Forensic Update

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Statement of purpose

Forensic Update is a publication of the British Psychological Society’s Division of Forensic Psychology (DFP).

Its aims are to:
- communicate current information on professional and practice matters to practitioners and researchers;
- publish current and topical research and reviews in forensic psychology and related areas in concise and easily readable form;
- act as a forum for discussion and debate on a broad range of practical, professional and ethical issues within criminal and civil justice systems;
- act as a forum for dissemination of knowledge from other branches of the criminal and civil justice system, executive and legislature;
- act as a forum for discussions with a broad range of other criminal and civil justice professionals and agencies.

Advertisements

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WELCOME to this edition of Forensic Update, the first to be published online only following feedback from the Division of Forensic Psychology Membership Survey. This move holds the potential for the widening of the readership and we hope that this opportunity to disseminate forensic psychology to a wider audience will appeal to potential authors of a range of contributions to Forensic Update.

This edition holds an eclectic mix of research and discussion papers by well-established psychologists in the field, reflecting diversity of application of forensic psychology. Teresa Gannon, Lona Lockerbie and Nichola Tyler describe the rationale for, development and evaluation of the Fire-Setting Intervention Programme for Mentally Disordered Offenders and extend an invitation to readers in relevant services to take part in this national study. Caroline Schuster, Hugh Koch and Glenda Liell present a thoughtful position on the role, skills and professional development of psychologists as expert witnesses. Trevor Calafato and Kathryn Zahra present a discussion paper on aviation security, and Gerrie Holloway, Alison Lauder and Emily Garner describe the development of an attachment-informed model of care for women in medium secure services and the systemic challenges of implementation.

This edition introduces another first; the competition for the MSc dissertation which holds most utility in forensic practice, as voted for by the readers of Forensic Update. Thank you to all of the authors who submitted research summaries. It is great to be in a position to publish such strong research applied to forensic psychology, by those starting out in their careers in the field. We have short-listed entries from Bettina Boehm, D. Fido, Cassandra Fleming and Caitlin Hummel. You can cast your vote at: www.surveymonkey.com/s/CFWV73G before 31 May 2012 and the author with the most votes will be awarded a £100 book token.

Papers are followed by a training report by Adam Mahoney which disseminates general guidelines for best practice in assisting survivors of sexual abuse and complex trauma in prison. This is followed by feedback from the one-day event for trainees and supervisors focusing on research exemplars, attended by Sarah Selby. Finally, Roisin Hall provides an encouraging update from the Qualification Board and Simon Duff presents the book reviews. As always, please feel free to contact the editors with comments on Forensic Update.

Emily Glorney & Rachel Worthington
Editors, Forensic Update 106

Emily Glorney & Rachel Worthington
Welcome to the Notes from the Chair for edition 106 of Forensic Update. These are the first notes to be published in the new online format of Forensic Update. This change reflects the aims of the Division of Forensic Psychology to communicate effectively with the membership whilst retaining value for money in the services it provides. Moving to an online format is hoped to offer more timely publications of Forensic Update and increase the breadth of content to ensure that all members are kept up to date with Divisional and wider Society business. This move reflects both the aims of the Division to reduce paper publications as part of its environment policy and reduce associated costs. It is also hoped that we can build on the online format of Forensic Update to imbed other Divisional initiatives and provide an initial access point to the Division.

We recognise that for many members hard copy publications are both familiar and valued. We have, therefore, aimed to retain the best of this by agreeing the publication of a Forensic Update annual. This will provide a compendium of the four quarterly Forensic Update editions whilst including additional material on Divisional activity. We envisage the DFP Annual Report, Notes of the AGM, Strategy Update, Survey Report and publications of CPD and training activity to be some of the standard content and aim for our strategic plans to be both clear and accessible. This first edition is the start of the process and I am sure we will discover many further opportunities to fully utilise this format and enhance the value of Forensic Update to the membership.

The decision to take Forensic Update online was one of many initiatives captured through the December strategy event held in Belfast. This one-day event pulled together the full committee, including those from DFP Scotland and DFP Northern Ireland. The event enabled us to focus our thinking on where the Division was going and where it had been, as well as its fundamental links with other Divisions and the wider Society. We reviewed previous strategy work and looked afresh at the strategic themes and how these would be developed over the next year. The result was a number of aims and proposals that we believe will take the Division forward in the coming year.

Many of us are now familiar with the strategic themes and they have served the committee well over the last few years, in enabling us to both organise and articulate our thinking. We have retained this framework as a valuable structure yet much of the content now builds on previous work. Enhancing a Professional Identity; Upholding and Enhancing Professional Standards; Growing the Membership; and Developing and Promoting Forensic Psychology as a Scientific Discipline remain the core strategic themes and our thinking was structured within this. One key element of the strategy this year was to increase our engagement across Divisions, Branches and Sections. This intent is now reflected in many of the strategic aims. Below is an overview of where we aim to take the Division under each of these headings. I have kept a review of previous activity to a minimum as much of this has been covered in my previous Notes.

Enhancing a Professional Identity
In achieving this we would aim to enhance communication both with and across the membership. We recognise that we are able to be more diverse in the way in which we reach and develop our membership. We would look to offer email alerts of events
and discussion lists. We will continue to explore the value of online facilities to our members such as Facebook and Twitter, and improve facilities where necessary. The DFP website will continue to be developed with the aim of providing a key access point to the Division. This will be linked with the online publication of *Forensic Update* ensuring that members can see the DFP website as the first port of call of information pertaining to Forensic Psychology.

We see communication as fundamental to all other Divisional activity and the point in which good practice can be pulled together to form part of our Professional Identity. We aim for members to increase the use of the website as a means of problem solving, decision making and sharing good practice, and for those working in related professions such as lawyers and police, to access helpful frameworks and information. We have continued to input into wider Society initiatives ensuring that Forensic Psychology is represented and now aim to develop Divisional facilities to support that position.

**Upholding and Enhancing Professional Standards**

We will continue to improve and support the development of all Divisional Members through our CPD committee and to be responsive to their professional needs. We will continue to deliver events focusing on the survey outcomes with the aim of broadening members’ interest where possible. We will promote CPD widely across divisions and continue to work closely with the Forensic Faculty of the DCP in delivering events and sharing best practice. We would also aim to develop workshops about the work of Forensic Psychology and aim to emulate events held by both the DFP Scotland and DFP Northern Ireland in engaging with policy makers and stakeholders.

Membership services will be enhanced by us continuing to develop the Forensic Practitioners Forum and promote sign up and use of the forum. This has the potential to be an invaluable tool to members in all areas of work to share best practice and uphold standards. We intend to develop a range of online services that include podcasts and recordings of conference presentations. We will also promote these activities to ensure that members are aware of the resources they can access. Professional practice will be enhanced by the publication of selected papers through *Forensic Update* and Enhancing Professional Standards will be a key aim of this core publication.

We will publicise and promote the expected Standards to the membership through the DFP annual conference and ensure access to relevant ethical and practice guidelines, through the website is straightforward. We will facilitate appropriate representation on wider Society working groups and committees ensuring that the views of Forensic Psychologists are included in the development of Professional Guidelines for Psychologists. Outcomes of such work will be fed back and promoted across the membership.

We will encourage and raise awareness of DFP members to branch and section activity. CPD activity will continue to remain a central focus for the Division and we aim to ensure that our approach to the delivery of these services is the most effective and offers value for money to the membership. We will also ensure that we use information from members to guide CPD activities and content. As with all activity we intend to be transparent about the costs and quality of these events.

**Growing the Membership**

This remains an important area of work for the Division and is no doubt something that can only be fully achieved if there is a clear value in Divisional membership through our strategic themes, and that the value is well communicated to potential new members. However we continue to work with the Society in developing marketing material ensuring that new members are aware of the function and benefits of the Division. We
also recognise the need to retain our existing members through ensuring that we respond accordingly to their feedback.

As part of this aim we will continue to support the development of DFP branches in both Scotland and Northern Ireland. Both of which have developed well and will continue to offer value to their members. We also aim to further develop and increase the membership through events delivered with other subsections of the Society. We will ensure that these occur in a variety of locations and are accessible across the whole membership.

To fully support this we intend to appoint a Communications Officer. Their role will be to work proactively with the Media Officer in developing effective links and networks. We will also look to develop international links and explore where reciprocal arrangements are beneficial to our members. This will involve identifying and exploring reciprocal membership links overseas in terms of benchmarking, standards and CPD.

In order to support existing members we will aim to ensure that they receive benefits from membership that includes training, support and advice on relevant professional and practical issues. These benefits are considered worthwhile in that they simply increase the value of membership and provide tangible benefits through reducing the costs of necessary professional activity.

We will continue to develop links with universities and build on our existing links with PsyPAG. Through doing this we can help meet a number of aims in bringing newer members into the Division, both students and academics, to grow and enhance the membership. In turn we hope this will feed into other aims such as developing professional standards.

**Developing and Promoting Forensic Psychology as a Scientific Discipline**

Our final aim will be achieved predominantly through more effective communication with the wider society and beyond. As previously noted we will aim to develop links with other Divisions, Branches and Sections. We will also encourage joint papers both across the Society and with other relevant professional organisations.

Increasing access to media training will enable us to better communicate beyond the Society. We will look to improve our engagement with both the media and policy makers, to promote our discipline and demonstrate the value of Forensic Psychology. We recognise the value of improving links with the media in general, and that a valuable aspect of membership is reassurance that the Division will represent Forensic Psychology professionally and provide appropriate responses to current issues and events. At a fairly basic level this will include informing local media about the annual conference, inviting local media to the conference, producing press releases pre and post conference and promoting achievements, such as the award winners within their local areas. However, our engagement through the media can be more substantial and we will look to develop a position where we are seen as a source of expertise and authority on topics relevant to our profession.

We continue to focus on maintaining the value and benefits of our annual conference and will aim to further involve previous award winners, both junior and senior, to facilitate symposiums and debates, and deliver keynote speeches, respectively. We will aim to make summaries of conference highlights more accessible to the membership through the use of twitter and podcasts/blogs, and extend the reach of the conference as a means of promoting the discipline.

A key aspect of growing the membership will include seeking to develop international links and where appropriate supporting member’s attendance at events to represent the Division. This will further support the Division on an international footing and will enable promotion of international agencies through our communication initiatives. We will also continue to explore the use of DFP material and merchandise for other
conferences and events to further promote the Division.

We have always strived to respond to invitations for consultation and work hard at providing considered and comprehensive replies on key issues that are representative of the Division. We will continue to be involved in consultations and circulate responses where appropriate. We will also aim to produce position papers and facilitate events where key stakeholders can provide briefings on current issues to the membership. The ongoing development of the website is considered a key resource whereby the membership can access current issues and a basic catalogue of information.

The familiarity of the strategic themes has enabled us to build on previous work and ensure we attend to a range of activities.

In summary, there is much work to do in light of our ambitions, however, the committee remain energetically dedicated to achieving these aims. We hope that these thoughts reflect the needs of the membership in relation to their interests and practice in Forensic Psychology. Collectively, we believe these aims represent a fresh, efficient and progressive approach to Divisional business for the coming year. We recognise that as a profession we must continue to evolve and consider our past and future progress, and hope that you find the new current online edition of Forensic Update a positive example of this.

Giles McCathie
Chair, Division of Forensic Psychology.

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**Division of Forensic Psychology**

**21st Annual Conference**

Cardiff Metropolitan University (UWIC) ● 26–28 June 2012

**KEYNOTE SPEAKERS**

Professor Ray Novaco, Indiana University
Professor Mary McMurray, University of Nottingham
Professor Gisli Gudjonsson, Institute of Psychiatry, King's College London
Professor Jane Ireland, University of Central Lancashire

**INVITED SYMPOSIA CHAIRS**

Professor Anthony Beech, Sex offenders: What we know, what we need to do
Professor Jackie Bates-Gaston, Psychology of terrorism and its applications to forensic psychology
Dr Jason Davies, Key issues in forensic mental health

**INVITED WORKSHOPS**

Tim Cate, Setting up a private practice
Dr Rajesh Nadkarni, Risk assessment of stalkers ‘Who should concern us’

Early bird registration deadline Monday 14 May 2012 – prices increase from 15 May.
Conference dinner will be held at Cardiff Castle, places are limited so book now to secure your place.

Detailed conference information including a programme and how to book can be found at:

www.bps.org.uk/dfp2012
A long time coming? The Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)\(^1\)

Theresa A. Gannon, Lona Lockerbie & Nichola Tyler

This article focuses on existing published accounts of firesetting treatment for mental health patients in the UK, highlights key challenges facing individuals tasked with designing and evaluating such programmes, and then provides an overview of ongoing multi-site firesetting treatment and associated research currently being undertaken in secure forensic mental health hospitals in the UK. Finally, information is presented for practitioners who are interested in adopting the programme and partaking in the wider research evaluation.

For many years now, practitioners within secure mental health services – and indeed non-mental health establishments – have had to assess and treat male and female arsonists or firesetters\(^2\) within the context of very little standardised guidance. Consequently, although in-house treatment programmes for firesetters have been developed in UK medium secure hospitals, no national standardisation of such programmes exists (Palmer, Caulfield & Hollin, 2005). As a result, the content, implementation, and theoretical underpinnings of such programmes appear highly variable (Palmer et al., 2005) making it almost impossible to obtain sample sizes large enough for any meaningful evaluation of programme effectiveness. In this article, we examine existing published reports of treatment programmes for firesetters in UK mental health settings. We then consider some of the key issues facing practitioners tasked with providing effective interventions for firesetters within their service. Finally, we outline our newly-developed firesetting programme for mental health patients, and describe its implementation and proposed evaluation in the UK.

Published treatment evaluations for firesetters in mental health settings

There have been very few published descriptions or evaluations of treatment programmes for firesetters in the UK; and those that have been published either focus on a single case study (Clare et al., 1992), individualised interventions (Russell, Cosway & McNicholas, 2005), or relate to group treatment (typically cognitive-behavioural) in mental health settings (Swaffer, Haggett & Oxley, 2001; Taylor et al., 2002, 2006). To illustrate, Swaffer et al. (2001) describe their arson intervention group for mixed sex mentally disordered patients. Patients referred to the group were required to attend 62 group sessions examining: education on fire danger, coping and social skills, reflective insight (including self-esteem/concept), and relapse prevention as well as individual sessions examining individual patient need. Evidence of treatment effectiveness was presented via a detailed case study. However, other information regarding clinical change was not provided due to the small numbers of patients involved (\(N=10\)). A seemingly similar programme for intellectually

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\(^1\) This work is supported by the Economic and Social Research Council (RES-062-23-2522) awarded to T.A. Gannon.

\(^2\) The term ‘firesetter’ will be used to encompass all those individuals who set deliberate fires rather than those who are eventually convicted of arson.
disabled patients has been described by Taylor et al. (2002) who implemented treatment to separate groups of male and female patients. Forty treatment sessions were described which included content seemingly similar to that provided by Swaffer et al. (i.e. fire education, analysis of offending, coping strategies, family problems, and relapse prevention). Taylor et al. (2002) report some encouraging pre-post treatment shifts using questionnaire measures, however, the overall sample size was small (N=14), making it difficult to meaningfully compare male and female firesetters, and no control group was used for comparison purposes. In a later article, Taylor, Thorne and Slavkin (2004) outlined case studies of four intellectually disabled male patients who undertook similar treatment. Generally positive outcomes were documented for each although the sample size was too small to draw meaningful conclusions from pre-post psychometric measures.

In summary then, published reports of treatment programmes for male and female firesetters in the UK – and their evaluation – are scarce; mirroring a problem evident internationally (see Gannon & Pina, 2010; Gannon, 2010).

Challenges relating to firesetter treatment provision and evaluation

There are numerous challenges associated with setting up provision of firesetting treatment services generally and these exist over and above the challenges faced by those dealing with mental health populations. The largest problem encountered by those wishing to develop firesetting treatment provision has been the lack of research and associated theory pinpointing the likely treatment needs or dynamic risk factors associated with firesetting behaviour. As a result, professionals have faced some difficult to answer questions such as: ‘Do firesetters actually require specialist treatment?’, ‘Does mental health play a role in firesetting?’, ‘Which factors specific to firesetting should be targeted?’, and ‘How do these factors differ from the factors targeted via conventional offending behaviour treatment programmes?’ Furthermore, even if a treatment programme is developed, a formidable problem facing any scientist-practitioner is the establishment of treatment effectiveness. As noted above, existing published reports examining the effectiveness of firesetting treatment programmes describe programmes run with mentally disordered offenders which generally do not contain large enough samples to make even the most preliminary of conclusions. This is understandable given the relatively small size of many secure mental health units. A related problem concerns the inability of many sites to have large enough samples of control firesetter participants with which to make meaningful comparisons. Consequently, the task of both developing and effectively evaluating a firesetting programme for mental health patients can seem daunting, if not impossible.

The Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)

We have attempted to circumvent the issues presented above in order to develop a contemporary treatment programme for mentally disordered firesetters that engages large patient numbers and also a group of firesetters for comparison purposes. The resulting FIP-MO (Gannon & Lockerbie, 2011) is the product of latest offender rehabilitation theory as well as a comprehensive evaluation of existing firesetting literature which suggested that: (1) some firesetters require specialist treatment; (2) that particular factors associated with firesetting should be targeted; and (3) that mental health is related to firesetting in complex and unique ways. Following development of the programme and its successful pilot in Kent Forensic Psychiatry Services, came the standard difficulties of both gaining high enough patient numbers for a credible treatment evaluation and obtaining a control group. Thus, a multi-site research project examining the effectiveness of the FIP-MO...
for male and female mental health patients has been developed and is currently being run with separate groups of male and female patients across NHS and non-NHS sites in the UK. Sites running the programme are provided with the materials and training to run the programme at their site and they – in return – request patients’ consent to release pre-post clinical psychometric measures for the purpose of the treatment evaluation. Sites are also required to collect similar information – where available – on firesetters who are waiting for treatment (i.e. the comparison group).

Programme description
The FIP-MO (Gannon & Lockerbie, 2011) is a standardised – yet highly flexible – treatment programme which may be implemented to either all-male or all-female inpatient groups. The programme is primarily cognitive behavioural in orientation but also synthesises strong psychotherapeutic elements designed to encourage self-reflection, healthy emotional and social expression, and the development of a strong therapeutic relationship. In light of this, the underpinning treatment manual offers key guidance for facilitators on each session. However, the specific guidance becomes notably less structured as offenders begin to embark on more individualised aspects of the programme providing room for more sophisticated and responsive clinical skills and gender responsive therapy. The FIP-MO is underpinned by contemporary theories of offender rehabilitation (i.e. the Risk Need Model; Andrews & Bonta, 2003; and the Good Lives Model; Ward & Stewart, 2003) as well as the very latest comprehensive theory of fire-setting (Multi-Trajectory Theory of Adult Firesetting; Gannon et al., 2011). Following a thorough clinical and psychometric assessment in which suitability for firesetting treatment and ability to partake in group treatment is assessed, the patient is admitted for the full FIP-MO treatment package. This involves seven months of medium intensity group and accompanying individualised treatment of approximately 85 to 100 hours in duration. Although FIP-MO currently runs as a closed group necessitating a modular programme, facilitators are encouraged to work on cognitive, affective, and behavioural aspects throughout the programme as and when they occur.

The FIP-MO aims to enable offenders to become more aware of the factors associated with their firesetting and to develop more sophisticated skills via the development of a personalised risk management/better life plan. The main treatment targets within the programme are based on the very latest research and theoretical knowledge relating to firesetting. The treatment needs targeted within the programme include (but are not limited to) fire interest (including fire safety awareness), offence supportive attitudes (general criminal attitudes or specific attitudes relating to fire), social competence (i.e. social skills, assertiveness, self-esteem, loneliness), and self-management/coping skills (i.e. emotional regulation, problem solving). Patients also engage in individualised tasks relating to understanding their offending, childhood, and mental health as well as planning for their future via strengths-based personalised plans. Patients who attend the programme are encouraged to engage in numerous skills-based exercises and tasks outside of the group to encourage self-reflection, emotional expression, and other psychological, social, and contextual phenomena associated with pro social behaviour.

The overall research evaluation will focus on pre-post test clinical shifts – assessed via a battery of psychometric tests – designed to measure the key treatment needs targeted within the programme. Most importantly, the research aims to compare any shifts demonstrated by firesetters attending the FIP-MO with shifts on the same psychometric tests evidenced by firesetters who do not attend the FIP-MO but who fill out the tests over the same approximate time period.
Participation in the FIP-MO Treatment and Evaluation Project

Any hospital interested in running FIP-MO and becoming part of the research evaluation project can still come on board at this stage. However, the following is required:

- At least one group of six to eight male or female inpatients who have a history of repeat firesetting or who have been identified by their clinical team as posing a possible risk of firesetting who can participate in a medium length treatment group.
- At least one group of six to eight male or female inpatients who have a history of repeat firesetting or who have been identified by their clinical team as posing a possible risk of firesetting who can complete the same psychometrics as those in the FIP-MO while they await treatment.
- Two facilitators dedicated to each group of six to eight patients participating in the treatment programme. One of these facilitators should be a Chartered Clinical or Forensic Psychologist. The other can be from any discipline. One or either of these facilitators should be willing to: (1) participate in one-day training from the treatment developer; (2) attend bi-monthly steering group meetings about the project; (3) administer the psychometrics associated with the treatment evaluation and return these to the research lead; and (4) run the clinical programme in full following training.

For hospitals that do not have enough patients to run a group at this time, there are still opportunities to partake in the project if staff are willing to become part of the research project and administer psychometric tests to patients who can act as a control to those undertaking treatment.

For psychologists in prison settings, a parallel research project is underway in which a standardised treatment programme for imprisoned firesetters is being developed. This will be evaluated in 2012–2013.

Contacts

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References


Supporting the Expert Witness: Challenges and opportunities

Caroline Schuster, Hugh Koch & Glenda Liell

Expert witnesses (EW) are by en large used to standing up in court, debating complex opinions with barristers and judges. However, like the ‘patient’ who is ambivalent about seeking ‘therapy’, experts may be ambivalent about asking for or acknowledging the need for support – even though they potentially stand to benefit significantly from doing so.

As well as presenting some of the challenges of working as an EW, we consider how the process of mentoring and/or being a mentor can make a significant contribution to developing a rounded personal CPD programme. The mentoring can provide the expert with support, encouragement and ‘continuous quality improvement’.

Challenges of Expert Witness (EW) Work

The Social and Emotional Aspects

Expert witness work can at times be conflicting and stressful. Some of the more common experiences that can prove challenging for experts within this environment are discussed below.

Scrubtny

Psychologists are used to having to account for their actions. It is standard that everything the expert does is subject to intense scrutiny, not only by the courts, prosecution/defence counsel and peers, but also increasingly by the media and press.

There is no doubt that time and experience helps experts to cope. The more they are cross-examined, the more adept they become at dealing with the rigours of performing in the witness box. Full-time experts who are often more used to this

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aspect of their work may well to be able to perform better under pressure. This may not be the case for those working part-time or are professional witnesses (i.e. practising therapists/counsellors/psychotherapists) whose time in court may be limited. Professional experts rarely appear in Court compared to EWs.

Most experts use social media to communicate, research, and advertise services – but caution is advised. Part of the problem is a lack of up-to-date, comprehensive rules governing use of social media. Previously only limited ethical guidelines have been available to EWs. However, new guidelines are now needed. Tracey Coenen (2009) writes of the ‘collision’ of EWs and social media. A forensic accountant, she advises experts to be alert to other experts blogging. Experts cannot discuss (in any form) pending cases and should exercise consistency, good judgement, and maintain appropriate boundaries when posting on Internet sites. Avoiding ‘Inflammatory or controversial topics’ is also advised. However, social media can provide valuable opportunities to expand and/or create peer networks.

Media involvement
Another aspect of social change for EWs is the direct and indirect involvement of journalists and the press in expert activities, especially related to court work that draws media attention. In recent years, questions relating to EW competence, expertise and professional practice have increased. A few well-publicised cases questioning medical evidence have arisen. Some of those cases proved ‘professional misconduct’, one successfully discredited an EW, resulting in a case being thrown out of court. The recent ‘Kaney’ case is a good example of this. In a majority decision in the Jones v Kaney case, the Supreme Court overturned centuries of established legal wisdom and held that expert witnesses involved in legal proceedings no longer enjoy protection from liability for negligence (March, 2011). The pressure, as a result of this level of scrutiny, can have a negative impact on the confidence of EWs. This should not be underestimated. The media plays a significant role in how such cases are publicly perceived, and this in turn could effect judicial outcomes.

Adversarial vs Therapeutic Environments
Mixing the very different worlds of court and therapy invites emotional challenges for all concerned, particularly for the therapist. The courtroom is a very public arena where therapists and clients do not necessarily feel supported, and their personal experiences can be intensively examined and challenged.

The issue of the ‘therapist as expert’ is of considerable importance. The courtroom experience differs significantly from the therapeutic environment. The client’s experience is, hopefully, that the therapeutic process is very private, where individuals are supported, occasionally ‘unconditionally’, in their experiences and where ‘proceedings’ move forward at the client’s preferred pace. The patient/client has both choice in decisions made, a voice, and a chance to express how they feel. Understandably, the world of law and the world of therapy, being unlikely bed fellows, may lead to conflict for those who are required to operate in both worlds (Koch, 2012). Working through this in a way which facilitates personal development, as well as help to ensure future professionalism, is perhaps not best undertaken alone.

Emotionally stressful situations can and do arise for therapists during court work. When they do arise, the therapist is expected to remain impartial – impartiality being a prerequisite for obtaining objectivity. This can prove challenging and perhaps feel almost impossible for some therapists whose experience has primarily been around relating to the patient/client on an emotional level – a fundamental part of their work. A core element of good expert work concerns not letting emotion detract from the need for independence and objectivity.

Once a therapist has given evidence in relation to treatment, how will this affect the therapist-client/patient-relationship? Is the
Therapist able to continue treating a client after court proceedings are finished? Their relationship may have changed. Clients may have lost trust of the therapist, or may have suffered a reduction in their own well-being as a result of the court process. Whilst the therapist is forced to leave emotion at the court door, the patient/client may not understand why the therapist appeared so ‘cold’ during the process. A change in demeanour may be misunderstood. Other challenging aspects of court work for therapists include the need to avoid divulging unnecessarily confidential client information, and maintaining the balance between ethical concerns relating to the client and what are considered priorities during Court’s proceedings (Bond & Sandhu, 2005).

**Medico-legal Professional issues**

Expert witnesses have several ‘customers’ both external (claimants) which include instructing solicitors, insurers, barristers and, ultimately, the Courts (s).

The relationship with each of their ‘customers’ requires the psychologist to be responsive and professional with each, although demands and expectations of each may be slightly different. It is useful for expert witnesses to have the opportunity to discuss, debate and learn more about how to maintain effective relationships at each level. In addition, to the psychologist-to-lawyer interface, psychologists need to be cognisant of their interactions with other colleagues, also acting as experts.

The interface between the expert witness and their legal counterparts requires an in-depth undertaking of the myriad of medico-legal questions under consideration. For example, in the case of a psychologist providing evidence in civil proceedings in an adult trauma case, he or she needs to have a wide-ranging expertise in; diagnosis, causation and attribution, duration of ‘injury’, and treatment prognosis (Koch & Kevan, 2005).

**Ethical issues**

The British Psychological Society has advocated, through various written guidelines, advisory bodies and CPD deliberations, that psychologists in all fields should practice with the highest standards of ethical practice in mind. The Expert Witness Advisory Group endeavours to continue this aspiration by promoting the particular ethical standards required of EWs who work in Court and Quasi-Court settings. The key issues are the maintenance of independence and responsibility to the court, the maintenance of appropriate relationships with claimant and legal clients and managing the clinical/legal interface in an ethical and appropriate manner.

**Research and continuing education**

Keeping ‘on top of the game’ for EWs means keeping up to date with, and be consistently informed by, the most recent developments in their professional field. This includes using the most appropriate assessment tools underpinned by reliable research and accepted academic and professional opinion. Awareness of both changing and emerging guidelines, or for example, diagnostic criteria (review of *Diagnostic and Statistical Manual: DSM-IV*), and an understanding of the latest developments in civil and criminal procedural rules and how the courts are interpreting these.

**Role of Mentoring in CPD**

Accessing effective advertised training courses is important as is discussion and reflection either with a group of peers or in a one to one setting. This latter activity is one aspect of CPD, which those working solely in private practice as EWs could miss out on if it’s not actively sought.

**Supervision and Mentoring**

The Expert Witness Guidelines refer to the issue of seeking advice and supervision in the preparation of reports (para. 2.4). However, experts are perhaps not expected to require supervision in their opinion –
because they should be sufficiently competent to formulate one which is robust, defendable, and can withstand scrutiny. That is not to say that clinical supervision is unnecessary – but its focus may be around, for example, the ongoing development of skills in the use of specific assessments. In terms of preparing reports and Courtroom appearances, a mentor may be able to meet those specific needs. It is possible that someone may act as both a mentor and a supervisor. However, an awareness of the differences between these two roles could help to structure expectations, increase satisfaction on both sides, and achieve the desired outcome.

Mills, Francis and Bonner (2005) offer some differentiation between the two processes in terms of context, time, relationship reporting, level of commitment and outcomes. There is a considerable overlap across the criteria, although they consider that mentoring occurs outside the work setting, where as supervision occurs within the work setting but outside of the immediate work area. The level of commitment required is high within both processes, with a possible time commitment outside of work hours. However, the authors state that supervision should take place within working hours but outside of the work setting. The desired outcome of supervision is improved clinical practice which can have a pastoral aspect, whereas for mentoring these are broader.

Mentoring can be particularly helpful in the early stages of developing skills as an expert witness. The focus of which may be on learning about court processes. To this end, the mentee is being guided around major procedural obstacles and pitfalls. It is possible to have several mentors at different points in time. As well as mentors playing a role in filling an important gap in someone’s personal development, there are benefits to being a mentor also. Mentors can feel satisfaction in supporting others’ personal development, and contributing to maintaining high standards in the profession. Mentors can help to improve confidence, and be part of building a broader network of peers.

Using Support Networks
How do experts cope with workplace challenges, and what support is available to them? Do experts access the available support enough? It has been recognised that those working in private practice in particular (regardless of level of experience) can feel isolated, and the Division of Forensic Psychology (DFP) has objectives within its strategic aims to address this. Edition 103 of Forensic Update outlined a newly launched Peer Consultation Process, which aims to offer an avenue for DFP members to engage in problem solving around ethical and professional practices. That edition also described a Forensic Practitioners Forum which could offer networking opportunities, and the potential for finding mentors.

Being a resilient expert
Many factors contribute to an expert’s resilience. One primary factor is developing supportive networks. Other factors associated with resilience include;

● The capacity to continually develop professionally (CPD).
● A positive view of one’s self and confidence in strength and abilities as an expert.
● Good communication/social skills.
● The capacity to manage and process strong feelings.

Being ‘on top of your game’ means keeping up to date with professional regulations and legal standards. Having a positive view of one’s expertise and ability to regularly question the robustness of ones’ opinions, and feel confident and positive about this, are also important prerequisites.

Seeing conflict and disagreement as an opportunity for continuous improvement
Understanding the levels of logical appraisal in the court system, for example, claimant > lawyer > defendant > opposing expert > barrister > court, the level of logical appraisal of your opinion will become more and more robust, and will require increasing
levels of evidential reliability. However, the final arbiter of ‘truthfulness’ is typically the court. Each year of experience helps the resilient expert learn more about what constitutes reliable evidence.

**Challenging times ahead**

Psychologists, like mental health professionals have been subject to major changes in how they work as a result of what is being euphemistically called ‘the IAPT effect’ (Bueno, 2010). Changes to professional recognition and statutory registration, and the anticipated capping of expert fees put forward by the Ministry of Justice is being debated.

In order for psychologists to develop as experts it is important to continue to access relevant training courses in medico-legal practices, have access to both clinical supervision (for one’s clinical/therapeutic practice) and peer supervision/mentoring for medico-legal practice. In addition, psychologists should be encouraged to document their experience, successes and obstacles to develop their expert work further.

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TO ATTRACT international attention some terrorist groups use civil aviation as a target for violent attacks to spread their message. The response to these violent incidents is the implementation of a series of security measures. Aviation security has been present long before the catastrophic incidents of 9/11. The unexpected use of hijacked planes as lethal projectiles compelled aviation institutions to employ radical security changes. As time goes by, the efficiency of security systems is constantly being evaluated and upgraded to help avoid the repetition of past incidents and anticipate future attempted attacks. However, it is very difficult to indicate whether these systems are pre-empting threats and saving lives, or whether they are economically feasible. More often than not, the general public ignores the serenity and comfort obtained when security measures run efficiently, but they immediately become aware of the occasional failures of such systems when these occur.

The rationality of the terrorist actor is still a subject of discussion among academics. Silke (2003), Horgan (2005) and Taylor (1998) are amongst the forensic psychologists who maintain that there is a rationale behind the problematic behaviour and the criminal trajectories engaged in by extremist actors. Building on this argument, McDermott and Zimbardo (2007, p.368) stress how terrorists are anything but insane as ‘[s]uccessful terrorist action requires patience, problem-solving skills, and the ability to work efficiently in groups.’ Researchers have explored a range of motivations associated with violent extremism, for instance, vengeance (Silke, 2003) or social and environmental factors (Taylor & Horgan, 2006). Nonetheless, since the number of known terrorist actors is very small it is difficult to point profile them with accuracy. From a criminological perspective, using the concept of the ‘reasoning offender’, Clarke and Newman (2006) take the terrorist’s rationale in consideration to implement a battery of situational crime prevention techniques to increase the effort and risks and reduce the rewards or provocations, whilst removing potential excuses. The outcome of security prevention can be: complete deterrence, displacement to an easier target or that a determined offender studies the current provisions and strategically bypasses them to commit the planned violent offence. Aviation security tends to take a retrospective stance through preventing repetition of past atrocities rather than a proactive one to prevent future incidents. Thus, when a terrorist strategically and successfully creates an innovative method to defeat existing security measures, the security provisions are studied and revised according to the identified weaknesses.

Aviation security commences at the airport. Airports worldwide employ several techniques to detect weapons, bombs or other potentially dangerous objects from making their way into both airports and aircraft, and deter would-be attackers from carrying out their acts. The strict screening of travellers on entry to airports in the US deploys an estimated workforce of 60,000 people, with annual costs of around $5 billion (Riley, 2011). These screeners operate detection machinery such as full-body scanners, metal detectors and baggage x-ray systems. These personnel also conduct pat downs and undertake passenger behav-
journal profiling. Security measures continue aboard the plane, such as the implementation of hardened cockpit doors in the last decade, as well as an increase of federal air marshals. It is estimated that these security systems amount to $31.4 billion per year (Stewart & Mueller, 2009). It is difficult to justify such expenditure and estimate the cost-effectiveness per life saved and risk reduction as a direct result of the implemented security measures (Stewart & Mueller, 2009).

Expenditure is not the only concern that surrounds the use of these new and improved security systems. An increase in waiting times and long queues indicate that these systems slow down the flow of passengers, especially in busy airports where the checking of every boarding passenger may quickly turn into a nightmare. Even with these detection and security processes in place, innovative violent actors will pass through; most notably and perhaps most recently, the case of Umar Farouk Abdulmutallab in 2009 whose criminal methodology of stuffing his underwear with plastic explosives earned him the title of the ‘Underwear Bomber’. Whilst the efficiency of these systems remains open to question, past experience shows that passengers are more aware of the threats that might be encountered aboard airplanes and are more likely to retaliate should the terrorists indicate that they are suicidal (Riley, 2011; Stewart & Mueller, 2008). For instance, the ‘Underwear Bomber’ and the ‘Shoe Bomber’ were both subdued by passengers and flight attendants, respectively.

The use of modern technologies in aviation security raises a number of concerns relating to health and privacy. At this point in time there are two types of full-body scanners, the millimetre-wave scanner which uses radio waves and the backscatter x-ray scanner which produces a low amount of ionised radiation. Scanners in the latter category generate alarm in the public because ionised radiation is capable of damaging body cells and eventually causes cancer. There are also privacy issues based on passenger concerns that unnecessary and inappropriate body images are taken when being scanned. However, software modifications are being carried out in order to blur or obscure body images whilst still detecting possible threats (Riley, 2011).

Aviation security is constantly being modernised to counter the perceived threats, yet terrorist groups observe and keep up to date with these technologies and adopt new tactical approaches. Inspired by drug smugglers, a new potential threat could be bombs implanted in human body cavities that pass unnoticed through airport security. This procedure has been described as ‘tough to carry out … successfully’ (Sullivan, 2011), nevertheless it has not been written off as impossible. The major concern that surrounds this new tactic is the disturbing fact that security screening gear and other airport equipment are unable to detect explosive devices, which are planted inside human bodies. Innovative threats such as these show that even a billion dollar security system is still incomplete and imperfect in fighting terrorism effectively. As Mead (2003, p.4) stated, ‘[t]he need to deploy better, more effective, equipment to meet current and future threats will be an ongoing need for years to come.’

Currently aviation security is mostly based on hindsight, preventing potential copycats from repeating past incidents. Thus prevention in the aviation sector revolves around impeding attacks from occurring for a second time. For instance, amendments in the system and the introduction of new machinery, always take place as the result of an incident or an attempted one. Security aboard planes, removal of shoes at the airport, no liquids in the hand luggage and other measures were all implemented after incidents like the Lockerbie bombing, the 9/11 catastrophe and the ‘Shoe Bomber’. Aviation security generally takes a reactive approach rather than foreseeing possible threats and providing proactive counteractive measures before an incident occurs. Against
this, situational crime prevention focuses on pre-emptive interventions that interrupt the flow of events leading to a successful attack, essentially by reducing or eliminating opportunity (Crawford, 2007). This means that crime prevention becomes forward-looking rather than driven by hindsight.

Additionally, securing transportation should include aspects of diligent research and appropriate intelligence gathering on terrorist activity, as well as improved physical security and passenger screening. But as the battery of security measures increases, particularly those that impact directly on the convenience of passengers, the tolerance of the traveller can become ever more strained. Passengers are not security professionals; they are travellers paying to get from A to B in comfort, quickly and at an affordable price. There is potential for an inverse relationship between the coefficient of security and customer satisfaction. This means that security needs to be as non-intrusive as possible and conducted expeditiously. The mechanisms used to safeguard passengers are subject to alterations that improve upon the system already in place. Aviation security does not come without its problems, especially those surrounding the expenditure and the time-consuming nature of some of these systems.

In order to address these issues, Riley (2011) suggests that scanning each and every passenger is not a feasible approach; instead 'trusted traveller' programmes must be developed which would include detailed background checks on passengers. In this manner, these customers will no longer need to pass through all security checks in place, thus moving faster through airports and reducing the strain on the system. Conversely, other time-consuming screenings such as full body scans will keep on being conducted on all those sectors of the population who do not follow a trusted traveller programme, or at random on some passengers following the trusted traveller programme, in order to reduce the prospect of terrorists failing to be identified.

Although numerous equipment and technologies are implemented to enforce security and filter the threat, security staffing is at the core of this system, interacting with passengers and ensuring that the whole security process is working appropriately (Eldar, 2010). These personnel constantly make critical day-to-day decisions as part of their job, but tedious routines coupled with relatively poor pay and a consequential lack of motivation are likely to decrease attentiveness to potential threats. Eldar (2010, p.39) argues that, ‘[a] determined, imaginative and skilled adversary – the terrorist – will only be deterred by an equally skilled, motivated, dynamic and alert security staff. It is known that a system is only as strong as its weakest link.’ The weakest link may be human frailty rather than technological limitations.

Security systems are not invincible and aviation security is no exception. Weaknesses detected by the watchful eye of terrorists are countered by introducing newer technologies in the aviation sector. Security is constantly evolving as new threats emerge and there is an ongoing dynamic between security improvements and would-be offenders trying to overcome them. This ongoing cycle shows no sign of ending; identified threats generate improved security but the imaginative terrorist then counters with ever more innovative menaces. What can be said with some certainty, however, is that the way forward is through a more proactive approach, even though risk reduction through situational crime prevention is a difficult and uncertain enterprise.
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Setting up a model of care for a medium secure service for women

Gerrie Holloway, Alison Lauder & Emily Garner

In setting up a medium secure forensic service for women in 2005 we used the existing literature to develop a gender-sensitive model of care (MoC) which it was proposed would best fit the therapeutic needs of service users. This paper aims to describe the process of identifying and establishing an appropriate MoC and how the model was operationalised to have a direct impact upon the care delivery. The paper also outlines the problems we encountered in the process and includes a description of the use of a theoretical model to develop clinical practice.

Female forensic services

A REVIEW of secure inpatient service provision for women concluded that the specific needs of women were not being recognised or adequately provided for (Parry-Crooke, Oliver & Newton, 2000). Women secure service users represent a minority of the forensic population (20 per cent of the clinical population) and have generally received care in services designed to manage the quite different needs of men. In recognition of this the Department of Health (DOH) in its document ‘Into the Mainstream’ (2002) suggested that:

‘...female forensic service users want to be kept safe and further wanted services that promoted empowerment, choice and self-determination; placed importance on the underlying causes and context of their distress in addition to their symptoms; addressed important issues relating to their role as mothers, the need for safe accommodation and access to training, education and work opportunities; and valued their strengths, abilities and potential for recovery.’ (p.10)

Further, Jeffcote and Travers (2004) suggested that given women’s early experience of abusive relationships and their continuing role within their families, a MoC based on attachment theory (Bowlby, 1969) would be appropriate. Barber et al. (2006) had suggested that an attachment MoC allowed a shared vision within a team of different professional disciplines and increased the understanding of service users’ presentation through use of attachment theory.

A MoC can be defined as a multi-dimensional concept that guides the way that health care services are delivered, or an overarching philosophy, which informs practice and is related to an evidence base. However, the DOH guidance to implementing gender sensitive services did not recommend any specific MoC nor did it suggest how any model should be implemented.

Attachment theory

Abnormal attachment histories have been noted in forensic patients generally and specifically in female secure service users. Previous attachments are thought to have specific and important consequences for later psychological and interpersonal functioning, including the development of internal working models of self and others. Therefore, a model of care based on attachment theory appeared to offer considerable utility as it allowed for the consideration of the impact of early attachments in the lives of women admitted to a medium secure service.
Previous research has also identified that female secure service users have experienced disadvantaged and damaging histories (Stafford, 1999), severe childhood abuse (Coid et al., 2000) and high rates of sexual abuse. Such experiences are likely to have resulted in the development of complex trauma with resultant attachment difficulties. These experiences have a significant bearing on how a woman in a secure service engages in therapeutic activities and relationships. Such early experiences of abuse contribute to the complex presentation that is found in women admitted to secure services and it has been argued that an attachment model of care would facilitate a greater understanding of their complex presentation (Barber et al., 2006).

Existing knowledge of the psychology of women suggests it is likely that the experience of admission to hospital and the consequent loss of their attachment network will be an extremely stressful experience for women (which is not to say that it would not be stressful for men). Jean Baker-Miller (1991) has argued that a woman’s sense of and internal representation of self is dependent on the success of her relationships with others; and Gilligan (1982) has suggested that the social and relational needs of women, which have been conceptualised as different from those of men, are of significance to women. Therefore, a model of care for female medium secure service users should also be underpinned by the existing literature of the psychology of women which suggests that relationships are central to women’s well-being. Attachment theory can be seen as informing a model that is consistent with theoretical considerations about women.

Female forensic service users
Female offenders have been described as ‘doubly deviant, doubly damned’ as they have transgressed the dominant cultural stereo-types of what it means to be a woman and have also transgressed criminal law (Lloyd, 1995). Therefore, given the assertions of Gilligan (1982) and Baker-Miller (1991) it is likely that a woman’s internal working model of herself has been negatively influenced by the social as well as personal implications of her offence. At the same time the service user will be experiencing a loss of her attachment network and likely experiencing challenges resulting from receiving care delivered within the context of relationships with professionals. Receiving professional care may have significance for women given their previous experiences. Female secure service users have been found to have higher rates of previous psychiatric care than males and to more often have been in care as children (Stafford, 1999). This suggests that the specific needs of women may not necessarily have been met in the past. Further, women who reside in secure inpatient care have often presented challenging behaviour such as assaults on staff and high levels of deliberate self injury. These experiences of care could be said to represent failures and as such, female secure service users may have particular expectations about carers. Such experiences will likely have a significant impact on the care-giving and care-receiving dyad.

Historically, caring for female secure service users has been associated with high levels of staff burn-out in emotionally exhausting environments. Therefore, any MoC would also need to have utility for developing staff resilience as this directly relates to developing a therapeutic approach capable of withstanding challenging interpersonal behaviour. Such a MoC should also be effective in reducing the risk of any breakdown in the delivery of care or the resilience of the carer. An attachment MoC was thought to offer a means of conceptualising difficulties within professional and team relationships as related to attachment behaviours of service users (and staff) and should contribute to reducing the risk of professional burn-out.

Given the centrality of early relationships in attachment theory and the impact those relationships have been found to have on
adult attachments, the theory clearly has some utility for informing the care of female secure service users. Attachment theory could also offer a means of conceptualising women’s complex presentation by considering their varying behaviours as attempts to find attachment security and this could have an important and positive impact on staff resilience. Further, given the importance of relationships to a woman’s identity, enhancing relational security for female forensic service users could contribute to the development of a ‘secure base’ in the relationships between the care team and the service users and reduce the risk of ‘failures’ of care.

However, despite the utility of attachment theory in informing a MoC, at the time we were developing the service there was very little in the extant literature about how to establish the theory as a model nor how to operationalise it. The following paragraphs detail how we established and implemented an attachment-informed MoC and also how we modified a theoretical model of attachment for the purpose.

**Establishing and developing an attachment model of care**

Within the literature on attachment theory there is a wide level of disagreement both about the various categories of attachment (Jeffcote & Travers, 2004) and the degree to which early attachment styles (or categories) relate to attachment behaviours as seen in adulthood. Adding to the confusion is that various authors use different models, categories and definitions of attachment, which make comparison between theoretical models difficult.

Planning, development, implementation and evaluation are key stages in the development of a MoC (Davidson et al., 2005). The planning phase of the development of the MoC in our service was led by psychologists who identified what had worked in other settings. The implementation phase initially included the development of formal teaching on attachment for the multi-disciplinary staff. The expectation was that such teaching would establish an awareness of attachment and would have a direct impact on the delivery of care.

However, in evaluating the impact of the training it was evident that the implementation phase of the development of the model of care was not having a significant impact on care delivery. The attachment MoC was not part of every day thinking and practice. In presentations and discussions about service users’ behaviour there was little reference to what the women may be trying to achieve in terms of attachment security or to how relationships with staff might be informed by the women’s early experiences.

Therefore, after the service had been open for 18 months, a qualitative evaluation of staff understanding of the attachment MoC was conducted by a university researcher, independent of the care team, on a sample of the multi-disciplinary team (MDT; N=10). The results showed that broadly the MoC was poorly understood and was interfering with usual staff practice. Staff reported that although they appreciated that their relationships with service users were important, this knowledge had the effect of making them feel very anxious about how to engage in interactions with service users, and fear ‘getting it wrong’. Staff also reported that they did not really understand the MoC, and had difficulty linking the theory to their practice, tending to use their own pre-existing professional models of practice rather than using the attachment MoC.

It was, therefore, necessary to develop a more structured approach to the implementation of the MoC. Davidson et al. (2005) suggest that effective implementation should include support of clinical staff, and a strategy for communication, leadership, negotiation and a re-orientation of the health care providers. Therefore, a working party was set up and tasked with considering how to re-orient the delivery of care to be consistent with the attachment model.
Operationalising the attachment MoC

Support for staff, communication and re-orientation of health care was achieved by proposing methods and means that staff could use to enhance their understanding of service users’ attachment behaviours. Staff using an attachment MoC are hypothesised to have significantly different interactions with service users than staff in another service that does not observe such a MoC. To influence the care provided, basic ‘scripts’ or attachment guidelines were developed that defined the characteristics of attachment orientations (Disorganised, Fearful, Preoccupied, Secure and Dismissing). The guidelines or scripts included a description of the different attachment styles, list of typical service user behaviours and staff responses to the attachment orientations, and a list of attachment informed interactions that might best meet the attachment needs of the service user. Staff could, therefore, refer to a set of guidelines. This was the first attempt to operationalise the attachment MoC according to attachment styles and to directly influence the delivery of care.

Operationalisation of the model was also achieved by establishing key standards to inform clinical practice of all disciplines. These included the attachment-related concepts of attunement, availability, commitment, constancy and consistency that underpinned all therapeutic interactions. A number of service-related phenomena such as care reviews and care-planning procedures were modified to adhere to the standards as above and these concepts were taught within the training course.

In line with Davidson et al.’s (2005) recommendations about issues of leadership for the implementation of a MoC, senior nursing staff were trained intensively to be ‘experts’ on attachment so that they could enhance their nursing team’s knowledge of the MoC within the care setting.

Model of attachment

It was also necessary to establish a model of attachment that could be taught to and understood by the whole clinical team. We therefore identified the Bartholomew and Horowitz (1991) two-dimension, four category model of attachment (Figure 1). The Bartholomew and Horowitz model uses dimensions of internal working models of both self and others: it suggests that ‘approach’ and ‘avoidance’ behaviours signify either positive or negative models of others, and high and low anxiety signifies negative and positive internal working models of self, respectively.

However, the Bartholomew and Horowitz model does not incorporate the ‘Disorganised’ attachment that is characterised by confused and incoherent attachment behaviours and associated with trauma. A number of our service users appeared to have disorganised attachments so we modified the Bartholomew and Horowitz model to include the ‘Disorganised’ attachment style. The staff team were taught to first consider whether the attachment of the service user was disorganised, before considering attachment behaviours along the two dimensions of the Bartholomew and Horowitz model.

Implementation of the MoC was enhanced by using the Bartholomew and Horowitz model as a conceptual tool. The training emphasised the behavioural (approach-avoid) and the affective (high-low anxiety) dimensions as correlates of the internal working models which could be inferred from behaviours observed under stress. The use of the Bartholomew and Horowitz model in this way is a very simplistic and formulaic interpretation of the model and diverges from its use as a dimensional model as advocated by the authors. However, for our purposes we needed a model that facilitated the clinical team learning to conceptualise the service users’ behaviours and affective responses as related to their attachment history. The team needed to begin to link service user presentations not only to their past experiences but
also to an innate and understandable need for security. Therefore, there was a strategic change in how the model was interpreted and presented.

Model of care training course
The training course taught attachment theory, including a description of the strange situation test (Ainsworth et al., 1978). The teaching also included the concept of a secure base and outlined the difficulties for service users with ‘insecure states of mind’ and how this related to violence. A secure base was presented as important for both staff and service users. The modified Bartholomew and Horowitz (1991) model was also presented and used to consider the service users’ attachment behaviours and likely attachment category. The course tutors emphasised that the model presented attachment in an overly simplistic way and had been modified.

The course also included teaching on toxic attachments. Toxic attachment is a concept suggested by Adshead (2001) in which attachments to others have a compulsive and highly dependant quality and provide only unstable and short-term relief from anxiety, or conversely are characterised by dismissing feelings of need or threat. The concept of toxic attachments was thought to be an extremely useful one to support staff who experienced powerful emotions within their therapeutic relationships with service users and to understand service users who may deploy sadistic or controlling positions in relationships with staff. There are significant difficulties in caring for attachment-disordered service users given the issues of care and control inherent in the care-giving, care-receiving dyad in secure settings. Therefore, the importance of boundaries (procedural, physical and relational) also formed a significant part of the teaching, which emphasised the need to establish boundaries whilst at the same time developing professional attachments with service users.

As part of homework set between day 1 and day 2 of the course staff were asked to review the early histories of service users and

Figure 1: The four category representation of attachment based on the dimensions suggested by Bartholomew and Horowitz (1991).
think about how this might inform the women’s current presentation. Later the trainees would also consider each woman using the Bartholomew and Horowitz model as a conceptual tool to formulate a woman’s approach-avoidance behaviours and levels of anxiety under stress.

**Evaluation of the training**

Consistent with Davidson et al.’s (2005) recommendations to evaluate intervention plans in the development of a MoC, the training course was evaluated to assess its effectiveness. After all the staff had been trained, an audit evaluation of staff understanding of the attachment MoC was completed. The results showed that of 40 respondents (73 per cent response rate) 85 per cent of staff achieved the set standard of 75 per cent correct answers. A qualitative part of the audit suggested that the MoC was experienced as a positive support to clinical staff in their everyday interactions with service users.

**Clinical benefits of the adapted model of attachment**

The implementation of the adapted attachment MoC appears to have had a number of benefits for clinical service provision. The Bartholomew and Horowitz model as used in training has enabled the team to share ideas and reflect on events within an attachment-aware framework. As such, the model has enabled the team to conceptualise the individual’s predominant state of mind in relation to attachment, allowing them to make sense of the person’s actions and reflect on their own responses to these actions. For example, consideration of attachment styles has helped the team to understand the push and pull dynamics arising from the individual’s desire to be close to others and the fear of dependency associated with an insecure preoccupied attachment style. The model has also helped staff to maintain an awareness of the relevance of the individual’s history on their attachment behaviours and an understanding of these behaviours as attempts to establish attachment security.

Consistent with Barber et al. (2006), our use of a model of attachment has provided a shared language of attachment within the clinical team, helping the team to communicate and understand the service users’ needs and to support staff attempts to provide a secure base. The model has also provided staff with a means of understanding their own attachment orientation and how this will interact with that of service users. The modified model has proved valuable in informing service users about the attachment model of care. Groups have been run on the ward to provide information about the model and help service users consider their own attachment styles and the bearing these have on relationships with others. The training and the MoC have contributed to the establishment of a psychological model within a forensic service and a culture of understanding behaviours of service users as attempts to establish attachment security.

The team engage in formulation around service user attachment styles and attempt to classify individuals based on review of their history and consideration of their current presentation. Important to the process are the team’s observations of the service user’s interpersonal interactions under stress and reflections on their own experience of the relationship. Staff consider a number of questions during the training. Does the individual appear to value building relationships with others or do they appear to avoid them? Are relationships perceived as threatening? In what ways are they seeking to build relationships? How do they respond to ruptures in the relationships? Whilst not based on formal observations, discussion of these and related questions appear to be an effective way of considering the service user’s attachment styles and communicating these ideas within the team. Staff are also encouraged to reflect on their own patterns of relating to others during training. This has also been extremely useful in re-orienting care delivery (as advocated by Davidson et al., 2005) including how basic forensic nursing tasks around procedural security are delivered.
However, the use of the Bartholomew and Horowitz model as a conceptual tool does not preclude the need for a reliable and valid measure of assessment for use with service users. Although the Adult Attachment Interview (AAI) (Main, Kaplan & Cassidy, 1985) is considered the ‘gold standard’ in the assessment of attachment, many of our service users are often not able to engage with this level of assessment in the early stages of an admission, and often will never able to engage with this level of assessment at all. The Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) is a shorter attachment measure, which provides continuous ratings of each of the four attachment patterns and would be an appropriate means of assessment. However, there are some service users who are unlikely to be able to reliably complete the measure and we may need to continue to rely on our adapted Bartholomew and Horowitz model as a tool to conceptualise the attachment orientations of the service users.

Looking to the future
The process of team formulation has worked very well and will be further supported by development of an observation protocol formalising the process and assisting the team in focusing on attachment behaviours. Until such time as an observation protocol is devised, it seems useful to continue to have team formulation sessions using the Bartholomew and Horowitz model.

The attachment guidelines or scripts developed to help the team have also been valuable as part of training and have reoriented service delivery so that staff and service user interactions appear more attachment-aware and attachment-enhanced than before the implementation of the model of care. The guidelines provide a quick reference and can be used to make sense of attachment behaviours by working backwards from what is observed towards an understanding of underlying attachment styles, and also provides a template for attachment-enhanced interactions that staff should work towards.

Conclusion
Developing an attachment MoC has presented significant challenges. When the service first started the priority was to keep the model and theory of attachment as simple as possible because the evaluation had suggested it was not easily understood or applied by the MDT. Training and implementation of the model has been successful. However, review of our current practice has revealed that we may have lost some of the complexity needed to maintain a valid approach to training and assessment. Hence, looking forward, we plan to develop the service by piloting the RQ. We believe this will further increase awareness of attachment theory within the service. We hope to evaluate these changes and our delivery of the model of care in future.

Importantly, the essential utility of the modification of the Bartholomew and Horowitz model has been its use as a conceptual tool to understand service users’ presentations, and to gain a shared understanding of service users’ needs. The simplicity of the model has also ensured that a complex theory has been translated for use by a whole team who feel confident to discuss and consider concepts such as the attachment security of the service user, their own attachment needs and how care may be undermined as a result of disorganised and toxic attachments of service users. Further, the resilience of the staff team appears to have been increased and maintained and this is likely a result of the use of a MoC that facilitates staff understanding of service users’ affect and behaviour that is often complex and confusing.

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References


**MSc Competition**

**Mentoring within a high secure forensic inpatient service: Service user perspectives on developing a mentor service**

Bettina Boehm

_Bettina was supervised by Dr Emily Glorney (University of Surrey), Dr Estelle Moore (Broadmoor Hospital), and James Tapp (Broadmoor Hospital)._ 

**Method**

**Design**

This is a qualitative study which adopted a focus group design and semi-structured interview method.

**Participants**

Seventeen male service users from a high secure hospital participated in the study. Three focus groups were conducted. The numbers of participants in each group were nine (FG1), five (FG2) and three (FG3) respectively for organisational reasons.

**Procedure**

A maximum variation sampling procedure was applied to include service users at all stages of the care pathway (admission, high dependency and assertive rehabilitation). Clinical care teams were contacted to determine suitability of prospective participants on the basis of capacity to consent and risk. Each group was audio-recorded, and duration varied between 45 minutes and 90 minutes with a scheduled break in between. The role of the three moderators was to facilitate the discussion with a basic topic guide used only to prompt participants on key issues. Audio recordings were transcribed verbatim.

**Analysis**

Focus group transcripts were analysed using the six steps for Thematic Analysis outlined by Braun and Clarke (2006).
These steps (Table 1) were used in combination with a critical realist framework. Coding aimed to be inductive, reflecting the participants’ understanding rather than prior theoretical frameworks on mentoring. The social context was considered as a mediating factor in how mentoring was constructed. In order to triangulate the analytic process, one participant from each focus group was presented with a summary of themes and responses to this were incorporated into the final analysis.

**Results**

Using thematic analysis, five superordinate themes were identified (Figure 1). Each theme was distinct, but shared by all was a concern with role expectations, validation and boundaries.

**Meeting multiple needs**

This theme focuses on areas of need and ways in which a mentor might meet these. The first area identified was adjustment, as admission to the hospital was associated with anxiety and confusion and informational support was seen to reduce this. Secondly, ‘relating’ refers to a shared understanding between mentor and mentee about the mentee’s concerns, a personal component. Advice was seen as generally more pragmatic if coming from someone who had been in a similar situation, but there was disagreement about whether it might take responsibility away from a service user. Finally, receiving items from more ‘experienced’ service users was associated with feeling at ease.

**The Care System**

‘The Care System’ identifies barriers in the participants’ care which prevent the meeting of their needs. Staff, by virtue of their clinical roles, were positioned separately from service users, with aims of assessment and management, which could be an obstacle to relating. Attitudes and fears encompass the more personal barriers on both sides, based in mutual suspicion, fear and expectations about institutions/service users. Moreover, shared experience was constructed as a basis for understanding and a co-equal position.

**Mentor Position**

‘Mentor Position’ deals with the location of a mentor within this system. The value of a mentor, for some participants, lay in his separate position outside the care system structure and associated rules. This was proposed to enable honesty and facilitate trust, but was objected to by some as it would place substantial responsibility on the mentor. For others, the value of a mentor was his ability to act as a link between the service user and staff, to advocate or advise staff. However, some participants described this as a betrayal of the mentee’s trust or an inappropriate alignment of service users with staff. Mentor position was, therefore, seen to have implications for issues such as confidentiality and boundaries.
Mentor Expectations
‘Mentor Expectations’ encompasses what might be expected from a mentor, as well as the effects of the mentoring role on the mentor. Participants emphasised the importance of the mentor’s personal skills, which were conceptualised as a natural ability with some room for development. Recovery status of the mentor was more contentious, and there was some discussion about whether a mentor could have recovered despite holding negative views of the hospital. Perceived benefits of mentoring for the mentor included a chance to contribute and be seen to do well. Finally, there was some concern about the mentor experiencing a burden or strain. The responsibility for managing this was again located with the individual and his personal skills, although a peer service supported by staff was also suggested.

Ownership
‘Ownership’ addresses a negotiation of the extent to which the service would be service user centered. This extended to terminology, choices and responsibilities. The term ‘mentor’, introduced by staff, was rejected in all groups for sounding alien or making assumptions about power and status. Names such as ‘Buddy’ or ‘Peer Supporter’ were ‘friendlier’. Participants suggested that mentees should be able to make certain decisions, such as choosing their own mentor. This ownership of the support received could also extend to mentees taking responsibility for the content of the mentoring activity. This raises the question who would make decisions about the boundaries of the mentoring role.
Discussion

Implications

Previous literature has identified adjustment needs and emotional components of peer support relationships. These areas likewise came up in the focus groups, but could be problematic in a forensic mental health setting. Mentoring relationships exist along two continua: intimacy and formality (Haggard et al., 2010). In this study, the two were constructed as mutually exclusive by some participants. Assessment and consequences within the care system could make relating unsafe, but at the same time, there was concern about establishing a safe mentor role separate from these structures. Feeling secure and positive relationships have been identified by service users as an important aspect in both ward atmosphere and recovery (Brunt & Rask, 2007; Mezey et al., 2010). Locating a mentor between the existent roles of service user and staff while meeting these safety needs was difficult. A strong emphasis was placed on personal characteristics of the mentor as a determinant of relationship quality. These are frequently listed as ‘selection criteria’ for mentors, for example, in HM Prison Service (2005). As service users are vulnerable by virtue of their mental health, these personal attributes place high expectations on them, although they may also experience benefits of the social role. Support needs were acknowledged, although this relates to the question of ownership. Such power issues have been discussed more in the literature on occupational mentoring (e.g. Beech & Brockbank, 1999), but this study indicates that they arise in a hospital setting as well.

Limitations

Focus group designs have been criticised for favouring dominant voices, which become represented as a group theme, and encouraging ‘normative discourses’ (Smithson, 2000, p.112). In his feedback session, one participant stated that a few individuals had been dominant in his group. Having smaller, evenly-sized groups would have been preferable. Nevertheless, this analysis attempted to reflect dissenting voices as much as possible.

Conclusion

The findings indicate that the role of ‘mentor’ in a forensic mental health setting could be valuable, providing service users with a ‘guide’ to help adjustment, practical and material support, and above all the opportunity to relate to a fellow service user through shared understanding. This was seen to be hindered by the rule-bound nature of the care system, personal attitudes and differences in experience. A mentor’s position within this system was seen to have implications for the expectations and limits of the role, and could raise difficulties. Expectations of the mentor’s personal skills, the benefits and strain of the role were high. Support needs were acknowledged. Any service development must, therefore, address training and support needs, and the question of how a mentoring service might integrate into existent services while providing a novel element within recovery.

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Forensic Update 106 – April 2012
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AGGRESSION is amongst the most basic behaviours (Krämer et al., 2007), however, can result in harm to others and manifests in clinical disorders including psychopathy and conduct disorder (Hare, 1991; Zalcman & Siegel, 2006). Resulting costs are immeasurable to victims, with wider financial-impacts on society. Aggression is often co-morbid with impulsivity (Schmidt, Fallon & Coccaro, 2004), however, both constructs are broadly defined and non-linear (Basar et al., 2010; Sala et al., 2011).

Research suggests anterior cingulate cortex (ACC), involved in emotional stimuli classification (Krämer et al., 2007), and dorsolateral prefrontal cortex (dLPFC), involved in sustained behaviour (Crews & Boettiger, 2009) in impulsivity and aggression. The dorsal ACC exerts cognitive control over basal ganglia-initiated motor output (Aron & Poldrack, 2006), and Dalwani et al. (2011) have recently localised left dLPFC deficits in increased impulsivity and antisocial tendencies.

Frontal structures combined with sub-cortical regions including the thalamus, amygdala and hypothalamus (as modelled by Gregg & Siegel, 2001), form inhibitory networks that utilise neurotransmission of Gamma-Aminobutyric acid (GABA), the major central nervous system inhibitory neurotransmitter (Polich & Criado, 2006). Without adequate GABAergic functioning, neuronal firing would desynchronise, resulting in disrupted temporal flow of information (Constantinidis, Williams & Goldman-Rakic, 2002). Poor GABA signaling could lead to hyper-activation of sub-cortical

Extreme forms of aggression can have an adverse impact on society and those within it. The inhibitory neurotransmitter Gamma-Aminobutyric acid (GABA) has been associated with decreased levels of both aggression and impulsivity in animal and human research with frontal executive structures suppressing sub-cortical activity and impulsive behaviours. This thesis reviews the literature outlining the influence of GABA on event-related potentials and uses a go /no-go oddball paradigm, measured by electroencephalography, to index GABA signalling accordingly. Dipole modelling revealed that attenuations of the dorsolateral prefrontal cortex in production of the N200 and anterior cingulate cortex in P3a generation were key predictors of aggression and impulsivity respectively. It was concluded that poor GABAergic signalling in frontal regions and a subsequent inability to mediate sub-cortical impulses resulted in higher levels of trait aggression and impulsivity in a non-clinical population. These results provide a strong basis for future replications on a larger participant sample to test the stability of models proposed in this pilot research.
regions dense in GABA binding receptor sites (Adler et al., 1998). GABA signalling is negatively correlated with animal aggression (Haug et al., 1980).

Event-Related Potentials (ERPs) are electrophysiological responses to stimuli and have featured extensively within aggression literature. Key ERPs include N200, denoting selective-attention and reinforced-learning (Papaliagkas et al., 2011) and also the P300. P300 subcomponents include the novel stimuli-elicited P3a, thought to have ACC generation (Watson et al., 2009), and the P3b, distributed parietal to task-dependant stimuli (Polich, 2007). Associations between ERPs and aggression are not fully consistent with some research suggesting reduced P300 amplitudes in aggressive populations (Barratt et al., 1997) whilst others indicate increased amplitudes (Godleski et al., 2010). Research has yet to delineate findings in terms of sample (incarcerated, community), ERP measurements (frontal, parietal, localised) or aggression-type (reactive, instrumental).

It appears frontal inhibitory mechanisms relying upon GABAergic signaling have been implicated in impulsive and aggressive behaviours. Similar regions are suspected generators of N200 and P300 ERPs, which have shown deregulation in aggressive samples. This research aims to use EEG to explore frontal inhibitory networks relying upon GABAergic functioning in a healthy population. It was hypothesised that:

a. Mean amplitude dipole moments in the ACC in both the N200 and P3a would be significant predictors of impulsivity with a negative correlation.

b. Mean amplitude dipole moments in the dlPFC in both the N200 and P3a would be significant predictors of aggression and impulsivity with a negative correlation.

Methods

Design

A departmental ethics committee approved the study and informed consent was obtained. To localise ERP generation, BESA Research 5.3.7 was used to create four dipole models (N200, P3a, P3b, and a later positive potential [LP]) using grand averages of accepted trials in accordance to their relative task. In turn, these were used as variables in two stepwise regression models predicting aggression and impulsivity. Repeated measures analyses were used to explore main effects of dipole, condition, and dipole*condition interaction in R Statistics 2.11.1.

Participants

The population sample (N=36; 18 males; age=20.6 [SD=1.86]) consisted of students from Nottingham Trent University. Inclusion criteria required participants to be right-handed, aged 18 to 65 years, without current diagnosis of any psychiatric or neurological disorders, and not currently taking medication.

Materials

Participants completed an online battery of questionnaires including demographics and The Barratt Impulsiveness Scale, Version 11 (Patton, Stanford & Barratt, 1995) measuring general impulsivity and a paper-based Aggression Questionnaire (Buss & Warren, 2000), measuring trait aggression. Scales had high internal consistency, Cronbach’s α=.84 and .94 respectively. Only total scores were used.

Experimental Paradigms and Procedure

ERPs were elicited in a sound-attenuated room at ambient temperature with stimuli provided through a set of HD-60 TV headphones. Before tasks were administered, resting states and artefact measures were taken.

The Go/No-Go oddball paradigm used to elicit ERPs consisted of standard (80 per cent), target (10 per cent), and novel (10 per cent) stimuli presented in pseudo-random order at 1000 Hz. The target and distractor stimuli were 40 to 80 ms in length. Lengths were block reversed to counterbalance stimulus length effects and were also
varied in terms of primary block administration between participants (see Figure 1). Stimuli were presented with an inter-stimulus-interval of 1 s and ran in two blocks of 180 stimuli.

**EEG acquisition**

Electroencephalographic activity was measured using an active-electrode, 64-channel Active-Two acquisition system (BioSemi, Amsterdam, Netherlands), sampled at 2048 Hz, and digitised at 24-bits. An additional 8 Ag/AgCl electrodes were placed at M1, M2, F9, F10, T9, T10, IO1, and IO2. ERP data were collected for each trial and references to earlobes. Incorrect response trials were removed.

**Key results**

Only frontal generators (dLFP, ACC, SMF) of frontal maximum ERPs (N200, P3a, LP) implicated in distractor conditions were pooled, leaving the variable pool (N2-ACC, N2-Right dLFP, N2-Left dLFP, P3a-ACC, LP-ACC, LP-Right SMF, LP-Left SMF).

Model 1 showed these variables accounted for 25.2 per cent of variance in total aggression with this overall association being significant \( F(1,34)=12.815, p=.001 \). The stepwise model accepted one predictor (N2 Right dLFP), as being significantly negatively correlated with total aggression \( \beta=-.466, t=-3.58, p=.001 \).

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Figure 1: Outlines stimuli counterbalancing used for oddball paradigm, both between and within participants. Half of the sample were presented with longer target tones first with the other, shorter target tones to negate order effects. This was alternated in the second block of stimuli to negate effects of stimuli length.
In Model 2, these variables accounted for 15.4 per cent of variation in impulsivity and were significant \( F(1,34)=7.396, \ p=.01 \). The model accepted one predictor (P3a ACC) as being significantly negatively associated with impulsivity \( (\beta=-.231, \ t=-2.719, \ p=.01) \).

**Discussion**

As hypothesised, the dlPFC, implicated in hippocampal modulation (Goldman-Rakic, Selemon, & Schwartz, 1984), showed lower activation during N200-generation and was associated with increased aggression. This supports research indicating dlPFC mediating aggressive behaviour and moral reasoning (Gansler et al., 2011). In particular, the right dlPFC is said to be involved in task preparation (Sohn et al., 2000), suggesting impairment in the ability to react appropriately to confrontational situations. Here, inhibitory functioning is thought to rely upon \( \alpha-7 \) nicotinic receptors (Williams et al., 2010), assisting in inducting inhibitory GABAB receptors in the dlPFC (Constantinidis et al., 2002). Results here suggest a relationship between low dlPFC activation and poor induction of GABAB inhibitory receptors in the post-synaptic cells in aggressive populations.

Additionally, the generation of the P3a via ACC activation was negatively associated with impulsivity and is consistent with findings implicating its role in response inhibition through conflict monitoring (Li et al., 2006). Damage to the dorsal ACC is observable in bipolar patients, characterised by poor inhibitory mechanisms (Gruber, Rogowska & Yurgelun-Todd, 2004). This finding could be further interpreted as a by-product of a failure of high-aggressive individuals to orient their attention to environmental cues and act accordingly. In relation to GABAergic functioning, the ACC receives GABA input from both GABAA and GABAB receptor sites (LaGraize & Fuchs, 2007). Interestingly, although the dlPFC is implicated in impulsive behaviours (Sala et al., 2011), this finding was not replicated here, placing these findings in line with those of Zetzsche et al. (2007) who reported no significant correlations between dlPFC volume and impulsivity.

Interestingly, the findings of this research oppose recent conclusions by Venables et al. (2011) who indicate that when controlling for impulsivity, novel-P300 amplitude attenuation is mostly associated with increased aggression. Our findings indicate otherwise in that the P3a is the most significant predictor of impulsivity, with N200 attenuation accounting for aggression. This could be accounted for my differential stimuli presentation methods (auditory vs. visual) and also varying methods of measuring aggression and impulsivity.

In relation to forensic utility, these results have produced a framework for future research regarding source localisation in relation to differentiating aggression and impulsivity and the possible inferring of GABAergic signalling. Future research should aim to replicate this research on a grander scale in an attempt to model psychophysiological variance in relation to various manifestations of aggression. By taking this approach, it may account for inconsistencies within research findings in regards to ERPs and aggression.

Practically, knowledge disseminated here could progress the role of assessment in deviant and risk-taking behaviour due to its speed, ease of use, and running costs compared to techniques such as functional magnetic resonance imaging. Additionally, findings akin to these could ground the use of GABA modulators as means of attenuating aggressive and impulsive behaviours, possibly resulting in reduced prison regime disruption and increased attention during rehabilitative programmes. This approach is however limited due to difficulty measuring sub-cortical activation including key aggression-related structures. As a means of overcoming this pitfall, research by Trujillo-Barreto, Aubert-Vázquez and Valdés-Sosa (2004) points to the use of Bayesian statistics as a possible means of accounting for this through incorporating structural and theoretical parameters.
In summary, this research is a step forward in developing a complex model for aggression using ERPs, taking into account subtypes of aggression and prising apart conflicts within the literature. It also provides possible practical value in terms of treatment avenues.

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38  Forensic Update 106 – April 2012
Factors affecting identification accuracy: The media misinformation effect and facial recognition memory

Cassandra Fleming

Research question

The current piece of research is concerned with factors affecting an eyewitness’ accuracy in line-up identification procedures taking place within the Criminal Justice System in England and Wales. The study was deemed worthwhile due to the existence of wrongful convictions as a consequence of inaccurate testimonies. An ample amount of researchers have attempted to unveil the factors responsible for the reduction of eyewitness accuracy (e.g. Bell & Loftus, 1989; Eakin, Schrieber & Sargent-Marshall, 2003; Roediger, Jacoby & McDermott, 1996), however, they have not yet reached a consistent reasoning about how exactly the memory of a crime becomes distorted. Therefore, the current piece of research aimed to explore this in more depth. Two main themes relating to eyewitness and memory research are addressed. Experiment 1 was concerned with how misinformation provided through media sources can have a damning effect on the accuracy of an eyewitness’ identification in a line-up procedure and a Pearson’s chi-square test revealed a significant effect. This area of psycho-legal research is often neglected yet the author provided a preliminary understanding into the powerful effects of British media reporting. Hypothesis 1 which states that misinformation regarding a perpetrator’s appearance significantly impairs eyewitness’ memory recall, as well as their ability to make a correct judgment in a line-up procedure was supported \[\chi^2(2, N=80)=10.34, p=.006\]. Experiment 2 aimed to identify which individual factors can be used to predict an eyewitness’ identification accuracy. Previous research suggested that differences in levels of suggestibility to external information, and confidence in suspect choice in a line-up both relate to an eyewitness’ ability to choose the correct suspect in a line-up identification procedure. The author also examined the concept of facial recognition memory and decided that this could be of vital importance in predicting line-up identification accuracy. Therefore, this study implemented a standardised measure of all three factors, and used a logistic regression model to determine which variables were indicative of identification accuracy; so as to advise police officers, jurors and judges about the credibility of each individual eyewitness’ testimony. Hypothesis 2 stating that those with lower levels of influenceability would be more likely to choose the correct suspect in a line-up procedure was rejected. Hypothesis 3 stating that those who were more confident in their choice of suspect would be more likely to choose the correct suspect in a line-up procedure was also rejected. However, Hypothesis 4 stating that those with high facial recognition memory scores are more likely to make an accurate identification in a line-up procedure was supported \[p(\chi^2 (1)\geq 4.35)=0.037\].
Experiment 1 – Misinformation provided through the media

The underlying cause of erroneous convictions has been identified as memory distortion. Due to memory distortion, an eyewitness’ accuracy is significantly reduced. Many researchers have explored how exactly an eyewitness’ memory of a criminal event is distorted, and a repeatedly used explanation for this appears to be that of co-witness discussion (e.g. Dalton & Daneman, 2006; Garry et al., 2008; Roediger, Meade & Bergman, 2001; Skagerberg, 2007; Skagerberg & Wright, 2008; Underwood & Milton, 1993; Warnick & Sanders, 1980; Yarmey & Morris, 1998). However, due to inconsistencies in findings, one is sceptical to accept these findings as a concrete explanation, and it is naïve to ignore other potential methods of memory distortion. The author of the present study was concerned with more indirect methods of influencing an eyewitness’ memory such as exposure to media reporting. It was noted how newspapers often print to a far and wide ranging audience, and the author wanted to highlight the dangers of misinformation presented through the media. In a similar stance, television shows such as Crimewatch often provide information regarding a perpetrator’s appearance, however, it is often overlooked how one small mistake could have the potential to convict an innocent person. Similarly, if a newspaper prints misleading information, it could potentially plant a thought in an eyewitness’ memory, and subsequently distort their recall of the offender’s physical appearance. This infiltration of false information may lead to a wrongful conviction. Experiment 1 aimed to demonstrate the powerful, but potentially damaging role of the media in influencing criminal cases in the 21st century. Thus, building upon prior research, the present study hypothesised that misinformation presented within a reputable newspaper, would result in distorted memories and thus influence the eyewitness when taking part in an identification line-up procedure.

The findings clearly provided substantial support for the claim that misleading information affects memory of person recognition in an identification procedure. Hypothesis 1 stating that misinformation regarding a perpetrator’s appearance significantly impairs eyewitness’ memory recall, as well as their ability to make a correct judgment in a line-up procedure was accepted. This demonstrates the pervasive influence of media coverage and its capabilities in influencing a witness’ memory of an offender’s physical appearance in a subsequent line-up procedure. From a policy standpoint, this is concerning for several reasons. As the police throughout England and Wales often use local newspapers as a medium to appeal for information regarding a crime or perpetrator, the findings of the present study demonstrate the significance of providing accurate and precise facts, as one error could lead to potentially damaging outcomes. Findings of several authors (Greene, 2004; Jenkins & Davies, 1985; Loftus & Greene, 1980) are in accordance with the present study. If a composite or description should be misleading in any such way regarding facial features, there is a danger of altering the original witness’ memory about the suspect’s appearance and thus mistaken identification is likely to occur as a result.

Clearly, media coverage has great potential to impact person recognition during a line-up, but it is unfair to ignore the possible benefits of publishing composite pictures and descriptions of perpetrators in newspapers. Despite the risks, newspaper coverage is capable of tracing additional witnesses and eliciting suggestions as to the identity of the suspect (Jenkins & Davies, 1985). According to Feist (1999) the media plays a crucial role in generating valuable information from the public, particularly in serious crime investigations. Yet the crucial question remains of whether the benefits of exposure to media accounts regarding crime incidents and perpetrators outweigh the potential dangers.
Experiment 2 – Influenceability, confidence and facial recognition memory in predicting eyewitness’ accuracy

Experiment 2 was concerned with determining which individual measureable factors may be useful in predicting an eyewitness’ identification accuracy. Evidence provided in court is a fundamental building block in a criminal case. Over the years, scientists have excelled in ensuring that the most accurate pieces of evidence are presented. Technological advances in forensic science practice have ensured that physical evidence such as fingerprints, DNA, textile fibres and so on, are more increasingly reliable pieces of evidence. Yet it is questionable why there remains an element of doubt when a criminal case is based on an eyewitness identification line-up procedure. Despite recent advances in technology regarding physical evidence, researchers have thus far failed to find a reliable method of measuring eyewitness accuracy. Therefore, the author of the present study aimed to uncover a more scientifically accepted way of assessing the reliability of an eyewitness.

The author wanted to assess three different individual factors (facial recognition memory skills, level of influenceability and level of confidence) and which variables are diagnostic of an eyewitness’ accuracy in a line-up procedure. A logistic regression model was used to determine which variables were indicative of identification accuracy. Hypothesis 2 and 3 stating that those with lower levels of influenceability and higher confidence would be more likely to choose the correct suspect in a line-up procedure were both rejected. However, Hypothesis 4 which states that those with high facial recognition memory scores are more likely to make an accurate identification in a line-up procedure was accepted. This key finding means that facial recognition memory scores from the CFMT (Cambridge Facial Memory Test; Duchaine & Nayakama, 2006) contributed significantly to the prediction of an eyewitness’s accuracy in a line-up identification parade. These findings are extremely encouraging and have great potential in providing an initial first step towards understanding the role of the Cambridge Facial Memory Test in predicting identification accuracy in line-up procedures, covering to a large extent a huge gap in eyewitness testimony literature. If the present findings were transpired to a real-life eyewitness context, whereby police are evaluating potential witnesses, they may use a cut-off score on the CFMT in order to include accurate eyewitnesses only, in a criminal investigation. This would evidently, reduce the risk of wrongful convictions due to inaccurate testimony.

This piece of research provides preliminary evidence to suggest that the CFMT may be a useful and comprehensive measure for predicting line-up identification accuracy, yet additional research is required to ensure similar findings are produced when in a more realistically stressful and emotionally-arousing eyewitness context (Haber & Haber, 2000). If future research continues to replicate the findings of the present study, then the CFMT has great potential in providing police a comprehensive measure of how accurate an eyewitness is in their suspect identification. Due to the serious legal implications concerning eyewitness memory as well as the controversy over mistaken identifications, future research is imperative to identify the factors that serve as indicators of identification accuracy.

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References


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Rape acceptance and male offenders: Exploring the connection between type of crime and acceptance of rape

Caitlin S. Hummel

Caitlin was supervised by Dr Afroditi Pina (University of Kent).

Rape is considered one of the most under-reported crimes in Canada (Brennan & Taylor-Butts, 2008). In a study of sexual violence, Statistics Canada reported that less than one-in-10 sexual assault victims report the crime to police (Brennan & Taylor-Butts, 2008). This high prevalence of underreporting may be related to what society defines as rape, as the term is often a topic of controversy. In turn, an important question within the literature is what does the term rape actually imply? Researchers have found that definitions of what constitutes rape are more diverse than is generally acknowledged (Hengehold, 2000). Although diverse, it has been shown that many of these definitions stereotypically reinforce male dominance over women (Zeegers, 2002). These stereotypes have developed into what Burt (1980) and later Lonsway and Fitzgerald (1994) re-defined as rape myths. ‘Rape myths are attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women’, (Lonsway & Fitzgerald, 1994, p.134). Simply, rape myths justify widespread cultural practices of sexual victimisation, most commonly against women (Lonsway & Fitzgerald, 1995).

Burt (1980), one of the first researchers to discuss rape attitudes, suggests that a relationship does exist between rape acceptance and three attitudinal variables. In line with feminist analyses Burt (1980) tested whether sexual conservatism, adversarial sexual beliefs and acceptance of interpersonal violence played a role in rape acceptance. Of most relevance to the current research is the concept of interpersonal violence, as the central aim is to investigate whether general violence plays a role in rape myth acceptance. Overall, Burt (1980) found that acceptance of interpersonal violence was the strongest predictor of rape myth acceptance.

As a result of the findings by Burt (1980), the current research wants to explore whether this relationship between interpersonal violence and rape acceptance exists in a non-sex offender population. Further, is this relationship dependent on the type of offence committed (e.g. violent vs. non-violent). Using this demographic can help assess whether rape acceptance and victim blame is higher in a population that tends to exhibit higher levels of general violence but not specifically sexual violence.

Previous research into violence and rape myth acceptance with incarcerated males has been mostly specified to sexual offenders (Scott & Tetreault, 2001). Scott and Tetreault (2001) found that overall sex offenders had differing attitudes towards women than the male control group. Overall, they showed that sex offenders had a need to control women, especially sexually (Scott & Tetreault, 2001). A goal of the current research is to address whether generally violent offenders accept this need for control through aggressive behaviour similar to sexually violent offenders.
Consequently, an overarching theme discussed in the literature is the domination of men over women, in terms of equality and gender role prescription. However, the role that violence plays in this domination is still unanswered. Specifically, how general violence is linked to rape myth acceptance is a relatively unexplored area within the literature. Further to what Medea and Thompson (1974) suggested, could acceptance of sexual violence be on a continuum from endorsement of general violence? As Burt (1980) demonstrated a link between the two does exist, further research is needed. This researcher conducted the current study to assess this connection by evaluating the level of rape myth acceptance of violent offenders, non-violent offenders and non-offenders and whether this acceptance is associated with attitudes toward violence. Using the Illinois Rape Myth Acceptance Scale (IRMA; Lonsway & Fitzgerald, 1995) the Attitudes Towards Violence Scale (ATVS; Velicer, Huckel & Hansen, 1989) and both stranger and acquaintance rape vignettes that could illicit victim or perpetrator blame this possible association was examined.

Through a literature review this researcher has hypothesised the relationship between types of offence committed (violent vs. non-violent) and rape acceptance. First, offenders that have committed violent offences are hypothesised to have a significant effect on victim blame, attributing more blame to the victim, and less responsibility to the perpetrator presented in the rape vignettes. This hypothesis stems from the finding in the 1980 study by Burt, which suggested that the acceptance of interpersonal violence was the strongest predictor of rape acceptance.

Method

Research design

The study involved a 2 x 3 design, with one independent variable being the stranger or acquaintance rape condition. The second independent variable, group has three levels, violent offender, non-violent offender and non-offender. The independent variable of rape condition was randomly assigned to the different groups, creating two different combinations of the survey. Within the design, the IRMA and ATVS questionnaires were used to assess general attitudes towards rape myth acceptance and acceptance of violence and were further analysed to assess whether these attitudes were correlated with the dependent variables.

Participants/Procedure

In total, 103 Canadian male-offenders and 58 non-offenders completed the current study. Participants representing the offender population were all incarcerated in a medium security facility in Western Canada. Both groups (offenders vs. non-offenders) were randomly assigned to either the stranger or acquaintance rape condition at the onset of the study. Regardless of condition, all participants completed the IRMA-SF followed by the ATVS-SF. Following completion of both surveys, dependent on condition participants read either a vignette characteristic of stranger rape or acquaintance rape. Upon completion, participants answered a series of six questions regarding victim and perpetrator blame, perpetrator similarity and rape likelihood.

Results

Of most significance, was the assessment of the relationship between the two independent variables, and the dependent variable of victim blame when completing a multiple regression. It was found that violent offenders in the acquaintance rape condition, was significantly associated with victim blame ($F(2,21)=6.54, p=.007$). (Similarly, the non-offender group in the acquaintance rape condition also had a significant association with victim blame ($F(2,32)=4.31, p=.023$). However, no significant result was found for the non-violent group in the acquaintance rape scenario on victim blame ($F(2,14)=.02, p=.978$). For all groups, the stranger rape scenario was not significantly
associated with blaming the victim (Violent Offender: \( F(2,18)=.22, \ p=.802 \), Non-Violent Offender: \( F(2,22)=.03, \ p=.971 \), Non-Offender: \( F(2,24)=.20, \ p=.817 \)).

Further analysis showed a significant correlation for those participants in the violent offender group assigned to the acquaintance rape condition, on victim blame when associated with favourable attitudes toward violence as scored on the ATVS \( t=2.65, \ p=.016 \).

**Discussion**

Previous researchers have reported that in general males have a higher likelihood of placing more blame on the victim of rape, and less responsibility on the perpetrator (Kopper, 1996; Sinclair & Bourne, 1998; Yamawaki, Darby & Queiroz, 2007). The current research was conducted to examine whether males with specific characteristics such as being convicted of a violent offence influenced attribution of victim blame and perpetrator blame in comparison to non-offenders. As predicted, a significant effect of victim blame was found for violent offenders within the acquaintance rape condition. Further, when correlated with the ATVS a significant effect of the violent offender group within the acquaintance rape scenario on victim blame was found. These findings may have implications for the theory offered by Burt (1980), and the connection between attitudes that support violence and attitudes that support rape.

As Burt (1980) found that interpersonal violence was the strongest predictor of rape myths, this may be related to the current findings as blaming the victim is a fundamental aspect of rape myths.

Another explanation for the significant effects of violent offenders attribution of victim blame may be related to the idea of ‘techniques of neutralisation’ (Bohner et al., 1998). This idea suggests that techniques such as denial of the victim and denial of responsibility are positively correlated with violent delinquent behaviour (Bohner et al., 1998). Burt (1980) suggested that rape myths used by sexual offenders are similar to these ‘techniques of neutralisation’ instilled by violent offenders (Bohner et al., 1998) and as such both groups may attribute more blame to victims of violent offences. As such, violent offenders attributing more blame to the rape victim in the current study may be related to this inherent technique to make the victim responsible. Although, the current study has showcased an effect of group; further research is necessary to examine whether this finding has implications for the theory that sexual violence is on a continuum from general violence acceptance (Medea & Thompson, 1974).

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References


Don’t forget to enter the competition at: www.surveymonkey.com/s/CFWV73G

Working with survivors of sexual abuse and complex trauma in prison

Adam Mahoney

However, it is apparent that forensic populations (as with other clinical populations) often report histories of abuse. A detailed review of studies reporting rates of childhood abuse, including child physical abuse (CPA), emphasises how prisons can be ‘reservoirs’ of such social problems. Comparisons between male and female offenders, as well as other groups of offenders also highlight a number of variations in prevalence. This may also contribute towards the greater incidence of mental health concerns and associated trauma symptomology in female offenders.

In considering the international peer-reviewed literature and data available from various governments, the difficulties are apparent in concluding the exact prevalence of survivors in prison. However, some authors have noted that CSA may be as high as 68 per cent for female and 59 per cent for male prisoners (Browne, Miller & Maguin 1999; Severson, Berry & Postmus, 2008; Johnson et al., 2006). Higher rates of CPA and CSA have also been reported for sex offenders and substance misusing offenders (Jespersen, Lalumière & Seto, 2009; Ministry of Justice, 2010).

When reflecting on the prevalence literature it is important to be aware of difficulties inherent in relying on ‘snap-shot’ data as well as data from other countries. Similarly, the reluctance of some groups of offenders, particularly males, to disclose histories of past abuse as a result of shame based self-narratives must also be considered (Butler,
In addition, the potential normalisation of physical abuse and neglect by offenders as well as the particular therapeutic focus given to certain populations, such as sex offenders, may impact on our understanding of this area. It is also noted that there appears to be a dearth of specific research on the prevalence of Type II and III trauma in prisoners.

The lack of standardised assessment tools, such as the Childhood Trauma Questionnaire (CTQ), and other variations in terms of the research questions and focus is also problematic. Such difficulties, for example, may be apparent in Ministry of Justice (2010) data that indicates 29 per cent of offenders (male and female combined) on reception to prison reported either emotional, sexual, or physical abuse as a child. This includes nine per cent reporting CSA and 18 per cent CPA. Despite these methodological concerns, the importance of identifying and responding to offenders who have survived such damaging experiences is apparent when considering their higher reconviction rates (Ministry of Justice, 2010; Sarchiapone et al., 2009).

**Survivor pathways into offending**

The term ‘survivor’ is used throughout the abuse and trauma literature as part of the wider empowerment of clients. This literature has important implications for forensic practitioners in developing an understanding of how a ‘pathways’ approach, both into and out of offending, may be relevant for individuals who have ‘survived’ such experiences. However, this pathways approach is sometimes simplistically conceptualised in terms of a chain of events that includes mental health problems and substance misuse as a primary coping mechanism. Such sequential steps are often seen as essential precursors for survivors into offending (Ney, Van Vooohris & Lerner, 2011).

It is important to recognise that abuse can have a complex impact on an individual’s neurological functioning. Therefore, central to a pathways approach should be a developmental understanding of the brain’s neuro-physiology. This includes important adaptations of the brain’s architecture, which are typical in survivors with complex levels of Post-Traumatic Stress Disorder (PTSD). Understanding, for example, how the limbic system adapts to such levels of abuse is particularly critical when comprehending the development of problematic coping strategies. This is relevant in respect to the Hypothalamic-Pituitary-Adrenal (HPA) axis, central for the production of the hormone cortisol, which is crucial for mediating physical and psychological reactions to stressful situations. These endocrine effects can impact on an individual’s emotional regulation at the nervous systems level. The inability to access cortical areas associated with rational thought and problem-solving in highly stressful situations can have important implications as evident in violent offending (Heide & Solomon, 2006). This level of adaptation is perhaps best understood in terms of the Type II or III trauma that often stems from childhood experiences of sustained physical and sexual abuse as well as experiences of chronic neglect.

Utilising a pathways approach may also help to identify various criminogenic needs relevant to survivors’ cognitive and affective functioning. This approach has also been undertaken to help identify relevant demographic, offending, behavioural and mental health factors in female offending. For example, in a recent study we sought to compare various factors associated with violent female recidivism (Mahoney & Karatzias, 2011). Through examining the profiles of repeat and one-time violent female prisoners it was possible to identify the former as having significantly more chaotic lifestyles, negative behaviours, relationship difficulties and long-standing offending histories including self harming and suicidal behaviours whilst in custody. Multivariate regression analysis highlighted ‘spousal’ relationships and age at first violent
offence as accounting for 68 per cent of the variance between the two groups.

However, understanding the aetiology of such offence and offence-parallelled behaviours is fundamental to establishing appropriate interventions that effectively address the needs of different groups of offenders. As such whilst not statistically significant it is worth noting that we found that more repeat violent female offenders were survivors of CSA (46.5 per cent vs. 36.1 per cent). It is also important to consider how factors including under-reporting, research difficulties and individual differences in coping and trauma symptomology may affect our understanding of how abuse histories influence an individual’s pathway into offending (Broadman & Davis, 2010).

Trauma informed offending behaviour programmes
One of the important questions to arise from considering this area is identifying which psychological therapies and interventions are responsive to survivors’ needs. In this respect psychological therapies available to offenders can be divided into two groups. Firstly, offending behaviour programmes that have been largely designed and delivered according to the Risk-Need-Responsivity model, their effectiveness discussed in the forensic treatment literature (McDougall et al., 2009). Secondly, those mental health responses that are solely interested in alleviating the abuse and trauma symptomology (Polaschek, 2011). However, for survivors whose trauma and abuse may be central to their offending, it is important to identify which interventions are ‘trauma informed’ or ‘trauma specific’ enough to ensure the effectiveness of their treatment modality (Harris & Fallot, 2001).

More intensive offending behaviour programmes may help some survivors consider the aetiology of their behaviours. These programmes could also help integrate or process traumatic and past events as well as establish new coping strategies. It can be argued that the Therapeutic Communities approach and the Dangerous Severe Personality Disorder (DSPD) services respond at this level (Akerman, 2011; Hogue et al., 2007). Similarly, Dialectic Behavioural Therapy (DBT) seems to provide an effective behavioural response to working with some of the most challenging and personality disordered offenders in custody many of whom have histories of abuse (Need & Farman, 2007).

In critiquing offending behaviour programmes from a trauma informed perspective, many of the arguments are often allied with those from the gender responsive literature (Covington, 2008). Indeed, survivors ‘narratives’ of abuse may make reference to important gender based experiences. Messina et al. (2010), for example, highlight the effectiveness of a gender-responsive substance abuse treatment programme for female prisoners. The effectiveness of this programme seems to have been assisted by the inclusion of a trauma informed theoretical base and other trauma specific psycho-educational material.

In contrast, it can be argued that many offending behaviour programmes do not specifically acknowledge the often complex needs of survivors particularly in a way that ensures treatment responsivity and readiness (Chambers et al., 2008). Appropriately recognising, sequencing and being responsive to the psychological needs of survivors may have important implications in terms of effective programme delivery. Heseltine, Howells and Day (2010), for example, note how brief anger management programmes with offenders may not be of sufficient intensity to affect behavioural change. Such difficulties may be particularly apparent when engaging offenders who are survivors of complex trauma and abuse.

What can we learn from trauma informed approaches?
Adopting a trauma informed model is important in being able to identify triggers and circumstances that may lead to re-traumatisation as well as understanding the
development of offending behaviours. This has important implications for any formulation process. For example, being able to put a survivor’s interactions and relationships with others into context are essential considerations for any treatment or risk management plan (Havighurst & Downey, 2009).

This has direct relevance for managing institutional risk where interactions with staff may inadvertently trigger an individual’s traumatic experiences. Survivors often lack an awareness of how their abusive experiences have affected their offending and a trauma informed approach necessarily seeks to develop this awareness in a way that enables individuals to take responsibility for their behaviour (Covington, 2008). Similarly, at an establishment level promoting such awareness should include the importance of creating safe environments from which to treat these issues effectively. Helping survivors to identify strengths and protective factors as well as important life ‘goods’ are also emphasised in this respect.

Essentially, trauma informed interventions require greater consideration of a range of therapeutic concerns including stress management skills, problem solving, positive self-talk, assertive communication skills, supportive relationships, ‘healthy’ attachment styles and family systematic issues. Mental health problems associated with complex trauma, especially depression, anxiety, PTSD and personality disorders may all need particular consideration to ensure treatment effectiveness (Maniglio, 2011).

Conclusions
The purpose of the BPSSS event, and particularly of this presentation, was in highlighting the work being undertaken to assist survivors of sexual abuse and complex trauma as well as the role that forensic psychologists should play in this area. It is therefore essential that forensic practitioners are aware of relevant trauma informed and specific psychological applications, knowledge and understanding. This includes being able to recognise complex situations where clients may be offenders as well as survivors. Similarly, by adopting a trauma informed approach to offending behaviour interventions and risk assessments we should routinely achieve a greater understanding of the role abuse and trauma plays in terms of pathways into and out of offending.

The British Psychological Society Scotland Survivors of Childhood Sexual Abuse Working Party (BPSSS) website can be found at: http://scottish.bps.org.uk/scottish/bpsss/bpsss_home.cfm

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References


Division of Forensic Psychology Scotland event for trainees and supervisors – Core Role 2: Research

Sarah Selby

This one-day event on 12 September 2011 was arranged by the Division of Forensic Psychology in Scotland at the Scottish Prison Service College.

It was organised to provide an opportunity for attendees to gain insight into what assessors are looking for in Core Role 2 submissions. The main presentation of the day was provided by Dr Ruth Mann (Core Role 2 Lead Assessor). In addition there were afternoon workshops on a variety of aspects of research including reflections from recently chartered forensic psychologists on their research experiences and discussions on ideas and opportunities for linking applied research in with academic departments. The audience were mainly trainees and included those about to submit Core Role 2, those currently undertaking research, and those not yet working on this core role. Some supervisors also attended to learn of their role in the process.

Presentation
Dr Mann provided an overview of Core Role 2 based on her own experience of research, supervision of trainees, and her work as Lead Assessor. Clear guidance was given on what should and should not be submitted; also common reasons for being assessed as ‘competency not yet demonstrated’ were provided. Dr Mann’s guidance provided specific advice on how to increase the likelihood of successfully complete their research exemplars including guidance on supervision, research design, and writing up exemplars.

Supervision
It was acknowledged that supervisors can be reluctant to supervise research due to their own perceived lack of skill in this area. Dr Mann highlighted that linking with academic researchers is entirely appropriate to ensure the quality of the research, although there is definitely no necessity for academic supervision as this can sometimes lead to a reduction in the applied nature of the research, even if the academic quality is increased.

Designing research
Research projects must be applied in nature. To help with this, Dr Mann suggested identifying an ‘interested customer’ with a relevant query such as asking a prison governor what questions they would like answered about their establishment and population. Also fundamental to successful submissions is ensuring that the research is psychological rather than something a ‘bright generalist’ would do. Although not essential to provide, Dr Mann advised on writing and submitting a research proposal to help keep the research focused. This should include a summary of the literature review, research questions, description of measures to be used, data collection plan including ethics, analysis plan, time-line, and contingency plans.

There is no specific rule in the regulations for undertaking both qualitative and quantitative research, however, it clearly demonstrates a broader skills base in terms of research. It was acknowledged that this then raises the challenge of how to squeeze
a piece of qualitative research into 5000 words.

Writing up
Referring to the APA Publication Manual (2010) was advised to help submissions meet the criteria of being of a publishable standard. In addition, Dr Mann suggested finding a research article using similar methodology and using this as a basis for the write-up.

Dr Mann highlighted the importance of disseminating the research outcomes as this is a key applied skill. This requires clarity on who you are disseminating to, why you did the research (rather than how), what you found, what it means, and implications for the future.

Workshops
The afternoon workshops provided attendees with a variable experience. Those workshops that focused on clear, practical advice were helpful, such as feedback from recently chartered psychologists on some of the research pitfalls they had experienced. There was also some discussion of particular individuals and departments who would be keen to link in with applied research which was of some interest. Other workshops were felt by some attendees to have less relevance as they appeared to be led as a forum for academic debate rather than addressing specific issues relating to Core Role 2.

Conclusions from the day
Feedback from some trainees and supervisors suggested that the core content of the day was considered to be Dr Mann’s presentation and in comparison the additional workshops provided more limited input on practical issues. A number of suggestions on how further support could be offered to trainees for Core Role 2 were made. For example, attendees suggested events linking academics and practitioners and refresher days in statistics and research methods. With regard to the other Core Roles, similar events were requested to the one held.

In addition, trainee retreats were also suggested to expedite the write up of core roles which it was suggested could work very well for Core Role 2 to complete analysis. Trainees also mooted a request for the handbook to be translated in clearer English, although it was acknowledged that there is far greater clarity now than in previous years.

The overwhelming sentiment of the day was one of positivity and, for some, the fear of research was somewhat reduced. Feedback from trainees and supervisors suggested that Dr Mann’s contribution to the event was key and provided a helpful basis from which to undertake their research with greater confidence.

Key pointers
● Research must be applied.
● Undertaking both quantitative and qualitative research is not essential but does demonstrate a broader range of skills.
● Write a research proposal to help keep focus.
● Academic supervisors may be helpful but they are not essential.
● Refer to APA guidelines when writing up.
● Dissemination of research findings is a key applied skill, do not overlook it.

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References
THE INDEPENDENT ROUTE to registration as a Forensic Psychologist (as well as Chartered Membership of the Society and full membership of the Division of Forensic Psychology) continues to be very busy, with more psychologists qualifying, the time taken to qualify reducing and a constantly replenishing registration rate.

In February 2012, some 115 qualifications have been awarded, of which some 46 were awarded in 2011. It is encouraging that over the last two years, seven people registered for Stage 2 have completed within three years. At the rate of current submissions (563 in 2011, as opposed to 172 in 2008), this trend looks set to continue.

The Core Role Assessors met with the Chief and Lead Assessors in January and the presentations have been circulated to supervisors and candidates, some key points are summarised here.

The overall pass rate on first submissions in 2011 was 72 per cent, and 79 and on second submission.

An increase in more creative exemplars for Core Role 1 (Conducting psychological applications and interventions) was welcomed, with the reminder that effectiveness should always be clearly evaluated. It was also noted that some submissions still result in a provisional outcome due to a failure to anonymise.

Core Role 2 (Research) often requires a second submission. Some helpful points to remember included:

- qualitative studies must use a recognised qualitative analysis method and ensure robust and open data collection methods;
- quantitative studies should use a correct, but not necessarily a complex analysis, which should be inferential rather than merely descriptive; and
- minor points which can lead to problems include tendencies to overcomplicate the analysis, the presentation and the recommendations. The message seems to be to keep it as simple, clear and accurate as possible.

In Core Role 3 (Communicating psychological knowledge and advice to other professionals) the trend to more focused submissions was welcomed. The use of evidence in the form of communications that are administrative rather than psychological should be avoided. It was noted that many candidates struggle with 3.3 due to their lack of experience in implementing and evaluating policy, a point for supervisors to note. Finally, remember that whilst colleagues count as clients, in this instance the offender does not!

In discussing Core Role 4 (Training other professionals in psychological skills and knowledge) it was noted that where organisational decisions had already been taken, insufficient attention was sometimes given to a Training Needs Analysis and/or the evaluation of training. It was stressed that it was acceptable to show how a TNA or evaluation could have been designed, with care taken to cover learning on the training as well as doing post training evaluation.

Please remember that recruitment is ongoing to find a replacement for Jo Bailey as Chief Assessor for the Forensic Psychology Qualification. Jo is due to stand down in 2012, having made a very significant contri-
bution to the effective functioning of the Qualification. Members will also have seen that recruitment has started for a new Lead Assessor for Core Role 1. Please consider whether you would like to be involved in either of these posts, or know someone who might be interested and do let Alex Johnson know!

Congratulations to everyone who has qualified and good luck to all of you working on Stage 2 at present!

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Book Reviews
Edited by Simon Duff

Domestic abuse is Never acceptable:
A manual for working with women who have experienced, or are experiencing, domestic abuse
N. Vella & D. Murdin, D.

Reviewed by Sue Thomas

This workbook is ‘what is says on the cover’, i.e. an aide to working in a practical manner rather than an academic text. The authors have a long history of working within this context and this is evident in the clarity of presentation and content.

The workbook was developed to fill a gap in relation to materials available for those working with women involved as opposed, according to the authors, of the wealth of material available for working with the perpetrators or children. It is good to see an acknowledgement that men also suffer domestic abuse but they clearly state that these materials were developed for use with women as that is their area of expertise.

There are three sections the first giving information about the impact of domestic abuse and attempting to get the reader to understand how it feels to be a victim whilst giving advice on how to run a group with women who have, or are, experiencing domestic abuse. Clear and concise information is provided about the impact and also, why women stay, which is often difficult for those who have never experienced domestic abuse to understand. I particularly like the scenario provided which is not directly related to domestic abuse but the reader is then asked to consider the concepts within that context. There is also a short section looking from a child’s perspective and finally a clear outline of how to go about running a group from the referral process, practical
issues such as childcare as well as actually running the group including case studies which can be used as the basis for discussions.

The second section provides exercises for use in group work and these are clearly set out under eight headings and total 22 exercises. This is a wealth of material and there are clear instructions of how to facilitate them which is essential for any workbook but, sadly, often missing.

The third section contains handout sheets which can be photocopied for use in all of the exercises provided in section 2. These can also be obtained electronically for those who have purchased the manual which is an added bonus. Clear restrictions relating to copyright are given at the start of the book.

In the introduction to this workbook it states that they aimed to produce materials that can be used by those experienced and less experienced in this field and I feel that they have achieved this. The authors also discuss the necessity of good supervision to protect group facilitators as well as the supervisors. They make a clear distinction between this and general line management which is essential due to the nature of the work and, in the climate of cutbacks and less time to conduct work, is important not to overlook.

This workbook does meet the aims of the authors and I would recommend it to anyone currently working, or training to work, in this area.

Dr Sue Thomas is Head of Psychology and Programmes, HMYOI Lancaster Farms.

RAPE: Challenging contemporary thinking
M. Horvath & J. Brown (Eds.)

-reviewed by Nathan Shearman

From the beginning it is made clear that this book does not seek to provide answers and solutions, or try to force its views on others, but evoke discussion and debate, bringing together a collection of work from leading researchers and those interested in the area of sexual violence. RAPE: Challenging contemporary thinking is based on seminars held by the British Psychological Society with the central point being rape and sexual assault. The topics in this book were topics discussed at the aforementioned seminars with sub-areas of focus being: (1) methodology; (2) concepts and models; and (3) practice application; however, this book is not limited or confined to these specific areas and the editors have acknowledged that other topics are important in this field and required exploration. The ‘scene’ is set clearly in this book and it is this transparency, I feel, that increases the accessibility of this book. It is apparent that this book, seeking to challenge, is appropriate for all those interested in the area from the undergraduate student, wanting to develop their knowledge, to the academic and practitioner wanting to
challenge and debate the justice gap. This book is adult female victim and adult male perpetrator specific; however, the editors do fully note this and to make readers interested in other victim and perpetrator groups aware, they are not ignorant to the fact. It was also refreshing to see this book does not get caught up in the politics of terminology and, although makes clear and gives acknowledgement to the fact there are various terms used, there is no preference given by the editors.

This book is divided into three parts. Part 1, ‘Processes and Representations’, explores rape myths and rape myth acceptance, both theoretically and empirically as well as suggesting methods to apply findings to practice in order to reduce sexual offending. It also details the implications of emotions (anger and disgust) in the dealings of rape and sexual violence, by individuals and the law. Rape in the media is another topic area challenged, as is the issue of communicating consent and sexual negotiation. Personal highlights were the explored functions of rape myth acceptance (cognitive, affective and behavioural), as well as a clear theoretical background given, which I feel would be especially useful for students. This part also reminds the readers of the role the media still plays in shaping the public profile of rape and sexual violence – and where some outlets are assisting; others are assisting and perpetuating new problems with their ‘purely ‘symbolic expulsion’ of sexual violence from our midst or … glib ‘post-feminist’ analysis in which anti-rape collective activism is rendered unnecessary’ (pp.91–92).

Part 2 shifts focus to ‘Victim Vulnerabilities’, reporting from the involvement and complexities of alcohol and drugs in rape and sexual assault, to women’s experiences of prostitution and sexual violence, describing the sense of self, violation and harm, as well as their relationship with their bodies. This part also explores rape allegations, the context of these and the implications of these contexts. The problem of convictions for rape is rapidly brought to light, as well as the complexities of managing allegations, this notion of ‘real rape’, and the saddening reality of allegations actually taken to court. This section, like other sections of this book, is important in highlighting the still prevalent stereotyping of rape and female sexuality in the legal and media arenas, as well as the general public. Research findings are presented in a clear format, as is the layout of the chapters.

Part 3, ‘The Criminal Justice System’, firstly explores police decision-making processes when investigating a rape complaint, utilising a naturalistic decision-making framework. The section then moves on to present differing perspectives on the role and function of the police interview and it is interesting to have perspectives from both an investigative and complainant point of view together. Implications from findings are that although there is a sense that the police are committed to victim care and ensuring justice, it is the need to build a ‘robust account’ that can lead to feelings of interrogation by complainants. Additionally, it is the police’s need for information and the complainant’s response (trauma is not easy to disclose) from this that appear to lead to the police officers doubting the claims, seemingly supporting some beliefs that a significant proportion of rape allegations are false. The penultimate chapter of this section explores high rape attrition and low conviction rates, using research findings to evidence possible factors behind both. This includes stereotypical constructs of rape which seem to continue to inform decision-making and the notion that there are certain ‘types’ of rape considered ‘disadvantaged,’ which is reason enough in itself to debate and challenge the justice gap. The final chapter then develops on the previous chapter but specifically explores attrition and conviction issues at the trial stage. The authors suggest possible strategies to improve systems in place which appear to perpetuate these issues. Overall, the chapter is highlighting that something (evidence-
Assessment and Treatment of Sexual Offenders with Intellectual Disabilities: A Handbook
L.A. Craig, W.R. Lindsay & K.D. Browne
Wiley Publishing (2010)

Reviewed by Dr Daniel T. Wilcox

With another timely publication on assessment and treatment of sexual offenders, in this instance focusing on intellectually disabled individuals, the authors provide a helpful, companion volume to their book Assessment and Treatment of Sexual Offenders: A Handbook. While earlier books have progressed evaluation and intervention work with sexual offenders who have intellectual disabilities, this publication pursues that aim more thoroughly than any book of its kind in print today. Craig, Lindsay and Browne address both clinical and forensic issues, as well as providing a comprehensive review of the literature, in a way that, I believe, will greatly assist researchers and practitioners in this area. As a ‘work in progress’ in a developing field, this book is an information cornucopia that, in my opinion, teems with ideas and asks relevant questions throughout that will interest people new to the field as well as offering more discerning readers the opportunity to examine these issues and further advance knowledge in work with intellectually disabled sexual offenders.

The chapter authors are recognised experts in working with sex offenders who have intellectual disabilities and the text is divided into six sections. Section 1 of the book develops a broad understanding of characteristics and prevalence of sexual offending amongst the intellectually disabled. Developmental pathways are explored in a chapter by Hayes together with the application of a self-regulation model with sex offenders with intellectual disabilities by Eccleston, Ward and Waterman. Issues arising in relation to family offending by adolescent with intellectual disabilities are also addressed before the book proceeds to look at clinical forensic issues more closely in a section concerning diagnostic assessment and co-morbidity. This part of the book focuses on the impact of variables such as psychiatric illness, pervasive developmental challenges and sexual identity disorders on risk in people with intellectual disabilities. Helpful case examples are employed.
providing guidance and advising a need for caution when making diagnostic judgements with this population.

Section 3 explores risk assessment with Lindsay and Taylor examining recidivism rates and Morrissey focusing on the impact of assessed personality disorders in sexual offenders with intellectual disabilities. Boer and his colleagues suggest important potential adaptations of measures frequently used with mainstream offenders, for example, the HCR-20 and the SVR-20, for use with offenders with have intellectual disabilities.

Section 4 concentrates on the use of psychometric measures of sexual deviance in offenders with intellectual disabilities, as well as evaluating treatment needs in this population. The fifth section of this book focuses on treatment issues examining both community and prison based intervention programmes for sex offenders with intellectual disabilities. A helpful chapter by Mosher considers specific challenges with regard to staff support and development in this area of treatment and Verhoeven explores the potential merit in employing DBT with intellectually disabled offenders to reduce emotional and behavioural dysregulation and improve therapeutic receptivity. The book closes with a chapter by Ford and Rose considering future directions to be pursued with the aim of managing and treating intellectually disabled sex offenders more effectively. They describe the need for improved education and training for staff and carers, together with increased efforts to access additional resources to develop treatment approaches and monitor outcomes of treatment more consistently.

In my opinion, this book should be viewed as essential reading for anyone wishing to responsibly develop or evaluate work with sexual offenders who have intellectual disabilities. It is an informative, yet readable, volume offering an honest appraisal of an emerging field.

Dr Daniel T. Wilcox is a Clinical and Forensic Psychologist.
Forensic Update
Newsletter of the Division of Forensic Psychology

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Contents

1 Editorial
Emily Glorney & Rachel Worthington

2 Notes from the Chair
Giles McCathie

Articles

6 A long time coming? The Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)
Theresa A. Gannon, Lona Lockerbie & Nichola Tyler

11 Supporting the Expert Witness: Challenges and opportunities
Caroline Schuster, Hugh Koch & Glenda Liell

16 Aviation security
Trevor Calafato & Kathryn Zahra

20 Setting up a model of care for a medium secure service for women
Gerrie Holloway, Alison Lauder & Emily Garner

MSc Competition

28 Mentoring within a high secure forensic inpatient service: Service user perspectives on developing a mentor service
Bettina Boehm

33 Using EEG to test the inhibitory mechanisms implicated in aggressive behaviour that rely on GABA function: Source analysis of N200 and P300 components
D. Fido, D.A. Wilson, M.G.E. Espirito Santo, T. Stephens & A. Sumich

39 Factors affecting identification accuracy: The media misinformation effect and facial recognition memory
Cassandra Fleming

43 Rape acceptance and male offenders: Exploring the connection between type of crime and acceptance of rape
Caitlin S. Hummel & Afrodit Pina

Training Reports, Events and DFP News

47 Working with survivors of sexual abuse and complex trauma in prison
Adam Mahoney

52 Division of Forensic Psychology Scotland event for trainees and supervisors – Core Role 2: Research
Sarah Selby

54 Progress on the Forensic Psychology Qualification
Roisin Hall

56 Book Reviews
Edited by Simon Duff