, punitive system
3 TIP is not an e-module
4 The CJS is a tricky environment to work in
2
TIP has diverse interpretations
1 A compassionate & safe collaborative environment
2 Resist retraumitisation
3 Mindful of individual circumstances
3
PWLD are systematically disadvantaged in the CJS
We're doing a disservice by not acknowledging their needs
PWLD should receive adaptations ~~be supported to engage w/ adjustments~~
PWLD go unrecognised in the CJS
4
change is needed
1 Need wider system change
2 It's everyone's responsibility
3 Improving understanding through education
4 It's important that the CJS is TI

Theme 1 (later separated into two themes)



Systemic and environmental challenges: This captures the dynamics of the CJS (power, the way the system is) that make it difficult to implement TI approaches and could lead to TI ways of working being implemented in a tokenistic way. This includes the challenge of society's response to TI ways of working (e.g. that it is 'soft')

- *"I think it's [the CJS] such a … old system … it's so far away from bringing some of those new thinkings…"*
- *"I would also call it [TIC] tokenism because it's aimed at appeasing critics and maintaining the status quo whilst erm addressing the system inequalities and justice that produce perpetuated trauma without addressing that, rather."* -Bruce
- "the CJS is retraumitising/use of force can retraumitise"

Lack of resources: This captures the lack of resources including time, money, and staff.

- *"and I suppose people don't have the time do they..."*
- *it's an investment of time and resource..*
- *but that needs resource, and it needs space as in not a busy ward environment*

Individual adaptations: (this captures the ideas behind being formulation-led and person centred; this also connects to a subtheme in theme 2 about adaptations are needed)

"For me it [TIC] would mean collaborative working with other agencies to understand all of our knowledge of that person"

"The idea that you can approach supporting people to think about what kind of led them to the criminal justice system through like manualised courses or therapies is not how I would approach it. I suppose the idea of trauma informed care would be that it needs to be kind of person centred and based on the individual and they've kind of adapted to their needs and people would need time to, you know, learn to trust the person that they were working with, to develop that relationship, to have learnt about themselves, to learn about trauma." - Sophia

"*I think it's just working with the person centred way"*

"TIC is about how we adapt our services and responses (to the individual)"

"TIC needs to be adapted to individual needs"

"TIC is mindful of individual circumstances"

./,m;

A compassionate and safe collaborative environment: This captures what most participants highlighted are the main aspects of TI ways of working: compassionate, safe and collaborative

"how do you work sensitively and compassionately with people but still get your job done"

"TIC is … creating safety,"

"*…to me a trauma informed approach would be kind of supporting someone to be able to get regulated again and to … feel safe"*

"closer links between services could help"

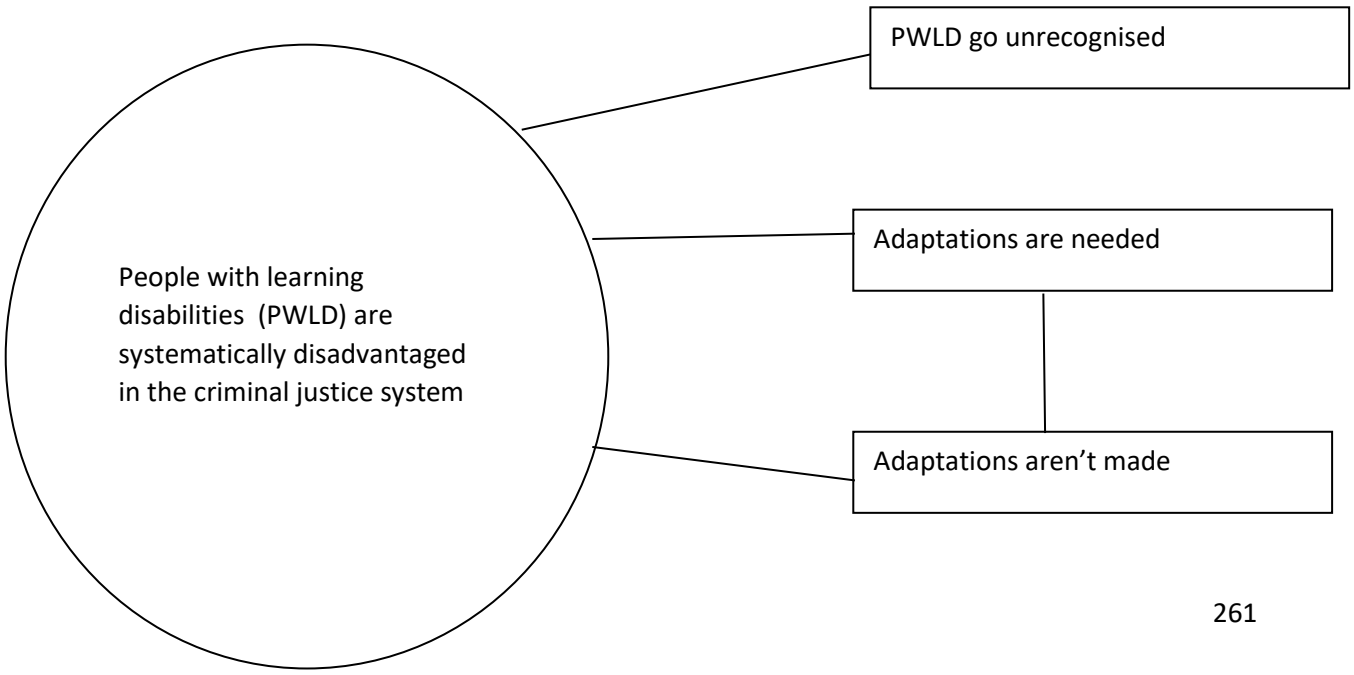
"TIC is collaborative"

"involving the person is trauma informed"

"changes to probation as more collaborative and safe"

"TIC is about safety"

PWLD are systematically disadvantaged theme



PWLD are systematically disadvantaged in the CJS:

"the CJS is stacked against PWLD"

"the CJS isn't set up to cater towards PWLD's needs"

"PWLD more likely to have restrictive practice"

"PWLD are disadvantaged in the CJS"

"PWLD are forgotten people"

"PWLD aren't given a fair chance"

"PWLD break the rules because they've not been explained properly"

PWLD go unrecognised: this captures 'passing', lack of identifcation from CJ professionals, PWLD being reluctant to share diagnosis

"People wouldn't necessarily know that they had a learning disability because there just isn't that knowledge there, there isn't that awareness. I think if someone like appears able to kind of mask and engage in conversations and all this kind of stuff people would just presume that they understand kind of what's happening to them." -Sophia

"One person just came to mind who, like we just, we didn't pick up on it for a while because he just, they just mask so much, and then when they came to one of the groups they had difficulties understanding new concepts, did in OASys and that actually showed that they were struggling, erm yeah, I think it's hard for prison staff to be the people to identify it." -Amber

Passing

"PWLD's level of understanding can be overestimated"

"PWLD may mas in the CJS"

"LD is poorly identified (and recognised) in the CJS"

Adaptations are needed:

"we have to meet PWLD's needs or they are disadvantaged"

"better pathways for PWLD would be trauma informed"

"adapt practice to work with PWLD"

"with adaptations the person with LD was able to manage himself"

"the CJS shouldadapt their practices to PWLD"

"if you don't make adaptations for PWLD you waste your time and everybody's time"

"we need to make language more accessible"

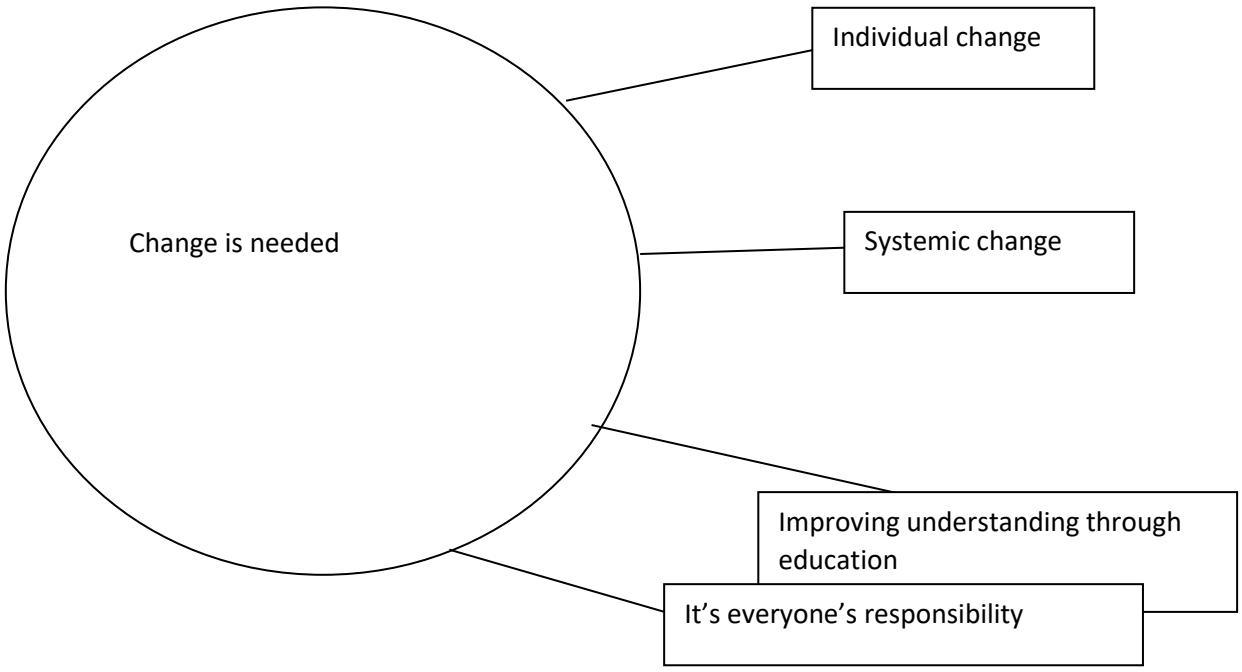
Adaptations aren't made:

"PWLD aren't given the info they need"

"CJS doesn't use everyday words"

"CJS is inaccessible for people with different communication needs"

Change Is Needed Theme



Individual change: this includes how risk is seen by CJ staff and how staff views are imposed.

Systemic change: is needed but may be seen negatively by society.

> *"I think the criminal justice system needs a complete overhaul in terms of actually supporting people to ... reduce their risk of reoffending and reintegrate back into the community."* -Maya

Improving understanding through education: of PWLD, of trauma. This includes education/training

"If training about learning disabilities formed a more significant part of training for professionals in the criminal justice system, that would be helpful." – Lorna

"What would help to make a trauma informed environment trauma informed would be training and staff awareness." -Irina

"There needs to be a greater level of understanding of learning disability and autism and effective approaches." -Lorna

"If people had a better understanding of you know people's needs with a learning disability, I think already the distress that the person's experiencing could be reduced a little bit and then I think throughout the court proceedings as well." -Maya

"helping staff to understand why we might have seen this response"

"formulation is holding an understanding" and "understanding offending as a consequence of life experience" alongside "understanding PWLD's trauma history is important"

"CJ staff could have a better understanding of LD"

"Lack of understanding about LD / about PWLD's needs"

"Lack of understanding about TIC"

"increasing understanding of LD / TIC"

"need more training"

It's everyone's responsibility:

"Erm, everybody... I really, I think you know from Police officers to probation officers, erm the courts, nurses, yeah, I think everybody should have some type of awareness and then obviously more in-depth training for people who are actually then working directly with them [PWLD] but at least awareness training would be really important on all levels." -Irina

"staff could hold institutions accountable for their actions"

"staff could demand change within the CJS"

"someone to make sure staff's knowledge and awareness of PWLD is good"

"it's everybody's responsibility to work in a trauma informed way"

"everybody needs to be on board with TIC"

Appendix S – *Examples of Supporting Quotes for Themes*

Theme 1: TIP in the CJS has challenges

An investment of time and resource

"and I suppose people don't have the time do they..."

"it's an investment of time and resource.."

"but that needs resource, and it needs space as in not a busy ward environment"

"...it's [TIP is] more investment of time and resource…" -Lorna

"but it is an investment of time to, I guess get, to spread the word, to help people to understand what's involved in a trauma informed, in trauma informed care, trauma informed approach, erm and how, you know, and how that applies to people with learning disabilities, and others, and staff, so I'm not sure it's a negative, but it is that investment." -Lorna

"...the trauma informed environment.. it's an investment of time and resource…" -Bruce

"I've seen some really wonderful examples of when you meet people's needs from a trauma and sensory and neurodiversity perspective, it's … how people can … flourish, … but that needs resource, and it needs space as in not a busy ward environment." -Sophia

The CJS is an "old", "formal", "punitive" system

"I think society…wouldn't want to be [TI…I think some parts of society think that it's [the CJS] there to punish people…" – Sophia

"I think it's [the CJS] such a … old system … it's so far away from bringing some of those new thinkings into … and I suppose people don't have the time do they..." – Sophia

"if somebody has a fixed idea of what and who a criminal is or how people should be punished for certain crimes, that's a really hard thing to shift" -Autumn

"I think kind of some of the objectives or aims around you know just having a consequence for being punished I think has, has been, has been part of the criminal justice systems kind of role I think" -Edith

TIP is "not an e-module"

"I would also call it [TIC] tokenism because it's aimed at appeasing critics and maintaining the status quo whilst erm addressing the system inequalities and justice that produce perpetuated trauma without addressing that, rather." -Bruce

"...it [TIP] serves as a superficial reform measure that fails to challenge the fundamental power structures that produce and perpetuate trauma, so rather than addressing the causes of harm and violence, trauma informed care within such systems is a bit of an antagonistic gesture, it's about maintaining the status quo and obscuring the need for system change ... I think it's a cosmetic reform measure rather than addressing root causes of trauma." -Bruce

"Here's like another initiative that's kind of been put on us, you want staff to ... fully buy into it and you want staff to be modelling those principles as well." -Amber

"I guess recognising the time that it might take to do that, it's not something that will just happen overnight as much as we would really like it to" -Lily

"I wonder whether it's just another shrine we can polish" -Bruce

"Yeah definitely, I think they can but I think, erm, it needs to start with like, you know, government policies and having adequate staffing and adequate pay and adequate training for people erm for those things to be implemented because sometimes you can go away and

do the training and people really enjoy that but then they go away back to an environment that's really stressful, erm and they don't have the space to reflect to think about how they can implement the training so I think it's, you know, in that sense it can be quite depressing in terms of oh gosh, like its on such a higher level in terms of people on the ground can do the training but is that gonna be enough when people are burnt out, they're short staffed, they don't have the space to go away and reflect on how to implement the learning" -Irina

"I think that's where the criminal justice as a whole is so big, so many parts of it that trauma informed care could seep in at different points, like we might not be able to change the law around certain things and that might be what it is, like we can hope that reasonable adjustments will be made like say in the court proceedings but there's other aspects where trauma informed care could be integrated much better, so whether its around if somebody is in, in the cells for example, like is there a way of treating somebody and keeping in mind that they're a human that's been through really difficult things." -Autumn

The CJS is a tricky environment to work in

"I think in environments that you often get in the [CJS] it's about making sure that staff are supported as well…we know it's a really tricky environment to work in, people will be dealing with lots of distress, lots of trauma, lots of kinds of people managing their trauma in different ways…" -Sophia

"I think the people themselves [CJ staff] get really stressed in the environment and they are working sort of under fire; again systems are really pushed and rushed; people are burnt out, they're short staffed, they don't have the space to go away and reflect on how to implement the learning" -Irina

"Erm, well the barriers are erm I would say lots of things I think, part of it relates to kind of personal resources and service resources, people are in services that are over worked with caseloads which are kind of higher than might be expected, dealing with ever more complicated things…" -Bruce

"I was thinking about like the general culture, erm like the staff culture of people who work in the criminal justice system, there's, I think there probably is a culture isn't there of like ideas around, you know, I don't know say if your like a Solicitor or even like the CPS, like the Police, its their job to put criminals behind bars or to get them a sentence of whatever description, it becomes a numbers game like ten people in court this week, all of these ten have got something or they've been found guilty, that's erm, its essentially a KPI of like almost benchmarking how well they are doing their job based on how many people they are arresting and are charging and are getting some sort of sentence whatever that might look like or like a fine or whatever and that's what they hold, they might pride themselves and like hold their, their ability to do their job based on some of that number work regardless of somebody's, like the person who is doing the process, regardless of what's happened or whether or not there's context around the crime, if you want somebody, if you want those numbers to show how hard you're working then you kind of, you haven't got time to be thinking whether poor NAME got abused as a kid and yeah I think there is, there is a culture isn't there, I imagine there is." -Autumn

Theme 2: TIP has diverse interpretations

"*My professional understanding of trauma from kind of like the training is that it involves prioritising and understanding the impact of trauma on individuals, it's about safety, trustworthiness, collaboration and empowerment*." -Bruce

"It's working in a way that I think, you know, is mindful of the past trauma that people might have experienced and not being careful not to re-traumatized people working in, you know sensitive, compassionate, person-centred way and considerate of the person, the individuals circumstances, so you know, as we know, often people have offended or behaving in ways that place them at risk of offending, that's often as a result of significant past trauma erm so I think it's, you know, it's been mindful of individual circumstances, needs, vulnerabilities erm and working in a sensitive way that is mindful of that." -Lorna

"Erm, that's staff and whoever work in the criminal justice system should absolutely adapt to trauma informed approach, so for me being trauma informed is like adopting principles about erm not retraumatising people, treating people with respect, empowering people to make their own decisions, creating safety, erm explaining the reasons behind decisions, erm yeah." -Amber

A "compassionate" and "safe" "collaborative" environment

"how do you work sensitively and compassionately with people but still get your job done"

"TIC is … creating safety,"

"*…to me a trauma informed approach would be kind of supporting someone to be able to get regulated again and to … feel safe"*

"closer links between services could help"

"TIC is collaborative"

"involving the person is trauma informed"

"changes to probation as more collaborative and safe"

"TIC is about safety"

'TIC *reduces a battle for control and safety'*

"I've felt the conflict in myself of 'that person has been through the most horrific thing', like you wouldn't wish that on anybody, but they've still hurt someone in this way, whatever it may be…how do you work sensitively and compassionately with people but still get your job done? I think people would probably get a better job done if they did work that way, I think they'd probably get more out of people and people would engage much better if they felt heard." -Autumn

"*…to me a trauma informed approach would be kind of supporting someone to be able to get regulated again and to … feel safe*" – Sophia

"*I think good examples of that [collaborative working] are evidence of collaboration where people have some kind of choice and control, which I know is challenging within…throughout the CJ pathway."* -Edith

"*It's that development of understanding in a more collaborative working that would help services working in more TI ways*." – Lorna

"For me it [TIP] would mean collaborative working with other agencies to understand all of our knowledge of that person and … what is their formulation and what is their trauma history and how do we take that into account when…thinking about sentencing of the person and so on…" -Irina

Resist re-traumitsiation

"I think it's really important we aren't retraumatising people…prison itself can be traumatising … Some prisons are really quick to use force, so there's no de-escalation and they just go straight to using force … it could easily retraumatise [PWLD]." -Amber

"the CJS is retraumitising/use of force can retraumitise"

"There's a lot of things about the process [in the CJS] that are likely to be retraumatising." -Maya

"I think there's a lot more thinking around it but again its just going back to understanding a person's formulation, what they've been through and making sure were not retraumatising them" -Irina

Mindful of individual circumstances

"For me it [TIC] would mean collaborative working with other agencies to understand all of our knowledge of that person"

"The idea that you can approach supporting people to think about what kind of led them to the criminal justice system through like manualised courses or therapies is not how I would approach it. I suppose the idea of trauma informed care would be that it needs to be kind of person centred and based on the individual and they've kind of adapted to their needs and people would need time to, you know, learn to trust the person that they were working with, to develop that relationship, to have learnt about themselves, to learn about trauma." -Sophia

"*I think it's just working with the person centred way"*

"TIC is about how we adapt our services and responses (to the individual)"

"TIC needs to be adapted to individual needs"

"TIC is mindful of individual circumstances"

"I suppose the idea of TIC would be that it needs to be kind of person centred and based on the individual and…adapted to their needs…" -Sophia

Theme 3: PWLD are systematically disadvantaged in the CJS

"the CJS is stacked against PWLD"
"the CJS isn't set up to cater towards PWLD's needs"
"PWLD more likely to have restrictive practice"
"PWLD are disadvantaged in the CJS"
"PWLD are forgotten people"
"PWLD aren't given a fair chance"
"PWLD break the rules because they've not been explained properly"

We're doing a disservice by not acknowledging PWLD's needs

"we have to meet PWLD's needs or they are disadvantaged"
"if you don't make adaptations for PWLD you waste your time and everybody's time"
"we need to make language more accessible"
"PWLD aren't given the info they need"
"CJS doesn't use everyday words"
"CJS is inaccessible for people with different communication needs"
"PWLD's experiences in the CJS are so difficult because it doesn't feel like it's set up to cater to their needs…" -Maya

"You just think goodness me we've really done them a disservice and in in terms of not acknowledging erm their needs through through that process really to, you know, on the surface it seems like they've participated and they've been a part of that process, but they absolutely haven't" -Edith

PWLD should receive adaptations

"better pathways for PWLD would be trauma informed"
"adapt practice to work with PWLD"
"with adaptations the person with LD was able to manage himself"
"the CJS should adapt their practices to PWLD"
"I think there's lots of like practical adaptations that could happen that would mean that somebody with a LD would feel erm like there's more collaboration there and they feel a bit more empowered to not have to just do what they're told to do." -Autumn

"I wonder if some people sometimes think that that's justifying it or minimising it, saying that someone's got a learning disability…" -Maya

"I wonder if people are worried about like the societal view of like the justice system is getting soft, we're not arresting the right people, we're not charging the right people, the sentences are too lenient, like this person's getting away with it because they've got a LD and that means they then get a free pass to do what they want, and that's a thing, like people think that already, so how would that kind of work if people knew that TIC was an important feature. You'd like to think there'd be more compassion, but I don't think there is." -Autumn

"I think there's lots of like practical adaptations that could happen that would mean that somebody with a LD would feel erm like there's more collaboration there and they feel a bit more empowered to not have to just do what they're told to do." -Autumn

"Erm because the current status quo isn't working, kind of if we get to kind of the nuts and bolts of the argument why people need to go to prison and go into the criminal justice system is to protect the public but we know that there is a revolving door when it comes to prison, particularly when it comes to people with learning disabilities who needs maps in kind of a variety of ways, even core basic needs but on top of that adaptations and accommodations then people come back through into services and there is kind of like offending after offending with victims after victims after victims" -Bruce

PWLD go unrecognised in the CJS

"PWLD's level of understanding can be overestimated"

"PWLD may mas in the CJS"

"LD is poorly identified (and recognised) in the CJS"

"People wouldn't necessarily know that they had a learning disability because there just isn't that knowledge there, there isn't that awareness. I think if someone like appears able to kind of mask and engage in conversations and all this kind of stuff people would just presume that they understand kind of what's happening to them." -Sophia

"One person just came to mind who, like we just, we didn't pick up on it for a while because he just, they just mask so much, and then when they came to one of the groups they had difficulties understanding new concepts, did in OASys and that actually showed that they

were struggling, erm yeah, I think it's hard for prison staff to be the people to identify it." -Amber

"I think that there's varying degrees of understanding about how, what reasonable adjustments look like and how they might identify someone with a learning disability." -Edith

"People wouldn't necessarily know that they had a LD because there…isn't that knowledge there, there isn't that awareness. I think if someone like appears able to kind of mask and engage in conversations and all this kind of stuff people would just presume that they understand kind of what's happening to them." -Sophia

"We didn't pick up on it for a while because…they just mask so much…I think it's hard for prison staff to be the people to identify [LDs]." -Amber

Theme four: Change is needed

"I think there's loads of things you would look to improve if you had the opportunity…I think certainly thinking about physical intervention…and…the impact that has on people. Erm yeah, I guess from a retraumatising point of view or… freshly traumatising…point of view." -Edith

"I think there's loads of things you would look to improve if you had the opportunity…I think certainly thinking about physical intervention…and…the impact that has on people. Erm yeah, I guess from a retraumatising point of view or… freshly traumatising…point of view." -Edith

"Need wider system change"

"I think the criminal justice system needs a complete overhaul in terms of actually supporting people to ... reduce their risk of reoffending and reintegrate back into the community." -Maya

"I think people are worried about like the societal view of like the justice system is getting soft, we're not arresting the right people, we're not charging the right people, the sentences are too lenient, like this person's getting away with it because they've got a LD but that means they get a free pass to do what they want and that's a thing, like people think that already so how, how would that kind of work if people knew that TIC was an important feature? You'd like to think there'd be more compassion, but I don't think there is." -Autumn

"Its kind of more about like the prison as a whole and trauma informed care like within the criminal justice system and yeah its hard to kind of split it up because I suppose it's the trauma informed care doesn't always happen across like the whole of the prison not just with learning disabilities." -Amber

It's everyone's responsibility

"Erm, everybody... I really, I think you know from Police officers to probation officers, erm the courts, nurses, yeah, I think everybody should have some type of awareness and then obviously more in-depth training for people who are actually then working directly with them [PWLD] but at least awareness training would be really important on all levels." -Irina

"staff could hold institutions accountable for their actions"

"staff could demand change within the CJS"

"someone to make sure staff's knowledge and awareness of PWLD is good"

"it's everybody's responsibility to work in a trauma informed way"

"everybody needs to be on board with TIC"

"Erm for all staff to be trained in trauma informed principles" -Amber

Improving understanding through education

"If training about LDs formed a more significant part of training for professionals in the CJS, that would be helpful." – Lorna

"What would help to make a TI environment TI would be training and staff awareness." -Irina

"There needs to be a greater level of understanding of LD and autism and effective approaches." -Lorna

"I think there's probably a little bit of disconnect for some people in terms of, I guess, people who maybe hold views that the CJS is there to punish, I think maybe people find it hard to kind of, maybe people wonder why we are trying to develop trust with people, why are we trying to help them to experience safety, like they're here because they've done something that's seriously hurt somebody else or caused somebody else serious harm." -Maya

"If people had a better understanding of you know people's needs with a LD, I think already the distress that the person's experiencing could be reduced a little bit and then I think throughout the court proceedings as well." -Maya

"If training about learning disabilities formed a more significant part of training for professionals in the criminal justice system, that would be helpful." – Lorna

"What would help to make a trauma informed environment trauma informed would be training and staff awareness." -Irina

"There needs to be a greater level of understanding of learning disability and autism and effective approaches." -Lorna

"If people had a better understanding of you know people's needs with a learning disability, I think already the distress that the person's experiencing could be reduced a little bit and then I think throughout the court proceedings as well." -Maya

"helping staff to understand why we might have seen this response"

"formulation is holding an understanding" and "understanding offending as a consequence of life experience" alongside "understanding PWLD's trauma history is important"

"CJ staff could have a better understanding of LD"

"Lack of understanding about LD / about PWLD's needs"

"Lack of understanding about TIC"

"increasing understanding of LD / TIC"

"need more training"

It's important that the CJS is TI

"It's important that the criminal justice system is trauma informed because trauma is widespread"

"It's important for the CJS to work with everyone in a trauma informed way"

"It's important to have a TI approach to get to the root of the problem"

"It's important to have a TI approach to understand why something has happened"

"It's important to work in a trauma informed way because people experience difficulties"

"Erm, I think, I think its so important that trauma's recognised from again, more systematically from staff's perspective and the patient's perspective because its gonna have so many I suppose knock on effects that are gonna be really positive in terms of better staff retention, less sickness rates and for patients that will mean better health care outcomes, reduction in risk, erm victim safety, so I think working in a way that's trauma informed with everybody is gonna help improve the experience of the staff and the experience of the patient and in turn help reduce risk and have better treatment outcomes and retain staff for once (LAUGH) because I think there's no staff anywhere (LAUGH). So yeah I think it's a knock-on effect that can have positive impacts than just beyond the patient but more generally as well." -Irina

Appendix T – *Author Statement*

The author has several biases and personal experiences which likely impacted the project development alongside data collection and analysis throughout the study. There are three main areas of concern, including her personal experience, family experience, and clinical experience which are discussed below.

Firstly, the author is a female White American with specific views regarding the criminal justice system due to her experience encountering it in the United States (US) and experience learning about it in England. The author grew up in an environment where it was taught that criminal justice staff including the police were not to be trusted and was taught to lie to them and therefore avoid them at all costs, although they often visited the home she lived in and objectively failed to protect her. This experience led to the author developing strong feelings of distrust and anger towards police and the wider criminal justice system, which likely influenced the research. This could have arisen in interviews when participants spoke negatively of the criminal justice system, and the researcher may have struggled to remain neutral and not nod in agreement or verbally agree with participants. Although she tried to catch herself, it is likely that some of her feelings towards the criminal justice system were implicitly or explicitly expressed to participants, which could have subsequently affected the data.

It should also be noted that the author has a family member with a mild learning disability, autism, and other mental health difficulties who had extensive experience in the criminal justice system including being imprisoned in the US for several years. This has undoubtedly influenced the author's relationship towards the criminal justice system and ignited a passion in the author for developing an understanding of if and how people with learning disabilities or other vulnerabilities should receive adaptations within the criminal

justice system, or if and how they should be held accountable for their actions. The author sat in Court as a young adult and watched her family member struggle to engage with the processes required to move throughout the system, however also felt her family member would benefit from the structure provided by the criminal justice system, which he objectively did, particularly thriving whilst on Probation in the community with specific rules to follow. This dilemma ultimately inspired this research and likely affected how the researcher has viewed the relationship between people with learning disabilities and the criminal justice system. This personal experience ultimately created a bias that the criminal justice system has its uses, however does seem to fail to adapt its processes for those with unique needs, which could have affected interpretation of the data throughout analysis.

Another important consideration is the fact that the author is a final year trainee clinical psychologist and has had extensive experience caring for a range of people, including people with learning disabilities and other vulnerabilities. The author has worked in low and medium secure settings as well as assertive outreach settings, where she has cared for and heard stories regarding people's experiences within the criminal justice system in the United Kingdom. The empathy and care she feels for those who are potentially vulnerable by inflexible, rigid systems will have arisen both implicitly and explicitly within the research.