THE UNIVERSITY OF HULL

The Experience of Problems, Help Needed and Help Received in Offenders with a Learning Disability: An Interpretative Phenomenological Analysis.

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By

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ABSTRACT

Previous research has indicated that offenders with a learning disability have higher rates of adverse life experiences in childhood and that there is a period of time when they begin to exhibit problems when intervention could be attempted coupled with significant unmet need in terms of mental health services. The research is lacking in studies exploring previous service utilisation with offenders and there is also a lack of empirically based models of offending for people with learning disabilities and as a consequence, theory and strategies for early intervention are largely based on risk and protective factors. This was an exploratory qualitative study investigating the experience of offenders with a learning disability. The main aims were to explore their experiences in relation to problems they had and help they needed or received. Ten men were interviewed using a semi-structured interview. The interviews were analysed using interpretative phenomenological analysis. The analysis revealed three higher order themes: human rights, relationships and anger/violence. The higher order theme of human rights incorporated three themes of safety and protection, inequality and forms of discrimination and survival. The higher order theme of relationships incorporated three themes of being alone, trust and collaboration. The higher order theme of anger and aggression stood alone. The themes were discussed in relation to existing literature and models and used to formulate preliminary models of prevention and intervention for offenders with a learning disability. The implications and methodological issues were considered.

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CHAPTER ONE: INTRODUCTION

1.1 Overview

This chapter will begin by providing a brief summary of the historical developments in the learning disability field, the aim of which is to provide information about historical problems relating to both how people with learning disabilities have been treated and the link between learning disability and offending. This is followed by a definition of learning disability and a review of the literature relating to the actual prevalence of offending in people with a learning disability, highlighting problems in determining prevalence. Following this are sections five and six, which review qualitative and quantitative research relating to the background and history of both offenders with a learning disability and offenders without a learning disability. Section seven provides a review of the literature on the background and history of adult and adolescent offenders. Section eight reviews literature relating to service utilization in offenders. Following this, sections nine and ten provide a review of mental health needs and service utilization for children with mental health problems and children with learning disabilities and mental health problems. Section eleven attempts to draw together the literature relating to offending, learning disability and need for help/services, formulating a possible model to incorporate these aspects. Section twelve provides a brief review of treatments for offenders with a learning disability. Finally sections thirteen and fourteen outline the aims and rationale of the current study followed by the research questions.

1.2 Historical View of Learning Disability and Offending

> "Offending has variously served as an indicator of social menace, an expression of lack of social competence and an effect of exclusionary social structures and practices. It has been used in arguments for the protection of society from people with learning disabilities" (Simpson and Hogg, 2001: 384).

Historically, people with learning disabilities were associated with greater risk of criminality and dangerousness, reflected in the eugenics movement in the early 1900's. The eugenics movement was an attempt to purify the human race by eliminating or sterilising people who were classed as unfit. Among those classed as unfit were people with learning disabilities. Goddard (1912) researched just one family back six generations and suggested that people with learning disabilities were significantly associated with crime and criminality:

> "The best material out of which to make criminals and perhaps the material from which they are most frequently made, is feeblemindedness", (pg54).

At this time common practice was institutionalization and often sterilization for people with learning disabilities. The Mental Deficiency Act (1913) and the 1944 Education Act (Ministry of Education) both contributed to the segregation of people with learning disabilities, through detention in hospital and the denial of education. These attitudes began to change through a number of reports from 1969 onwards. The Howe Report

(Department of Health and Social Security, 1969) highlighted a number of problems with institutions, the 1970 Education Act (Ministry of Education), enforced equal opportunities for education for all children, the White Paper, 'Better Services for people with learning disabilities', (Department of Health and Social Security, 1972), which initiated closure of institutions, and the Jay Committee Report (Department of Health, 1979) advocated the rights of people with learning disabilities to the same opportunities as people without learning disabilities. This coincided with the introduction of normalization (Wolfensberger, 1972; Nirje, 1985) and social role valorization for the creation, support and defense of valued social roles for people with learning disabilities. This also included a move towards a social model of disability, which described disability in terms of social restriction, or oppression imposed by non-disabled others. Therefore the key task was the removal of barriers which society construct to exclude people with disabilities. Recent impetus in this area has included the Human Rights Act (1998), the Convention on the Rights of the Child (United Nations, 1989), which recognizes the rights of all humans as being the foundation of freedom, peace and justice in the world, and the recent White Paper, Valuing People, (Department of Health, 2001), emphasizing 'people first'. However, Walmsley (2001) identified that in contrast to the civil rights movement by black people and physically disabled people, these changes for people with learning disabilities came from people without learning disabilities. As a consequence services have changed but attitudes less so and the recent white paper Valuing People identifies that children and families with disabilities still face many barriers in society.

A lot of progress had been made regarding people with learning disabilities, and it is no longer the case that learning disability is thought to be a major causative factor in crime. However, the extent of offending in people with learning disabilities is still unclear. Simpson and Hogg (2001) identified the various problems associated with recognizing the extent of offending within people with learning disabilities. They suggested that as deinstitutionalisation began in the late seventies, a cut off date of 1979 should be used, as this process would be likely to impact upon prevalence rates. Other factors influencing prevalence relate to participants being reliably identified as having a learning disability using a recognised test, and for their status as offenders to be clearly specified.

1.3 Definition and Prevalence of Learning Disability

As far as definitions go, terms for someone with a learning disability have changed as the historical view of learning disability has. Diagnostic manuals such as DSM-IV and ICD-10 still use the term mental retardation, which is defined as

> "Significantly subaverage intellectual functioning (an IQ of 70 or below) with onset before age 18 years and concurrent deficits or impairments in adaptive functioning", (APA, 2000: 39).

Emerson, Hatton, Felce and Murphy (2001) state that the formal definition of learning disabilities or intellectual disabilities includes the presence of significant intellectual impairment, deficits in social functioning or adaptive behaviour which are present from childhood. It appears that the definitions are the same regardless of the term[1], although in research it is worth being aware of the criteria that are being used to assess. The World Health Report (2001) concluded that although studies looking at prevalence vary, this is due to varying diagnostic criteria, and it is believed that the overall prevalence of learning disability was between 1 percent and 3 percent.

1.4 Prevalence of Offenders with a Learning Disability

If the definitions of learning disability outlined above are used, this indicates that assessment of learning disability involves assessment of both intellectual functioning and social/adaptive behaviour. A review of studies recommended by two recent review articles, (Simpson and Hogg, 2001a; and Holland, Clare and Mukhopadhyay, 2002), aimed to identify the prevalence of offenders with a learning disability, taking into account diagnostic issues.

Lund (1990) studied offenders with a learning disability in Denmark over an 11-year period. The participants were identified through the Danish central criminal register and all had had a statutory psychiatric examination. The results indicated a dramatic decline in the number of offenders serving community or institutional care orders from 1973 to 1984, mainly in the group of people classed as having a borderline learning disability. The authors discuss this finding and comment that it is likely to be a consequence of deinstitutionalisation and normalisation principles and that perhaps more people with a borderline learning disability are being diverted to the prison system. The results also

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[1] For the purpose of this research, all terms have been changed and learning disability is the adopted term.

indicated that the there was a prevalence rate of 85.7 percent of mild learning disability in the offenders with a learning disability compared to 27.5 percent in the general population of people with learning disabilities. Predictive factors of offending included:

- having a mild learning disability;
- low socioeconomic background;
- parent with a learning disability;
- early institutionalization;
- aggressive behaviour disorder.

Although this study does not give clear prevalence data of offenders with a learning disability, it does indicate which groups of people may be more likely to commit offences. It also highlights the problems in determining prevalence when offenders may utilise a variety of different settings such as community or prison/ institutional settings.

Murphy, Harnett and Holland (1995) studied men on remand in a South London prison over a 3-month period to determine the number of men with learning disabilities sent to prison. The initial stages of the study consisted of a brief screening process to identify men who reported having reading problems or learning difficulties or having attended a special school (excluding attendance for behavioural problems). A control group was selected who fulfilled none of these criteria. 33 out of 157 men reported having intellectual disabilities. The next stage was to assess the groups using the Wechsler Adult Intelligence Scale-Revised, (WAIS-R: Wechsler, 1981) and the British Ability Scales, (BAS: Elliott, Murray and Pearson, 1983) and results indicated that none had an IQ below 69. A control group similarly all had IQ above 69. The results did indicate that the mean Verbal Intelligence Quotient, (VIQ), Full Scale Intelligence Quotient, (FSIQ), reading age and numeric age were all significantly lower in the index group than the control group and higher on the General Health Questionnaire, (GHQ: Goldberg and Williams, 1988). This indicates that people with learning disabilities are not over-represented in the prison system but does not account for those who are sent to specialist services or mental health services and therefore brings into question whether the results of the study can be generalised. Another major criticism of the study involves the assessments used to screen for learning disability. By definition, learning disability can not be assessed merely through IQ and must take into account impairment in social functioning. Therefore, although this paper concludes that the prevalence of people with a learning disability is low in prisons, this may not be an accurate assessment of learning disability. More accurate assessments of learning disability would take into account factors other than IQ. The study also highlights problems in relying on self-report of learning disability.

Hodgins (1992) studied the relationship between mental disorder and crime, and learning disability and crime using an unselected birth cohort followed up to age 30 years. Mental disorder was detected through admission to psychiatric units and learning disability through attendance at a special school. The results indicated that men with major mental disorders were 2.56 times more likely to have been convicted of a criminal offence than those with no disorder or handicap. Men with learning disabilities were 3.12 times more likely to have been convicted of a criminal offence than those without any disorder or disability. Men with major mental disorders were 4.16 times more likely to be convicted of a violent offence and men with a learning disability were 5.45 times more likely to be convicted of a violent offence than a men with no mental disorder or disability. However, clearly there are problems with this selection procedure as not all people with mental disorders attend psychiatric units, not all people with learning disabilities attend special schools and not all children attending special schools have learning disabilities. Therefore it must be taken into account that the sample used may not be an accurate reflection of people with mental disorder or learning disability.

Crocker and Hodgins (1997) used an unselected birth cohort of people born in Stockholm in 1953, followed up at age 30 to determine the extent of crime within men and women with a learning disability and to compare characteristics with offenders without a learning disability and those who had or had not been institutionalised. Learning disability was defined if the participants had attended schools or classes for learning disability or were placed in an institution for people with learning disabilities. The sample classed 2.5 percent as having a learning disability and stated that intelligence was measured using an individual test at age 13. Criminal records were collected from the Swedish National police register. The results indicated that by age 30, 44.5 percent of those with a learning disability had been registered for one offence compared to 31.7 percent of those without a learning disability. Further analyses included only those with a learning disability who had not been institutionalised due to low numbers in the institutionalised sample. The results indicated that significantly more men with a learning disability had been registered for violent offences, theft, traffic offences and offences classed as 'other'. The authors questioned whether the findings could be generalised and suggested that the results may be relevant to countries, which have similar criminal justice systems, social welfare systems, child welfare agencies and school systems as those in Sweden. The study is also flawed by the measurement of learning disability. The test used is not one of the standard tests used to assess IQ, although they did state it is widely used in Sweden. They also neglected to assess social functioning, although they justified this by stating that they were taking more of a functional approach to assessing intelligence by incorporating those who had been in schools for people with learning disabilities. This approach still raises the question as to whether the participants were representative of those with a learning disability.

Winter, Holland and Collins (1997) identified participants with self-reported learning disabilities suspected of committing an offence at the main police station in Cambridge. Out of 504 offences, only 240 participants agreed to be screened, and out of those screened, 47 positively reported learning disability. The participants were then tested on the WAIS-R and only 2 participants had an IQ below 70. If looking at those who self reported learning disability this would equate to approximately 20 percent, (47 out of 240) and if looking at those tested on the WAIS-R, approximately 6 percent would be considered to have a learning disability (2 out of 28). This study did not assess social/adaptive functioning, and coupled with the lack of clarity on whether an offence had been committed, these factors would be considered to be an influence when determining the prevalence rate of offending within people with learning disabilities.

Lyall, Holland, Collins and Styles (1995) aimed to identify the number of people with learning disabilities living in residential care or attending day centers in one geographical area who were suspected of committing an offence during 1992, to evaluate the response of the service to the alleged offence and investigate the extent to which offending is tolerated by staff in day and residential services. The results of the study indicated that 2 percent of adults with learning disabilities were suspected of committing offences and had contact with the criminal justice system during 1992. Attitudes of staff to offending behaviour indicated that:

- 6.6 percent of staff would contact police for a minor assault;
- 23.3 percent for criminal damage;
- 26.7 percent for theft;
- 40 percent for a major assault;
- 23.3 percent for sexual assault;
- 9.9 percent reported that they would hesitate to report a rape to the police.

As the sample only comprised of approximately 50 percent of the individuals with a learning disability in the area, the authors suggested that this might have affected the prevalence of offending in adult with learning disabilities. The sample also excluded those with moderate to severe learning disabilities and those receiving specialist services. The information on staff attitudes provided an important factor when determining prevalence of offending. If staff do not report offending, which the study indicated may happen in a proportion of cases, current prevalence rates of offending are unlikely to be accurate.

More recent review articles have identified the studies they identified as key to assessing prevalence in people with a learning disability. Holland, Clare and Mukhopadhyay (2002) identify two main approaches to this area of study: offending/alleged offending within a given time by people utilizing learning disability service and the extent to which people already in contact with the criminal justice system are people with a learning disability. For the purpose of this review it was decided just to focus on those articles which included people already convicted/ within the criminal justice system.

MacEachron (1979) studied offenders in two state penal institutions attempting to determine the proportion of offenders who had a learning disability and the predictive and legal profile of such offenders. Their results indicated that the prevalence rates of offenders with a learning disability were only slightly higher than the prevalence rates of people with a learning disability in the general population and that prevalence rates were increased when all offenders were assessed formally on measures of intelligence and when a test score cut off point of 70 is used rather than the standard z score concept. The authors recommended that extension of the study included measures of adaptive behaviour when assessing learning disability in order to improve accurate assessment of learning disability. The study was also limited to only prevalence in a prison population and did not include those who were diverted to other systems.

Denowski and Denowski (1985) looked at the prevalence of people with learning disabilities within the state prison system. Of the 50 states, 48 took part and of those that took part 36 routinely assessed for learning disabilities. Six states used formal methods of assessing adaptive behaviour as well as IQ and 8 others used various informal methods. Prevalence rates then took into account the means of assessing learning disability and it was found that those states that used formal methods such as the WAIS-R and the Vineland Adaptive Behaviour Scales (Sparrow, Balla and Circhetta, 1984) had a mean prevalence rate of 2 percent. The authors suggested that a possible reason for a lower rate of learning disability in prison systems than the general population is due to increased diversion into specialist services, which was supported by the lower individual prevalence rates for those states which have more specialist services for people with learning disabilities who offend.

Gunn (1991) studied prisoners in England and Wales to determine prevalence of psychiatric disorder and treatment needs. Twenty five prisons (16 adult and 9 young offenders) were selected out of 120 institutions and sampling was random, varying from one in eight to one in two prisoners and diagnosis was made on the basis of ICD-9 criteria, (psychoses, neuroses, personality disorder, sexual deviations, substance misuse, organic disorders). The study indicated that 37 percent of prisoners had a psychiatric disorder and that 0.4 percent had a learning disability. However, the assessment of learning disability was made on the basis of psychiatric interview and file review. Although the file may have had details of formal testing for learning disability, the authors do not clarify this. Therefore, the results may not be an accurate representation of the prevalence of learning disability in the prison population.

Brooke (1996) studied male prisoners, who had not been convicted, in an attempt to determine the prevalence of mental disorder and assess treatment needs. Their sample was drawn from three geographical directorates grouped by the home office and participants were selected via a stratified random sample. A semi-structured interview was used and diagnoses were recorded according to ICD-10 criteria. IQ tests were administered to all participants whose first language was English (sample size reduced to 651 from 750) and the results indicated that 0.8 percent of the sample were diagnosed with mild mental retardation. In addition, psychiatric disorder was diagnosed in 63 percent of participants and 55 percent were judged to require immediate treatment and the authors discuss how this indicates that remand prisons are not fully detecting or treating mental disorder and is therefore an example of unmet needs, as well as emphasizing the need for better training of prison staff and increased psychiatric input. The study was limited by a refusal rate of 18 percent, which is likely to influence the results, and it is not known how the impact of having mental health problems is likely to impact on the decision to take part in such a study.

1.4.1 Summary of Prevalence of Offenders with a Learning Disability

The literature presented on prevalence of people with learning disabilities who offend is far from conclusive. It highlights problems in determining prevalence rates not only due to varying definitions of learning disability and methods of assessment, and varying criteria for being classed as an offender but also problems in accessing this client group due to the wide range of services with which they may be involved and various methods of dealing with offending behaviour. However, the literature does indicate that certain patterns are emerging. It appears that those more at risk of offending are those classed as mild learning disability.

In light of the varying prevalence rates depending on whether prison samples are used, contact with police or residential services, perhaps the most valuable studies are birth cohort studies, which are able to incorporate all such samples. Such studies have indicated that people with learning disabilities do have higher rates of offending, in particular violent offending, (Hodgins, 1992; Crocker and Hodgins, 1997). However, such studies as yet have not used adequate methods of assessing learning disabilities, which clearly has an impact on prevalence rates. The only study that was found to have adequately assessed learning disability was the study by Denowski and Denowski (1985), which indicated an overall prevalence rate of 2 percent. This was however flawed due to its reliance on only prison populations.

However, the suggestion that people with mild learning disabilities may be more at risk of offending and that there is an association with violent offending raises questions about risk and with the knowledge of certain groups who may be at higher risk of offending as to whether this can be identified prior to offending and intervention take place.

1.5 Background and History of Offenders with a Learning Disability: Quantitative Research

Two review articles were used to identify key studies which provided data about factors predisposing individuals with learning disabilities to offending, (Simpson and Hogg, 2001a; Simpson and Hogg, 2001b). These key studies will be examined, taking into account methods of assessing learning disability to ensure that the population does indeed consist of offenders who have a learning disability.

Winter, Holland and Collins (1997) found that individuals with a learning disability who were suspected of committing an offence were likely to:

- have lost contact with their father;
- have a history of forensic contact in family members;
- be living outside the family home;
- use illicit drugs;
- have higher contact with probation services;
- have higher levels of self-reported behavioural problem at school;
- truant and have childhood police contact;
- past history of homelessness;
- have experienced life events over the preceding six month period.

This was statistically significant when compared to a control group who had learning disabilities but were not suspected of committing an offence. This study only used IQ to measure learning disability, not social/adaptive functioning and therefore the sample may be questioned as consisting of people with a learning disability.

Crocker and Hodgins (1997) studied correlates of criminality and found that offenders were distinguished from non offenders with a learning disability on 4 variables which measured childhood problems; obtaining lower marks at school, delinquent behaviour before and after age 12, and individual problems other than conduct problems, (included problems at home, school and psychiatric problems). Further analysis indicated that the factors, which differentiated the groups significantly, predicted the number of convictions up to age 30. This study only used IQ as a measure of learning disability and therefore again the sample may be questioned.

Ho (1996) studied 288 criminal offenders diagnosed with a learning disability and admitted to the Mentally Retarded defendant programme in Florida State Hospital during 1977-1991, primarily to examine the interrelationship between learning disability and racial disparity. He also included demographic information about the participant's backgrounds and found that:

- more than 65 percent had no parents or lived with single parents families prior to admission;
- 22.3 percent were raised in single parent families;

- 31.9 percent were raised by their biological parents;
- 45.8 percent had been placed in mental health institutions or raised by relatives;
- 10 percent of the Caucasian sample and 3 percent of the African American sample had had no schooling;
- 83 percent of the Caucasian sample and 90 percent of the African American sample had had some schooling;
- 30 percent of the Caucasian and 43 percent of the African American sample had a history of substance abuse;
- 44 percent of the Caucasian and 43 percent of the African American sample had had psychiatric treatment prior to admission;
- 31 percent of the Caucasian and 16 percent of the African American sample had been diagnosed as hyperactive.

Assessment of learning disability did indicate that the majority of offenders tended to fall into the mild category of IQ and the mild/moderate category of deficits in adaptive behaviour. This study clearly takes into account factors affecting the assessment of learning disability, accounting for both IQ and adaptive behaviour levels.

Sansom and Cumella (1995) studied admissions to a regional secure unit for people with a learning disability. Of the 90 patients they studied, 60 had a criminal history prior to the offence leading to admission. This study looked at outcome after admission and identified those who were transferred to special hospital as a distinctive group. Five had a diagnosis of both borderline learning disability and personality disorder and one just had a diagnosis of mild learning disability. All 6 had attended special schools and 3 had been sexually abused. However, this study did include those who had an IQ above 69 and did not refer to using adjunctive criteria such as adaptive skills in making a diagnosis. In addition, the only background information provided was related to those referred to special hospital.

Klimecki, Jenkinson and Wilson (1994) studied recidivism among offenders with a learning disability. They found that one quarter of the offenders progressed from non-violent to violent crimes and that recidivists tended to be younger than non-recidivists suggesting that a younger age of first offence may be predictive of recidivism. 90 percent of offenders were single and all of the recidivists were single, suggesting that social isolation may be a contributing factor to recidivism. More than half of those with a psychiatric history, 60 percent of substance users and almost two thirds of offenders with a psychiatric history and a drug and alcohol problem re-offended. However, all participants were classed as mild learning disability, measured with IQ 65-75, again indicating a restrictive method of diagnosing learning disability. In addition, no comparison group was used with the mainstream prison population.

Holland et al (2002) identified key papers looking at characteristics of offenders with a learning disability.

Richardson (1985) examined factors, which might explain the higher rate of behaviour disturbance in people with a learning disability and people without a learning disability.

Participants were not specifically offenders and those with a learning disability were identified through attendance at a special school before age 16 and IQ above 50 (mild learning disability. They did initially differentiate between those who gained an IQ over 70 but when no differences were found between the two groups, the rest of the data was analysed as one group. The comparison group had never attended special schools and had IQs above 75. Participants were matched according to age, sex, area of residence and social class. Data was catagorised into stability of upbringing (stable family environment, continuous care, stressful family environment, discordant or disorganized family and markedly unstable environment), and CNS impairment. The results indicated that there was no difference in behaviour disturbance between those with CNS impairment and those without and the relationship between CNS status and behaviour disturbance was similar at all levels of stability of upbringing. The results also indicated that there was significantly more behaviour disturbance among people with a learning disability than the control group and that a progressive increase in behaviour disturbance occurred as upbringing became less stable. The authors concluded that the results indicated most support for adverse conditions of upbringing contributing to later behaviour disturbance.

Day (1988) described a hospital based treatment programme for male offenders with learning disabilities. He found that there was evidence of severe psychosocial deprivation in 50 percent of the cases and 25 percent had a history of referral to child guidance services for disturbed behaviour and learning problems. Eighty five percent had a history of serious, frequent and multiple behavioural problems dating from early childhood and

80 percent had a history of previous convictions. However, the sample ranged in IQ from 58-81 and method of assessment for IQ was not discussed.

1.5.1 Summary of Background and History of Offenders with a Learning Disability: Quantitative Data

Although the literature indicates that there are some key features which distinguish offenders with a learning disability from non offenders with a learning disability, including adverse family background, problems at school, history of behavioural and psychiatric problems and history of offending, only one of the studies, (Ho, 1996) measured both intellectual and social functioning. This study did indicate that offenders with a learning disability have significant disruption to their family environment, (65 percent had no parents and 45.8 percent were raised by relatives or in institutions), and a history of problems prior to committing an offence, (substance misuse and psychiatric treatment). However, the link between such factors and offending behaviour is unclear and the literature would benefit from qualitative studies which identify which factors people with a learning disability consider to be important in contributing to their offending behaviour.

1.6 Background and History of Offenders with a Learning Disability: Qualitative Research

Simons (2000) interviewed people with learning disabilities using unstructured interviews in order to gain their life stories, but the focus here shall be on the 11 people in the study who reported getting into trouble. One of the participants talked about feeling victimised and being drawn /exploited into trouble, feeling vulnerable and feeling like there was something wrong with him and reporting difficulties fitting in. Some of the other participants reported receiving warnings for offences or suspended sentences. It was also suggested that experiences of authority were likely to decrease the likelihood of turning to a formal authority in the event of having problems. The information presented on this aspect of the interview was limited and did not attempt to do any formal method of qualitative analysis on the data and therefore was difficult to judge whether other participants had similar experiences or felt similar ways about the things that had happened to them. Although the unstructured interview allowed for a truer perspective of the participants lives, it also meant that some aspects of their lives, which may have provided important information, were not explored fully. In addition, the study used a history of attending a special school or a professional's view of intellectual impairment as criteria for inclusion and the sample may not have consisted of people who would have met formal criteria for learning disability.

Flynn and Bernard (1999) reported a study, which looked at subjective accounts and ideas of adults with learning disabilities who had offended. This study highlights why there is a relative of lack of literature, which speaks to people with learning disabilities about their experiences. The authors identified what they classed as the main misconceptions about research with people with learning disabilities. Factors they identified included beliefs that speech is difficult to understand, the tendency to acquiesce, difficulty expressing themselves in a consistent manner, difficulty making a judgment about the information they give, environments which do not enhance free choice and socialization into beliefs that their views are not important. They highlight that the reasons for listening to this client group are because poor self expression does not prevent people from telling their story, people with learning disabilities are often underestimated in their ability to talk about their lives, that they have invested effort into making sense of their experiences, and that not listening to this client group limits the knowledge we have and the possibility of better solutions which may arise from involving service users.

The study identified that of the people who had been interviewed, some had experienced physical assaults or witnessed physical assaults, some had experienced sexual assaults or been bullied and victimised outside their families, some had disclosed their abuse but there had been no real consequences, most were separated from their mothers and some were painfully aware of the significance of having a learning disability. The study also looked at how the participants felt they would have benefited from help for some of these problems. They identified that action not being taken when physical, emotional and sexual abuse occurs compounds the already existing problems, that positive relationships should not be underestimated and can help those who have had difficult lives, the value of staff help, activities and opportunities increase hope and providing good models of behaviour for individuals and their families. This study provides extracts from the participants' interviews to demonstrate what their experience has been like and summarizes the problems and perceived ways of resolving the problems. However, although it draws together the key components of the interviews, it does not clearly analyse the commonalities of the participants' experience and how they felt about this and although it is important not to lose sight of individual experience, the study would benefit from seeing how themes within individual transcripts were linked to overall themes from the sample group and therefore a more established qualitative method of analysis may have been more useful. The study also did not discuss method of assessing learning disability and therefore it is difficult to make a judgment on the sample.

1.6.1 Summary of Background and History of Offenders with a Learning Disability: Qualitative Research

There is limited qualitative research in the area of learning disability and offending and the existing literature does not adequately assess the participants on learning disability. The research indicates that people with learning disabilities believe that their negative life experiences compound problems, which they already have in coping with everyday life. The research would clearly benefit from further study of help and service utilisation in this population with relation to the risk factors which can be identified to distinguish non-offenders from offenders. The other issue, which is highlighted from all of the above literature on offenders with a learning disability, is whether those risk factors are specific to offenders with a learning disability or are relevant to offenders in general.

1.7 Background and History of Adult/Adolescent Offenders

Kolvin, Miller, Scott, Gatzanis and Fleeting (1990) in the Newcastle 1000 Family Study, a study of deprivation and disadvantage looked at the links between deprivation and offending. They found that there was a significant difference between non-offenders and offenders on deprivation in early childhood including marital instability, parental illness, poor physical/domestic care, social dependency, overcrowding and poor mothering. The results also indicated that all types of offences increased in relation to the severity of deprivation in the family of origin and similarly for the number of convictions and time in custody. The study also divided the sample into offenders and non-offenders who were deprived and offenders and non-offenders who were not deprived and studied these groups in terms of stress and protective factors. Stress factors at age 5 included less personal space (not to the extent of overcrowding), young age of mother's marriage, the breadwinner being semi-skilled, unskilled or unemployed and relatively poor physical growth. Protective factors included the absence of specific deprivations against a background of general deprivation, good mothering, good maternal health, good care of children and home, employment of main breadwinner, being first born, early physical development, the absence of a medical history, fewer outpatient attendances and fewer accidents. At the tenth-eleventh year, stress factors included more interactions with the social and school and environment and although not statistically significant, included the scholastic underachiever and hostility to education. Protective factors included those who performed well at school, had good concentration, showed persistence and reliability, higher IQ and good parental supervision. In the fifteenth year, those stress factors identified earlier continued to be a problem, including low intelligence, poor concentration, persistence, attitude to schoolwork and participation in family activities. Protective factors included motivation and attitude, willingness to continue at school, attitude and good school attendance and positive family interest.

Wadsworth (1979) studied children born in 1946, selecting all single births to wives of non-manual and agricultural workers and one in four of single births to wives of manual and agricultural workers. The sample consisted of 5362 children who were studied at intervals of no less than 2 years until age 26. The study looked at temporary and permanent disruptions to family life and working mothers. The results indicated that those who were admitted to hospital in the first 5 years of life were significantly more likely to become delinquent although no association could be found between reason for admission and the authors considered it perhaps to be the effect of an emotional experience for those who may already be emotionally vulnerable. Family breaks were significantly related to delinquency, in particularly those, which occurred before the age of four. This was also associated with the occurrence of the least socially acceptable crime (violence against person). Mothers who had worked during the first six years of life were significantly more likely to have delinquent children. However, it was suggested that as these cases were also likely to be those whose families had difficulties and therefore working mothers may not necessary be directly related to delinquency.

Information relating to schools indicated that delinquency was not associated with measures of ability and achievement although it was to ratio of staff and pupils. In addition, those who were rated as average, poor or lazy workers in primary schools were more likely to become delinquent as were those who were rated as having little parental interest in their schooling. This study is limited in its use of a restrictive sample, only including children of married couples and the results may be questioned in terms of their applicability to offenders in general. The age of the study also limits the relevance of some of the findings to the present day.

Hagell and Newburn (1994) argued that as a large proportion of young offenders will be arrested once or twice and then stop offending, that persistent offenders constitute a different group and studied juveniles between the ages of 10 to 16 who had been arrested three or more times. The sample consisted of 531 young offenders who were identified by police records. Data was collected using three main sources; police records, social services records and interviews with the juveniles. The study collected information on patterns of arrest and offending, the use of sanctions and aspects of the re-offenders lives. The sample interviewed about aspects of their lives consisted of 74 re-offenders. Nine out of ten offenders reported that they got on very well or fairly well with their mother and although one in four stated that they did not have a father figure in their lives, those who did, eight out of ten reported they got on very or fairly well with them. However, despite a very positive picture of family life, half reported that they had run away from home at some point, some for one night but more frequently for longer. As the course of interviews progressed, later questions indicated that the initial picture of family life was not completely accurate. In addition, social services information indicated that at the current time of interviewing, of the 230 offenders of the overall sample (approximately half) who were known to social services, 6 percent were currently on the child protection register. This equates to 2.5 percent of the overall sample of re-offenders and does not address those who have been on the child protection register at any point in their life. Of the 196 children in the Midlands known to social services, 28 percent had experienced 10 or more different places of accommodation during their lives and 10 percent had over 20 episodes recorded by social services, suggesting high levels of disruption in their lives. Two out of three offenders had left school before the official leaving date, one in three were temporarily excluded and over half permanently excluded and rates of truancy were high. Psychological health and use of services was also reported. Half of the re-offenders reported having been referred for counseling or psychological help, for a variety of reasons: drug use, fighting and anger, depression, offending and school exclusions. The reports of experiences of services were limited but suggested mixed reactions; some found it helpful, others not and some had difficulty with the commitment and attended once only. This study brings into question the accuracy of offenders reporting their life experiences. There are a number of possible reasons for the discrepancy noted in this study: it may be linked to difficulty reporting personal feelings to an unknown researcher or it may be the difference between the perception of their lives and the reality. Both issues are important to explore when conducting such research. This study would also have benefited from more exploration of the factors influencing the experience of service use in this troubled population.

Robins (1966) conducted one of the earlier studies into antisocial behaviour in childhood and the characteristics, which appeared to predict children who grew into adults with antisocial behaviour. The study was a 10 year longitudinal research study which compared 524 children attending a child guidance clinic with children of the same age, race, intelligence and living in the same neighbourhood in order to study what they termed sociopathic personality, antisocial reaction and psychopathic personality. The study also provided information about the kinds of behaviour problems in children which signal the possibility of serious problems in adulthood. The authors believed that longitudinal studies have an advantage over retrospective studies that may have more difficulty establishing causal mechanisms or contributing factors and may be flawed by recall. The sample was obtained through records of children who attended a child guidance clinic and the control sample was identified through microfilmed records of schools. The follow up took place via the social service exchange and a variety of other techniques, which resulted in 90 percent of the subjects, 88 percent of former patients and 98 percent of control subjects being traced. Eighty two percent of the target group was then interviewed. Four types of material was generated; information from the subject, evaluation of the subject by the interviewer, information from records, diagnosis based on the interview and record information made independently by 2 psychiatrists. The results indicated that clinic children had more problems in adulthood than the control subjects, particularly those who were referred for antisocial behaviour. Only 4 percent of the control subjects had more than five adult antisocial symptoms compared to 45 percent of the patient group. Those who were diagnosed with sociopathic personality had almost exclusively been referred to the clinic for antisocial behaviour. Most had a history of juvenile theft, incorrigibility, running away, truancy, associating with bad companions, sexual activities, staying out late, discipline problems at school, being held back at school or not graduating from elementary school. The study also found that although they were typically referred at age 14, the problem behaviour dated back an average 7 years. In terms of family background, most had a father who was a sociopath or alcoholic or came from homes that were impoverished and broken by divorce or separation. The authors suggested that the child behavior problems were related to the behaviour of the father and lack of discipline, and marital discord being a result of this rather than a causal mechanism in antisocial behaviour. As adults, they had poor work histories, were financially dependent on others, had marital problems and multiple arrests leading to prison terms. The study found that the best childhood predictor of sociopathic personality was the degree of juvenile delinquency: the variety, the number of episodes and the seriousness of the behaviour. Among children with a wide variety of antisocial behaviour, the best predictor of sociopathic personality was being placed in a correctional institute. One of the major problems with this study is related to the diagnoses used, which are no longer in use today.

Fergusson, Horwood and Lynskey (1994) examined the life history of a group of adolescents identified as displaying multiple problem behaviours by the age of 15 in a longitudinal study of a birth cohort of 1265 people in New Zealand. The study included a sample of 27 young people with multiple problems and looked in detail at their childhood and using formal diagnostic criteria for their behaviour problems. Childhood was divided into the pregnancy and antenatal period, the preschool years, and the school years. The results indicated that at birth, the sample group could be distinguished in a number of ways: they tended to come from socially disadvantaged background, low parental education, youth of parents, low religious commitment of parents, low socioeconomic status and single parenthood. Parents tended to have higher rates of criminality and drug and alcohol problems. The children were frequently unplanned and received less antenatal care. The preschool period indicated differences in terms of higher levels of material deprivation, greater parental change, compromised levels of care, less attendance at school and health services and a more punitive, less nurturing mother-child interaction. The school period indicated adversity, compromised parenting, material disadvantage, family conflict and instability, changes of school and residence and lower exposure to childhood experiences and interests. However, the sample used in the study was relatively small and therefore only tentative conclusions can be drawn about how far the results can be generalised.

Wolfgang, Figlio and Sellin (1972) studied delinquency in a birth cohort. The study comprised of males born in 1945 in Philadelphia, who were then traced in 1964. The data collected included public school records, parochial and private school records, IQ scores, achievement records, records of police contacts, evaluation of seriousness of delinquent events and socioeconomic data. The results indicated that 54 percent of the cohort were classified as recidivists and they experienced the greatest school and residential mobility, attained the lowest IQ scores and achievement levels and completed the least number of school years. Low socioeconomic status (SES) boys had a higher rate of multiple offences rather than one-time offences and non-whites exhibited a higher rate of multiple offending. When race and SES are considered jointly, low SES white boys had a higher rate of recidivism than of one-time offences. Both high and low SES non-white youths generated higher rates of recidivism than one-time offences. This study has the advantage of using multiple methods of data collection.

Farrington (2001) summarized the key findings of the Cambridge study in development, a prospective longitudinal study which looked at the development of offending and antisocial behaviour in 411 South London boys from the ages of 8 and is currently ongoing. The current summary is from the ages of 8 until age 46. The boys were interviewed at ages of 8, 10, 14, 16, 18, 21, 25, 32 and 46. The first tests included individual characteristics such as intelligence, attainment, personality and psychomotor impulsivity and information was collected in interviews about living circumstances, employment histories, relationships with females, children, illnesses and injuries, leisure activities such as drinking and drug use, physical fighting and offending behaviour. Parents were also interviewed and searches were carried out in the central Criminal Record Office in London. The results indicated that 40 percent of the males were convicted of criminal offences up to the age of 40. This can be compared to the national prevalence of convictions of males in England and Wales at this time, which was 31 percent. The results also identified predictors of offending at certain ages. At age 8-10, predictors of later offending included:

- antisocial child behaviours;
- hyperactivity-impulsivity-attention deficit;

- low intelligence and low school achievement;
- family criminality;
- family poverty;
- poor parenting.

The best independent predictors of convictions up to age 32 were:

- troublesomeness;
- a convicted parent;
- high daring;
- low junior school achievement;
- poor housing;
- separation from a parent.

The study also looked at factors encouraging desistance. These included moving out of London, and marriage/the influence of women as well as not associating with delinquent friends. Protective factors included:

- those with few or no friends at age 8;
- those without convicted parents;
- those rated favourably by their mothers at age 10.

A group of chronic offenders were also identified (6 percent of the sample) who committed half of all the recorded offences. This group of people typically started offending at a much earlier age, often between the ages of 10 and 13. Analysis indicated that the best independent predictors at age 8-10 of chronic offenders were:

- troublesomeness;
- a delinquent sibling;
- high daring;
- a convicted parent.

Farrington has developed a theory from this research, which is designed to explain offending and antisocial behaviour by working class males. It incorporates risk factors which have been identified in his research and discusses them in context of other factors which may influence offending such as empathy, conscience, skills, and the impact of life events on the desire to offend. Farrington accounts for opportunities to offend and the decision process and the impact of the consequences of offending on future decisions to offend.

The study is flawed by a number of factors, the sample was of working class British people living in an inner city. It is unclear how far the findings would be generalisable. In addition, the effects of testing were not monitored through using a control group. Due to sample size, it was not possible to study more serious offenders such as murder or sex offenders, but perhaps if the scale of research were considerably expanded this would be possible.

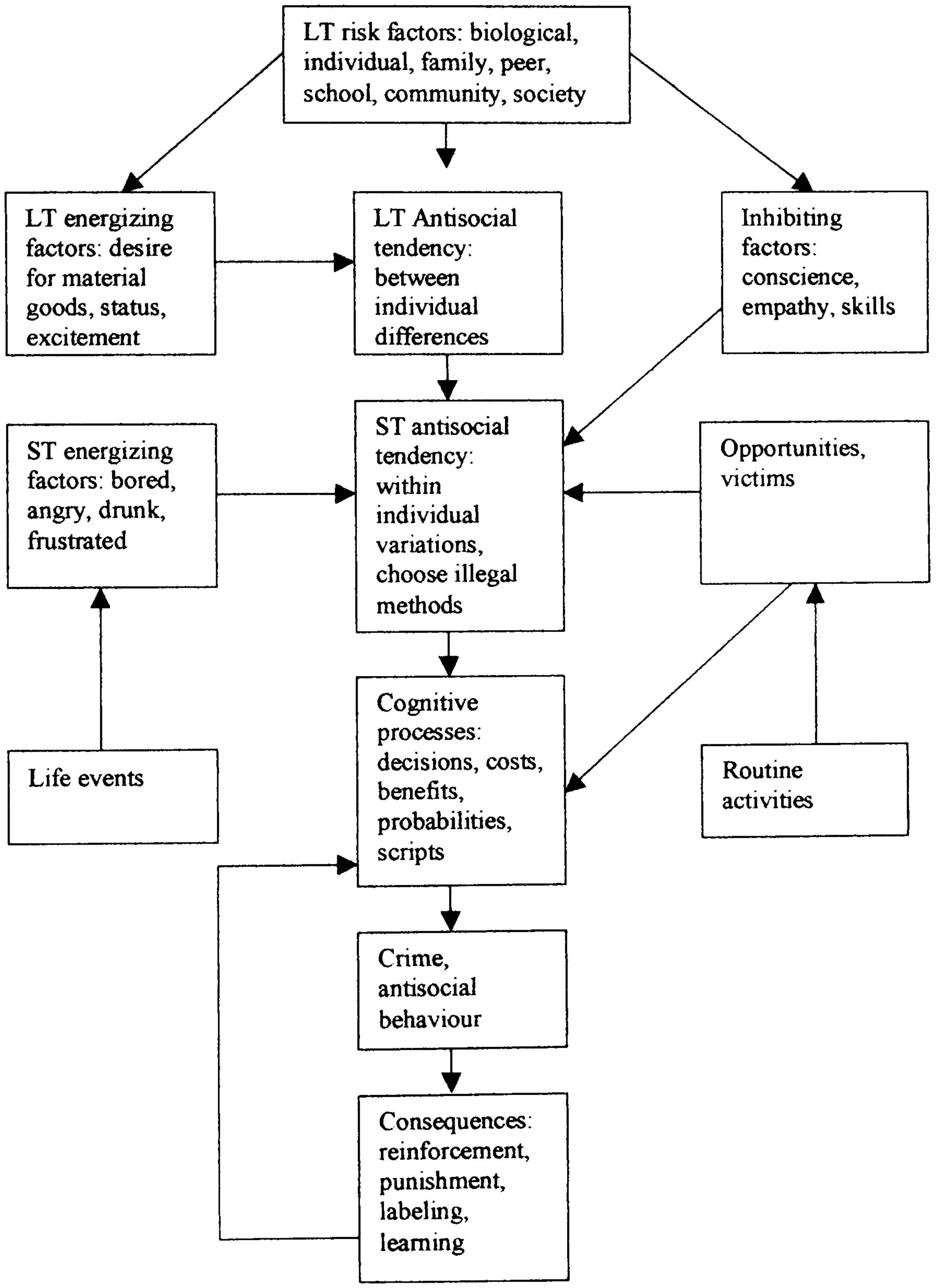


Figure 1. The Farrington Theory.

The study indicates that certain factors can potentially identify those children at risk of later offending. However, the study could be improved by documenting any attempts within the sample group to intervene with problem behaviours. More recent developments to the study do propose to pay particular focus to treatment needs and the use of mental health services. This will involve assessing factors influencing those men who sought treatment, failed attempts to use mental health services, unmet mental health needs, and how far mental health service might have been more effective.

1.7.1 Summary of Background and History of Adult/Adolescent Offenders

The literature on adolescent and adult offenders indicates that there are risk factors which can be identified at a very early age of children which are linked to later offending behaviour. Studies also indicate that there are common factors, which are related to more persistent offenders and support for the stability of aggression over time. As risk factors can now be identified which indicate people vulnerable to offending the literature is moving towards looking at whether intervention has been attempted in these groups of people and whether it was useful or not. Hagell and Newburn (1994) looked at contact with services but did not attempt to provide any more detail about the process. The next stage of the Farrington study will be incorporating service use into the areas of study. However, it appears that this research is still in the very early stages.

1.8 Service Utilisation by Offenders

Stouthamer-Loeber and Loeber (1992) addressed a number of these gaps in their study of caretakers seeking help for boys with a psychiatric diagnosis of disruptive behaviour and for boys who were delinquent. The results indicated that the most frequent reason for seeking help was for behaviour problems followed by learning problems. The presence of a disruptive behaviour disorder significantly increased help seeking and a diagnosis of Attention Deficit and Hyperactivity Disorder yielded the highest lifetime help seeking rates. The proportions that never sought help suggested that a substantial amount of caretakers struggle unaided with serious child behaviour problems. The rate of help seeking for even the most seriously delinquent boys was less than that for boys diagnosed with disruptive behaviour disorder. Between 50 percent and 70 percent of the caretakers of the most seriously delinquent boys had never sought help and only about a quarter had ever sought help from a mental health professional. About a quarter of those caretakers who had sought help had only one or two contacts, these figures were similar for help seeking from mental health professionals. This study did not examine reasons for such limited contacts nor did it look at either the caretaker's or the child's perception of the need for help. One of the major flaws in this study is that it relies on the caretaker seeking help rather than looking at the ways in which the child tries to reach out for help. This is an important issue as problem behaviours may be related to this attempt to gain help. In addition, the family seeking help may not be a possibility in the cases where it is a major contributory factor to the behaviour problems or delinquency. Taking this into account, help seeking does not simply fall on the family of the child, it relates to all agencies who have contact with them, including schools and the criminal justice system.

Stouthamer and Loeber (1995) described the history of disruptive and delinquent behaviours in young adolescent boys and examined whether particular characteristics of a disruptive problem career increase the likelihood that parents seek help for youngsters' problems. Those delinquents who had been in contact with the court were older, were more likely to be African American and had caretakers with less education than had the delinquents with no court contacts. Delinquents for whom help had been sought were more likely to be Caucasian and to have caretakers with more education than were delinquents for whom no help had been sought. Court delinquents had been involved in more serious covert delinquent acts and authority avoidance and had shown a wide variety of serious problem behaviours than the no-court delinquents. The two groups did not differ significantly as to the age of onset of problem behaviours. Although only in eighth grade, more than half of the delinquents had exhibited disruptive problems for over five years. The average interval between the onset of problems and court contact was four years. The help delinquents had longer problem careers and were more seriously disturbed than were the no-help delinquents. However the no-help delinquents were not without problems; on average they had exhibited problems for 5.75 years. Both the age at which help was first sought and the percentage of boys for whom help was sought were similar for the court and no-court delinquents. However, only one in 5 of the court delinquents had received help before the year of court contact. For one quarter of the court delinquents, help was sought in the year of court contact or later. However, it is not clear whether the help seeking in the year or after of court contact was court mandated or not. This would also explain the higher frequency of help for the court delinquents; it would be more difficult to drop out of mandated programmes than to stop voluntary counseling sessions or therapy. In summary, most delinquent boys in early adolescence had careers of disruptive problems of many years standing. By the time of eighth grade about 20 percent of delinquents had at least one court contact. Only 42 percent of the caretakers had ever sought help for the boy's problems.

Stouthamer and Loeber (2002) expanded the data from this study to include more detailed information about the help, which persistent youth offenders received. They found that of two groups of serious delinquents, just under half did not get any help inside or outside of school and that only 15.4 percent of the persistent serious property offenders and persistent serious violent offenders received help from mental health professionals as well as help in school. The authors discuss the possible reasons for such low service utilization including problems with accessibility for parents and lack of resources. However, they do not take into account the individual factors which may influence service use on behalf of the adolescents in question or parents other than accessibility, for example, for adolescents with serious behaviour problems it may be very difficult to make them access services if they do not want to. Further analysis of adolescents with behaviour problems or delinquent behaviour accessing services is needed.

Nicol, Stretch, Whitney, Jones, Garfield, Turner and Stanion (2002) looked at the extent and type of services that were available for young people with troubled and troubling behaviour, set against their need for services. The sample included children aged 13-18 in the region of Trent. There were two main methods used in the selection process. Firstly if they were perceived to be a serious danger to own life or health, a serious danger to others life or health, at risk of serious or persistent offending, had committed serious or persistent offences and non mental health staff have felt need for access to advice, referral for assessment or treatment by a mental health professional. The second method required them to be either accommodated in a secure of semi-secure social services unit or an offender as assessed as needing mental health care by trained clinical psychologist or psychiatrist. The results indicated that 50 percent of the sample had a record of having run away from home and 66 percent had been permanently excluded from school. Over three quarters of the sample had a clinically significant psychiatric problem of some sort. Serious mental health needs were identified in some cases. Five young people were identified as being high risk for suicide, none of whom were judged to be having their needs adequately met. Thirteen victims of sexual abuse were identified, again none were judged to be having their needs met. Sixty two cases of substance misuse were identified and none deemed to be having their needs met. Finally 10 cases of serious mental illness were identified and only 2 of these cases were judged to be having their needs met. The researchers highlighted that one of the major problems they encountered which they felt was linked to the results that they obtained was that there was considered to be no adequate way of screening for these problem in part due to wide variety of problems that individuals were presenting with. Another key issue, which they identified, was the lack of training around mental health issues, which can lead to problems not be recognised and therefore going untreated.

Howarth (1998) identified the need for those who offend to play a part in the research agenda and stated:

> "While there is much we can learn from the research literature on best practice and what works, I believe we can learn a lot more if we listen to the young people involved themselves...I believe that when we and colleagues in other departments shape and plan provision we should have in our minds what the young people themselves feel is important", (Lyon, Dennison and Wilson, 2000: 1).

As a result focus groups were set up and Lyon, Dennison and Wilson (2000) reported the life experiences of young people in custody and what they felt might have made a difference to their lives. The key messages from the young people about prevention were to:

- target the very young;
- improve communication between parents and teenagers;
- clean up estates, living conditions;
- deal with violence, drug dealing and crime;
- involve all young people in education;
- continuity and stability in particular for those in local authority care;
- the need for people who can be trusted and with whom long term relationships can be built;

- positive ways to use peer group pressure;
- tackle drug and alcohol abuse, in particular dealers and suppliers.

Four main themes emerged from the focus groups: choice and responsibility, parenting and families, professional adults and professional services and decent lives and decent futures. Choice and responsibility included the belief that they are ultimately responsible to change their lives but also times when young people had felt let down by adults who could have cared for them or helped them, and times when they became marginalised and excluded. Parenting and families included experiences of disruption and the need for communication and boundaries and support for parents rather than attributing blame. Professional adults and professional services included the desire to be treated with respect appropriate to their age, and to be taken seriously. Experiences included disrespectful treatment and abuse of power and the need for people to care that they can respect, reliability and straightforwardness. Decent lives and decent futures emphasised the difficulties in surviving and the need for better opportunities relating to housing, education and health care and jobs. A key issue was the desire not to offend but recognition that this can only be achieved with support and help from family, friends, prospective employers and professional adults.

This is not to suggest that there is not research and programmes implemented which aim to prevent those at risk from offending. Although there is not space to review all preventative strategies, they are extremely worthy of mention. Farrington (2003) provides a review of preventative strategies including pregnancy and infancy programmes, preschool programmes, parenting programmes, skills training, peer programmes, school programmes, multiple component programmes and community programmes. Farrington (2003) also identifies that despite these preventative strategies,

> "Ideally, methods of preventing antisocial behaviour should be based on empirically validated theories about causes, but that such theories are conspicuous by their absence" (pg13).

This suggests that although a lot is known about risk factors, there is still much more to be learned about the reasons why people display antisocial behaviour or offend.

However, the issue identified in this section is the unmet needs of those people who can be identified as at risk and not receiving services.

1.8.1 Summary of Service Utilization for Offenders

The literature supports the research discussed on risk factors and predictors of offending, suggesting that there is a long interval between the onset of problem behaviour and offending behaviour in which, intervention could be attempted. The literature also indicates that a large proportion of seriously delinquent adolescents do not receive help, in particular from mental health services and that in a proportion of cases contact with services is limited. The suggestion is that this may be linked to problems accessing services or available resources, however it does not explore child factors, which may influence service use, and whether the child/adolescent attempts to seek help. The literature also neglects to explore reasons for limited contact with services on both the part of the carer and the child. It also raises the question as to whether this unmet need is specific to delinquency or relevant to general mental health need in children and adolescents.

1.9 Mental Health of Children and Adolescents

The World Health Report (2001) concluded that although prevalence rates vary from study to study, between 10-20 percent of children have one or more mental health or behaviour problems. They also concluded that only a few countries have adequate mental health resources, some have almost none and urban populations in particular the rich have the greatest access leaving essential services beyond the reach of vast populations. They recommended a model of need for people with mental disorders (see Figure 2). This model identifies four areas of need for people with mental disorders including medical, community, family and rehabilitation and in doing so, emphasises the complexity of needs involved for individuals with mental disorders and the wide ranging implications for all areas of life.

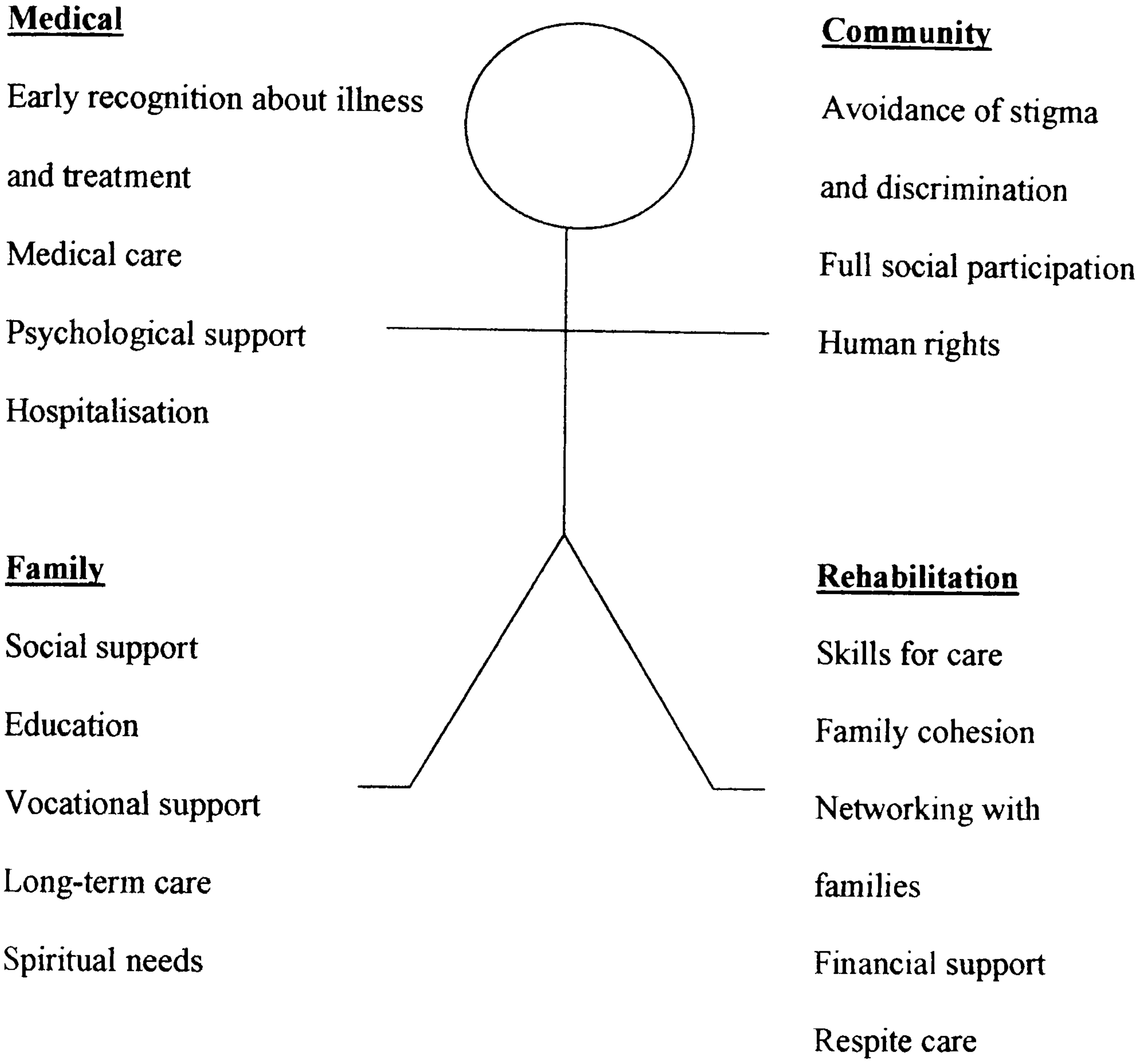


Figure 2. Model of Need for People with Mental Disorders

A survey of the mental health of children and adolescents in Great Britain was carried out to provide baseline information about the prevalence of mental disorders among 5-15 year olds in order to inform policy decisions about the need for child and adolescent mental health services, (Meltzer 2000). Fourteen thousand, two hundred and fifty participants were contacted from identification from child benefit records. After ineligibility and non-participation the sample set consisted of 12, 529 children. Mental disorders were determined using ICD-10 classification of mental disorder. The results indicated that 10 percent of children age 5-15 years had a mental disorder. The results regarding the use of services indicated that almost half the children with mental disorder had been in contact with a GP in the past 12 months compared to just over a third of children with no disorder. One half of the children with mental disorders had seen someone from educational services, about a quarter had used specialist health care services and one fifth had contact with social services. Two thirds of children assessed as having a mental disorder had seen a secondary level service provider in the last year. Parents of children with an emotional disorder were the group most likely to have asked family or friends for advice (23 percent) and the least likely to have sought professional advice (63 percent). Twenty five percent of 11-15 year olds reported having been in trouble with the police of which 43 percent had a disorder. The prevalence of mental disorders ranged from 6 percent among children who did not have special education to 40 percent among children who were at stage 5. Children with a mental disorder were 3 times more likely than those with no mental disorder to have specific learning difficulties. This study indicates that there are a proportion of children with mental disorder who are not receiving treatment and that those who have emotional disorders are the least likely to receive professional help. The study also indicates that service utilization is perhaps about the views which parents have about seeking help from services as opposed to seeking help generally; parents of children with emotional disorders preferred to seek help from friends than professionals. However, further investigation is needed into the reasons why particular help is/is not sought.

Cooper (2002) inspected children's services in 32 local councils and judged at the time that only 13 of the 32 were serving most or all children and families well, although three quarters had prospects for improvement. The results indicated that in two thirds of cases, children were considered to be adequately safeguarded. Although fourteen councils had established multi-agency strategies to improve family support services, arrangements to deliver child and adolescent mental health services to disabled children were less well developed. The limited information that was collected indicated that services were underdeveloped, lacking coordination and integration.

1.9.1 Summary of Mental Health of Children and Adolescents

The rate of childhood mental disorder and the need for services in the general population of children is considerably greater than the rate of service utilization, particularly for some ethnic minority populations. There is little systematic data about the factors that influence children and families in need to seek mental health services, why some people demonstrating clinically defined need do not obtain service and why some individuals without diagnoses seek out and receive service. This is a particularly complicated area, although researchers can clearly define mental health problems and the need for service use, for the child and family involved it is a far more subjective process based on their perception of the situation and need. The research would benefit from examining service users' perspectives with regard to need and service use. In addition, the general literature on childhood mental disorder, service need and utilization does not distinguish those children with learning disabilities. This raises the question as to whether these findings are applicable to children with learning disabilities as well as children in the normal population.

1.10 Mental Health and Children with Learning Disabilities

Tonge and Einfeld (2000) provided longitudinal data on a cohort of young people with learning disabilities from the ages of 4-19. Data was collected by mail questionnaires and standard IQ tests were used to ascertain the level of learning disability. The Developmental Behaviour Checklist (Einfeld and Tonge, 1992) was used to measure psychiatric disorder. The results indicated a prevalence of 40 percent for psychiatric problems and that problems were persistent over a 4-year period. The authors suggested that psychiatric disorder is 3-4 times more prevalent in young people with a learning disability.

Koller, Richardson and Katz (1983) studied the total population born from 1951 to 1955 in a city in Britain and identified children who had been classified as mentally retarded and placed in a special school, training center or residential institution before the age of 16. A follow up took place when the children reached age 22 using interviews with the adults and their parents. IQ was measured using standard IQ tests. Interview data was divided into four categories, emotional disturbance, hyperactive behaviour, aggressive conduct disorder and antisocial behaviour. The results indicated that 61 percent of the learning disabled population showed evidence of behaviour disturbance in childhood. In childhood the most common type of behaviour disturbance for boys was aggressive conduct disorder, except in the IQ category 60-69 where antisocial behaviour was most frequent. In girls, the highest was emotional disturbance except in the IQ range 50 and below where aggressive conduct disorder was highest. In the post school period, there was little change in the frequency in the types of behaviour disturbance.

In the second part of Einfeld and Tonge's (1996) study they also found that despite a prevalence rate of 40 percent for psychiatric problems, only 9 percent of the carers of the children had sought help from professionals with specialist knowledge in mental health and learning disabilities, 31 percent had sought help from a professional working in mental health or learning disabilities alone and 13 percent had sought help from a professional with no specialist knowledge in either area, and 47 percent had not sought any help. The authors also recognised that this may be an underestimate of need as those with a mild learning disability were thought to be more difficult to detect. They also suggested that possible reasons for lack of service use may be that reports of the children's disturbance were biased in that they may have reported them to be more problematic than they actually experienced them or that they may have felt that help would be unhelpful or unavailable, the latter they felt was supported by their clinical experience.

Linna, Moilanen, Ebeling, Piha, Kumpulainen, Tamminen and Almquvist (1999) investigated a representative sample of all children born in 1981 when they were 8 years old. The majority of the sample of 5804 participants did not have data available on level of learning disability and therefore criteria for learning disability consisted of those who attended special schools. The Rutter Parent Questionnaire (RA2: Rutter, 1967) was used to assess parents' views, the Rutter Teacher Questionnaire (RB2: Rutter, Tizard and Whitmore, 1970) for teachers and the Children's Depression Inventory (CDI: Kovacs, 1992) for the children. The results indicated that the proportion of behavioral/emotional disturbance was higher amongst those with a learning disability (32.2 percent) than among those without (10.8 percent) and when all three questionnaires were collated, the proportion of psychiatric disorders was again significantly higher amongst those with a learning disability (50 percent) compared to (24 percent). When looking at the results separately an interesting finding is that parent and teacher ratings were similar but the child ratings were much lower (11 percent compared to 32.2 and 34.9 percent) for learning disability and psychiatric problems. However, the child ratings were still higher for those with a learning disability than those without (11 percent compared to 6.6 percent). This has implications for children and their ability to accept that there is a problem and receipt of services should they be offered.

Emerson (2003) performed secondary analysis of the 1999 Office of National statistics survey of the mental health of children and adolescents in Great Britain, collecting information on a multistage stratified random sample of 10, 438 children ages 5-15 across England, Scotland and Wales. Psychiatric disorders were assessed using the development and well being assessment, a number of measures of family functioning were used and learning disability was defined if parents reported the child to have learning difficulties, if they had had concerns about delayed language development in the first three years of life and or if they attended a special school for children with learning disabilities. Information from teachers was also collected to help the diagnosis of learning disability. The prevalence rate of learning disability was found to be 2.6 percent of the total sample. The prevalence rate of any psychiatric disorder in children with a learning disability was found to be 39.0 percent and 8.1 percent for children without a learning disability. The most prominent psychiatric disorder was conduct disorder of which 25 percent of children with a learning disability were diagnosed compared to 4.2 percent for children without a learning disability. Boys were found to be significantly more likely to have a diagnosed disorder and specifically were significantly more likely to have conduct disorder. Children were also more likely to have a diagnosed disorder if they were in social classes III-V, if they had lone parents, if the primary carer scored highly on the General Health Questionnaire (GHQ: Goldberg and Williams, 1988), if the family was characterised by unhealthy family functioning, if carers used punitive parenting strategies and if they had experienced a greater number of potentially stressful life events.

McCarthy and Boyd (2002) studied a group of adolescents with learning disability and mental health problems in order to determine the extent of specialist health service use. The study is the second part of a study, which originally took place from 1979 to 1982, which assessed psychiatric, and behaviour disorder in childhood. The original study identified children with Down syndrome using school health records in one health region in England and matched them with another child of same sex, age and degree of physical and mental handicap. Data was collected using the Rutter Behaviour Scale for parents and teachers, the Adaptive Behaviour Scale for parents and teachers and structured interviews with parents and teachers. The results indicated that only 31 percent of children with Down syndrome and 29 percent of controls were considered to be well adjusted. In the second part of the study, the main carers were traced and interviewed in this second part of the study using a questionnaire designed to assess service use through the individual's adolescence. Prevalence rates for child psychiatric disorder were 35 percent and for adult disorder 39 percent. The prevalence of severe behaviour disorder in childhood and adulthood were 39 percent and 35 percent. Of the sample, 18 percent had contact with a community nurse, 20 percent with a psychiatrist and 20 percent with a psychologist in adolescence and the majority reported this contact to be helpful. Of those with a psychiatric disorder in childhood, 31 percent had contact with a psychiatrist, 24 percent with a psychologist and 21 percent with a community nurse. Of those with persistent behaviour disorder, 36 percent had contact with a psychiatrist, 36 percent with a psychologist and 21 percent with a community nurse.

Russell (1997) in the mental health committee's report on service for children with learning disabilities and severe challenging behaviour identified four key issues; concerns about fragmentation and poor co-ordination of assessment and support for families, government policy to pay more attention to children with complex needs and the balance of inclusive and specialist services for this group of children, special provision within a system which has an ethos of putting children first, the importance of training and professional development for staff working with children with learning disabilities and challenging behaviours. The report recognised that behaviour problems may start early but not be recognised or dealt with until the child is older and the behaviour is less socially acceptable and the need therefore for early intervention.

1.10.1 Summary of Mental Health and Children with Learning Disabilities

The literature indicates varying rates of prevalence of mental health problems in children with learning disabilities but what does appear to be a consistent finding is that it is much higher than the rates of mental health problems found in children without a learning disability. There is suggestion in the research that the most common types of problems are aggressive behaviour, particularly in males and that these problems do persist over time. The literature also indicates that there are a proportion of children with learning disabilities who have mental health problems who are not receiving specialist services and that services typically tend to have specialists in either learning disability or mental health and rarely both. However, the literature does not look at reasons for lack of service use and whether this is linked to problems in service provision or more related to child and family factors associated with seeking help. The literature suggests that people with learning disabilities are not only vulnerable to mental health problems but also that people who offend tend to have a history of problems and that there is clearly a large proportion of people with learning disabilities who have needs who do not receive appropriate services. However, as yet there does not appear to be a link in the literature of these factors and their interaction.

1.11 Learning Disability, Offending and Help.

1.11.1 Increased Vulnerability

The literature also suggests that children with learning disabilities are vulnerable from the time of birth as it has been suggested that the attachment process may be more complicated. It has been suggested that families of people with learning disabilities grieve for the loss of the perfect child and in some cases maladaptive bereavement responses occur. Among some of the possible responses are ambivalence, blaming, infantilisation and overt rejection, (Bicknell, 1983).

The literature indicates that people with learning disabilities are more vulnerable to adverse influences of the environment generally (Taylor, 1993) and more specifically are considered to be more vulnerable to being victims of abuse, (Turk and Brown, 1993). The literature also indicates that people with learning disabilities are more vulnerable to developing mental health problems, evidenced by the high prevalence rates found in the research in this population, (McCarthy and Boyd, 2002; Emerson, 2003; Linna et al, 1999; Einfeld and Tonge, 1996; Koller, 1983; Tonge and Einfeld, 2000). People with learning disabilities are also considered among the most vulnerable and socially excluded in society, (Department of Health, 2001: White Paper Valuing People).

1.11.2 Impaired Ability

The literature suggests that there is a link between offending and low intelligence (Farrington, 1993) and it has been proposed that moral reasoning is the link, (Thornton, 1987; Lee and Prentice, 1988). Kolberg's (1984) model of moral reasoning suggested that there were three levels of moral reasoning, which develop in childhood. The pre-conventional level is based on the assumption that the individual must serve his or her own needs. The conventional level is based on the view that people do what makes them liked by others or what is legal. The final stage is post-conventional, which is based on the value of people and their human rights, and personal conscience. This model suggests that moral development results from a combination of improving cognitive skills and repeated encounters with moral issues. Offenders with low intelligence may therefore not be as developed in terms of moral reasoning.

The other key explanatory factor of the link between offending and low intelligence has been suggested as the ability to manipulate abstract concepts and poor ability to foresee consequences and appreciate feelings of victims. It has been suggested that this may be related to poorer families who do not plan much for the future and tend to talk more concretely (Farrington, 1993).

Research findings related to IQ suggest that those with lower IQs had more difficulties in discovering which were relevant aspects to attend to in problem-solving situations and difficulty in applying strategies even when they were available. This may be compounded by growing up with a learning disability and rejection inducing expectations of failure, avoidance of new or difficult tasks and reliance on others to solve problems.

People with a learning disability are vulnerable to wide range of language and communication disorders. Early communication functioning has been found to correlate with later social development (Baileys, Philips and Rutter, 1996) and communication difficulties to correlate with challenging behaviour. Even those who do not experience specific communication disorders may show slower development of verbal skills compared to development in other areas (Clements, 1998).

1.11.3 Increased Likelihood of Behaviour Problems

Aggressive and destructive challenging behaviours may be thought of as having socioeconomic functions. They may represent attempts to protest, attract attention, express anger, sadness, fear or confusion or even to indicate feeling physically unwell, (Holt and Bouras, 1997). It is also documented in the literature that challenging behaviour may be a response to trauma, (Turk and Brown, 1993). They are more likely when clients have low frustration tolerance, communication impairments, poor social skills and variable supports, (Holt and Bouras, 1997).

1.11.3 Social Isolation

People with learning disabilities are identified as being among the most vulnerable and socially excluded in society, (Department of Health, 2001: White Paper Valuing People). Russell (1985) identifies that individuals with a learning disability have to face social attitudes to disabilities, which encourage rejection, segregation and isolation. In addition, people with challenging behaviour are likely to have repeated admissions to hospital and as a consequence have opportunities restricted for them, have few activities, low levels of social interaction and more negative interactions, (Joyce, 1997).

1.11.4 Theoretical Understanding of Learning Disability, Offending and Help

Literature explaining why people with a learning disability may offend incorporating more than one theory is limited. These factors of increased vulnerability, likelihood of impairments, social isolation, and challenging behaviour can be seen as factors, which may interact to contribute to offending behaviour. A model will therefore be proposed here which attempts to suggest why an individual with a learning disability may be vulnerable to offending and why they may find it hard to seek help.

Someone who is vulnerable to a number of adverse life events, (Bicknell, 1983; Taylor, 1993; Turk and Brown, 1993), who has poor communication skills to ask for help in dealing with these, (Baileys, Philips and Rutter, 1996; Clements, 1998) and may be socially isolated, (Department of Health, 2001; Russell, 1985; Joyce, 1997), may express their difficulties through challenging behaviour, (Holt and Bouras, 1997; Turk and Brown, 1993) which only serves to isolate them further and increase vulnerability (Joyce 1997). Poorly developed moral reasoning precludes them from appreciating the consequences of their behaviour, (Thornton, 1987; Lee and Prentice, 1988; Kohlberg, 1984) and may increase vulnerability to offending behaviour. If offending behaviour enables them to get help or something, which they are lacking, for example social interaction, it may increase the likelihood that this will become a future strategy for gaining help. If help is successful, likelihood of future offending may be decreased.

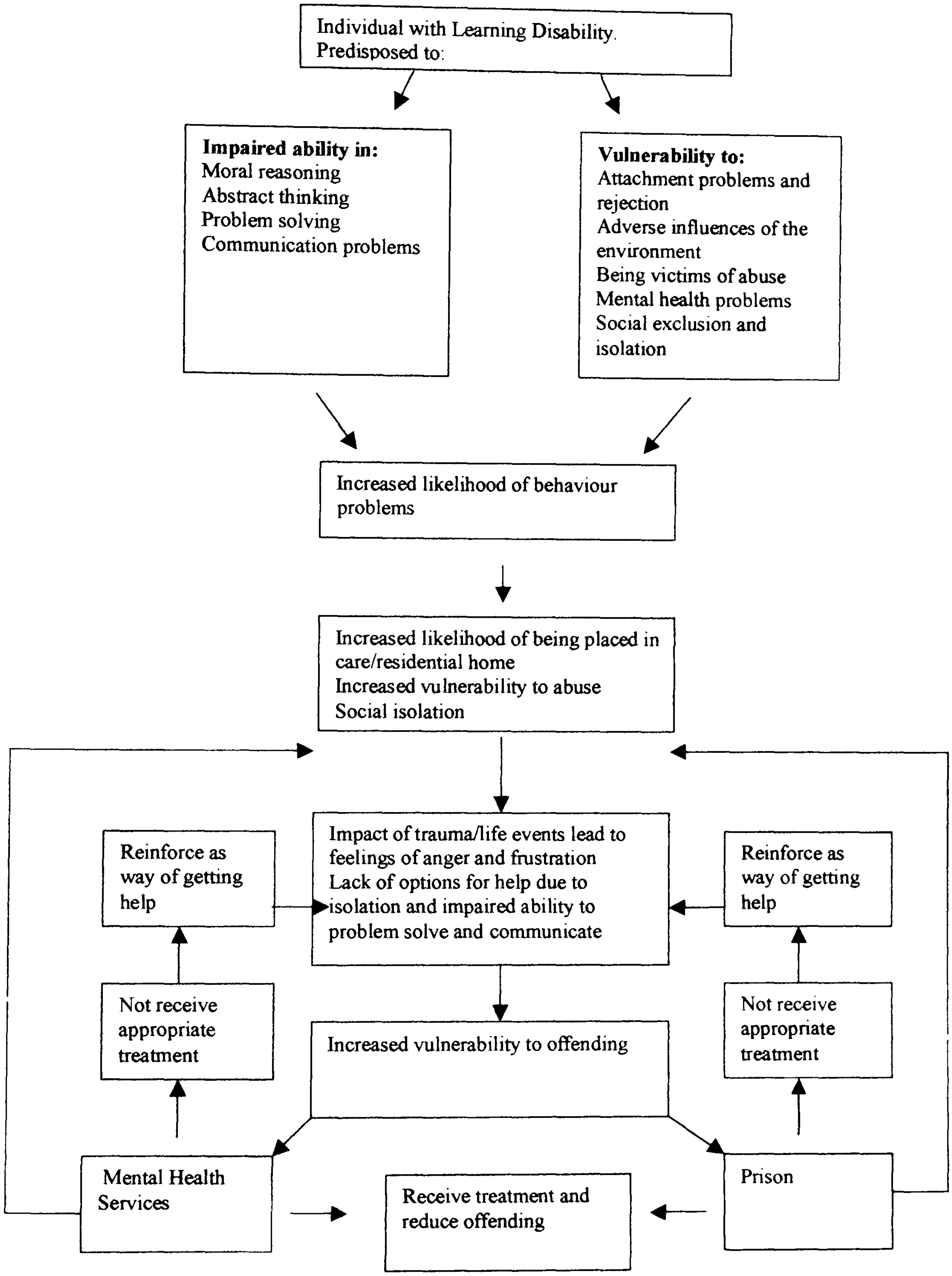


Figure 3. Model of Offending, Help and Learning Disability

1.12 Treatment of Offenders with Learning Disabilities

It is not possible to review the full extent of literature on treatment of offending behaviour and efficacy due to space so the literature will be briefly discussed in relation to the literature already presented regarding contributing factors to offending and therefore guidance towards treatment goals.

Taylor (2002) reviewed the literature on the treatment of anger and aggression in offenders with a learning disability and concluded that there were no reports of the treatment of anger in offenders with learning disability and that the main efficacy for treatment of anger was based in the literature on people with learning disabilities who had aggressive behaviour, not offending behaviour.

Lindsay (2002) reviewed the literature on treatment of sexual offending in people with learning disabilities. The main areas of treatment appeared to be pharmacological treatment, behavioural treatment, educational treatment and cognitive treatment which incorporated a mixture of behavioural skills, sex education, relationships skills, training around taking responsibility and challenging cognitive distortions. The outcomes of different treatments were variable and did not give any consistent guidance as to which were most appropriate treatments. However, this does raise the question having looked at a model of why people with learning disabilities might be vulnerable to offending as to whether it is possible to teach and educate someone out of offending. The developmental literature reviewed above suggests that aspects which are important to offending such as moral reasoning, empathy and the ability to form relationships are not skills which are learnt through formal education. They develop over time through repeated encounters with moral issues and dependent on the individual's own treatment as a person and experience. It appears to a certain extent that although treatments correctly identify contributing factors, they do not take into account the development, which led the individual to not develop these skills, and attempt to rectify this in a similar developmental process. This issue is relevant to all types of offending behaviour, not just sexual offending. This is not to say that the treatments reviewed do not work in some cases as they do, but merely identifies an area for exploration in the research.

1.13 Aims and Rationale of the Current Study

The literature indicates that both offenders with and without a learning disability have a number of risk factors in their history, which identified them as being vulnerable to offending from an early age. This raises the possibility of early intervention with this group. The literature also suggests that a large proportion of children and adolescents who show delinquent behaviour do not receive services, in particular mental health services. This unmet need is not unique to delinquents, there is also a discrepancy between children and adolescents who have mental health problems and those who actually receive services for mental health problems. There are also higher rates of mental health problems in children who have learning disabilities and a recognised lack of service provision for this group of people. The literature also lacks a model, which incorporates current research to attempt to explain the links between learning disability, offending and help. Little is known about whether services have been offered to offenders with a learning disability at the time when early intervention could be attempted. As the process of accessing, receiving and maintaining service use is such a subjective process, the literature would benefit from looking at offenders with a learning disability and their experience of problems and perception of help, which they needed and was or was not provided.

The aim of the current study was to study the life experiences of adult male offenders with a learning disability in relation to: problems which they may have needed help for, help which they received, and help that they felt they needed. Literature on the extent of service utilization in this population is lacking and from a service user perspective it is important to gain a greater understanding of what this population feel would have made a difference in their lives. The findings of the study may enable clinicians to gain a greater understanding of what may be effective in preventing this group of people from offending.

Adults were chosen rather than adolescents because this would allow a full analysis of life span, including childhood and adolescence, through to adulthood. Study of adolescents may not give an overall perspective of the lifespan.

1.14 Research Questions

1) What are the life experiences and experiences of problems of adult male offenders with a learning disability?

2) What is their experience of the help and services they received in relation to their problems?

3) What is their understanding of help they may have needed?

CHAPTER 2: METHOD

2.1 Overview of Design

The study was a qualitative study, which aimed to analyse the experience of problems and the help which was received or was needed for offenders with a learning disability prior to admission to a secure unit. The study used a semi-structured interview and the interviews were audio-taped and transcribed, prior to analysis using Interpretative Phenomenological Analysis.

This chapter firstly looks at the rationale for using qualitative methodology and the researcher's stance with regard to this. It then outlines processes such as ethical approval and recruitment. The participants are then identified and the procedure is discussed. Finally the particular method of analysis is described.

2.2 Rationale for using Qualitative Research Methodology

Positivism suggests that through research objective knowledge can be produced about the world and our understanding of it (Willig, 2001). However, Smith, Harre and Langenhove (1995) suggest that,

> " An important and unfortunate consequence of this impoverished empiricist epistemiology and privileging of method has been the neglect of a range of alternative conceptual foundations for psychological inquiry together with a prescribing of the types of

> questions psychology can address and the form in which it is legitimate to ask them", (pg 2).

Instead of making predictions and testing hypotheses using numerical and statistical data, qualitative research tends to be exploratory and can be an important approach in areas, which have not been extensively researched, (Turpin, Barley, Beaill, Scaife, Slade, Smith and Walsh, 1997).

> "The aim of qualitative research is to understand and represent the experiences and actions of people as they encounter, engage and live through situations. In qualitative research, the researcher attempts to develop understandings of the phenomena under study, based as much as possible on the perspective of those being studied" (Elliott, Fischer and Rennie, 1999:216).

In this respect qualitative research can be used to understand an individual's experience and may provide a basis for theory development, be used to explain frameworks, and be used in conjunction with more quantitative methods either to confirm or challenge particular theories or models, (Turpin et al., 1997).

In discussing phenomenological psychology, Giorgi (1995) highlights that it is based upon an individual's experiences and the meanings that are subjectively assigned to them,

> "It is research based upon descriptions of experiences as they occur in everyday-life by persons from all walks of life, (pg 39)".

However, Darlington and Scott (2002) acknowledge that as qualitative researchers aim to understand what experiences mean to people, they tend to prefer more verbal and articulate research participants. They identify that in conducting research with people with learning disabilities it is required that firstly, researchers value the experience of those who are not as articulate or verbal, secondly, that researchers accept the experience of them and their world as valid and finally that researchers find ways to elicit their experience and ways for their voices to be heard.

These principles are inkeeping with the ideology of normalization, (Nirje, 1985; Wolfensberger, 1972), which states that people with learning disabilities should be facilitated to have access to opportunities which are available to people without learning disabilities, and that often people with learning disabilities are restricted by barriers imposed by people without disabilities. It has been acknowledged that normalization was developed without taking into account the views of people with learning disabilities. However, it was considered to have provided the conditions to enable people with learning disabilities to speak out (Walmsley, 2001).

2.2.1 Theoretical Position of Researcher

In guidelines for qualitative research studies, Elliott (1999) highlights the importance of the researcher specifying their theoretical orientation and personal beliefs/expectations. The researcher's theoretical orientation will be discussed here and personal beliefs and expectations will be elaborated upon in the reflective diary in the results section.

When exploring an individual's life, I believe there is only so much that can be gained from factual information about what happened to the person. Two people may have had the same experience and yet their experience of it may have been completely different. From a psychological point of view, clients are not prescribed a particular treatment without taking into account individual differences. Instead, although certain treatments have been shown to be effective for certain problem types, I believe a thorough assessment and formulation are more important to inform the course of treatment. I believe research should be no different. It is important to be empirical and gain broad information about issues but this is lacking if the experiences of the individuals is not also taken into account. As far as normalization and the social model of disability are concerned, emphasis is very much placed upon people with learning disabilities being active participants in the research process and having their experiences accessed and voices represented instead of being tested, counted, observed and described, (Walmsley, 2001).

In learning to listen (1996), Herb Lovett identified that:

> "Extreme behavior often comes from not feeling listened to. Just as repressive organizational or political systems lead to aggression and revolution, the most profoundly disturbing behavior is often found in … unresponsive service systems", (pg 6).

Lovett believed the service system not the service recipient was unresponsive and that the cure existed in addressing the cause, not the symptom. He believed that challenging behaviour was one of the most objective critiques of a service. It may therefore be suggested that the extreme nature of offending behaviour may be a response to the way an individual is treated in society and a reflection of not feeling listened to. I believe this highlights the importance of listening to offenders with a learning disability and their experiences of the family system, school system and society as a system in order to establish if any of these could be improved to reduce the likelihood of offending behaviour. This type of information can only be gained from exploratory research.

In this particular study, it has already been emphasised that the area of service use for incarcerated offenders with a learning disability is under-researched. I believe it is important to gain an understanding of how they have experienced the world throughout their lives. The use of qualitative research methods which place emphasis on subjective reality may enable this experience to be accessed. The area of service use is now being identified as an important area to involve the service users' perspectives, again an advantage of using qualitative methodology. I do not believe it is sufficient for professionals to dictate the best ways to improve services and what is needed with regards to early intervention. I believe in embracing the principles of normalization in an ethos of 'learning to listen' to what the people involved have to say. I also believe that people with learning disabilities are often neglected in having their views heard, offenders more so. I see the group of people with learning disabilities who have offended as the most unlikely group to be listened to but most in need.

2.3 Participants

2.3.1 The Environment

The sample was drawn from an independent medium secure unit for people with learning disabilities who have challenging behaviour and/or have committed an offence. The residents lived on houses, which comprised of 8-9 residents. Each house had a clinical team responsible for their care including a responsible medical officer, clinical psychologist and assistant psychologist, social worker, and learning support worker. The researcher was a trainee clinical psychologist on placement at the unit, although was not a member of the multi-disciplinary team on the houses where recruitment took place.

2.3.2 The Sample

The sample consisted of ten men who had a clinical diagnosis of a learning disability and had committed an offence, for which they had been convicted. Males were used because they were more easily accessible and appropriate in terms of the researcher separating clinical input from research.

2.3.3 Inclusion Criteria

The inclusion criteria were men who had a clinical diagnosis of learning disability, had committed an offence and been convicted, and were over the age of 18. The participants were required to have verbal communication. Participants were included if they had a dual diagnosis, either personality disorder or psychosis provided that this did not impact on their ability to communicate and participate in the study.

2.3.4 Exclusion Criteria

People were excluded if they were unwilling to talk about their past and if the clinical team felt it would be detrimental to their mental health.

2.3.5 Characteristics of the Sample

Table 1. Characteristics of Participants

Participant	**Age**	**IQ**	**Offence**
1	20	64	Criminal Damage
2	27	58-65	Rape
3	22	64	Attempted rape and burglary
4	19	75	Robbery and Possession of an imitation firearm to commit an indictable offence
5	36	72	Attempted assault with weapon
6	35	74	Attempted Murder
7	22	54-70	Threatened to kill mother's partner
8	21	69	Arson
9	46	63	Indecent Assault
10	34	71	Common assault, ABH and possessing an imitation firearm during offence

The ages of the participants ranged from 19 to 46. Five participants had IQs of 69 or below and the others fell into the range from 70-75. Two participants had IQ tests, which indicated different results and therefore for the study were considered to be within the range of 54-70 and 58-65. These people were included because the clinical team had made the decision to admit them to a learning disability unit on the basis that they had a low IQ (either below 70 or a significant discrepancy between the verbal and performance IQ) and impairment in social functioning or emotional development. Social functioning was not formally assessed but participants tended to evidence this in their self-care skills, functional skills or through socially inappropriate behaviour (for example aggression or sexually inappropriate behaviour). Participants had a committed a variety of offences (see table above) but they tended to be of an aggressive nature or of a sexual nature.

2.4 Ethical Considerations

Ethical approval was obtained from Hull and East Riding Ethical Committee. Ethical Approval was also sought from the Board of Managers at the unit.

2.4.1 Confidentiality

Participants were informed that information would be kept confidential unless the researcher deemed there to be issues relating to risk to self or others, in which case the information would need to be disclosed to the clinical team. Participants were offered the opportunity to have feedback given to the clinical team and assured that this would be a mutual decision as to what information that was after the interviews. They were informed of their right to refuse this. In the case that they disclosed offences for which they had not been convicted for, they were informed that if they gave details which made the offence identifiable for example names, dates and places then that information would need to be disclosed. The researcher was also aware of the possible ethical issues that might be raised by being on placement at the unit. One of the key concerns was the possibility that information would be requested which the participants had not agreed to disclose to the clinical team. This was the reasoning behind not recruiting from houses where the researcher was a member of the multidisciplinary team. The researcher also made clear to participants the difference between her role as researcher and as a clinician.

2.4.2 Informed Consent and Competence

Care was taken to explain the purpose of the study and what it entailed to ensure that consent to participate was given having been fully informed. Learning disability was taken into account as an issue for the clinical team in the first instance and the researcher in the second. The clinical teams were asked to take into account the ability to give informed consent during the recruitment process. The researcher was constantly aware of the need to communicate effectively in a manner which was easily understood and used judgment to inform this process. Explanation of the study was repeated a number of times to all participants to ensure this.

2.4.3 Impact of Research and Debriefing

The clinical team was requested to consider the impact of the research, as it involved discussing personal information relating to their childhood experiences, which may have been for some, distressing. The researcher also emphasised this aspect to the participant so they were fully aware of what the research entailed, although it was also emphasised that they were to only talk about information that they were happy to talk about. The researcher attempted to be aware of the potential for distress throughout and gave the opportunity for breaks or to end the research at various points. The researcher arranged appointments after the research interviews finished, to give the participants the opportunity to discuss any issues, which had been raised by the research.

2.5. Recruitment

An initial letter and research protocol was sent to the clinical teams requesting multi-disciplinary discussion of those people who would be considered suitable/unsuitable to participate in the research. The clinical team then provided a list of people who could be included and reasons for those who could not be approached. A letter and research protocol was also sent to the houses where the participants resided and the house staff were then contacted regarding the names of the participants given by the clinical team. Members of the house staff then individually approached each potential participant to ask if they would speak to the researcher about taking part in the study. The purpose of the study was then explained and an information sheet given. Participants were not requested to make an immediate decision and were encouraged to discuss any issues first with the researcher and then with their named nurse in the process of making their decision. Another appointment was arranged in order for them to feedback their decision.

2.5.1 Response Rate.

The clinical team for house one reported five potential participants. Two were considered to be inappropriate for the study on the grounds that it may be detrimental to their mental state to discuss childhood experiences. One was ruled out by the researcher due to a severe speech impediment, which would impact on the recording process, based on recommendations by the clinical team. The four remaining participants all agreed to participate and for feedback of the analysis.

The clinical team for house two reported eight potential participants. One was considered inappropriate for the research as he was reported to be unwilling to look at his past. Of the remaining eight, two were ruled out due to therapeutic work with the researcher and one refused to participate and did not give a reason. The remaining five all agreed to participate and for feedback of the analysis.

The clinical team for house three provided the last required participant who agreed. However, feedback of themes was not possible due to deterioration of his mental state.

2.6 Measures

2.6.1 Semi-structured Interview

A semi-structured interview was used because it was compatible with the method of data analysis and provided the opportunity to explore the research questions in an open-ended way with emphasis on narrative and experience (Willig, 2001). This meant that issues could be explored which may not have been anticipated at the outset and therefore increased the possibility of adding new information to the knowledge base on which further research could be based upon.

The aim of the interview was to gain information about the participant's childhood life experiences and their experience of problems. These were then discussed in terms of their experience of help that they received or help that they felt they needed. Participants were also asked whether they felt anything could have prevented them from ending up in secure services. Throughout it was emphasised that the researcher was interested in their experiences and not the facts of the situation.

The interviews were changed as they progressed to include questions, which addressed prominent issues that had been raised in the previous interviews. Interviews also attempted to take into account the level of understanding and communication of the participants by checking the meaning of certain words and repeating the essence of a response in a different way to check agreement.

The interviews varied in length according to what the participants felt comfortable with. Typically interviews lasted an hour but some were shorter. All but two participants were interviewed twice for the initial data collection. One was only interviewed once because it was felt that all relevant information had been gathered and one was interviewed only once because it was felt that further interviews might raise too much distress. In the latter case, an additional meeting was arranged to discuss any issues that may have been distressing and support was arranged from the nursing and care staff.

2.6.2 File Review

Consent was gained from all participants to do a file review. This consisted of information gathering about their life experiences with reference to problems in childhood: either those relating to abuse or those relating to behaviour problems exhibited. Information was also gathered about the services they had utilised before admission to secure services.

2.7 Procedure

A literature review was conducted in order to identify the area of study. An application was submitted to Hull and East Riding Ethical Committee and approval granted. The managers of the medium secure unit were approached with the research proposal, which was taken for discussion at the senior management team meeting. Approval was granted. Letters with the research proposal, patient consent form and patient information sheet were then sent to the Registered Medical Officer in the first instance for each house along with a request that they discuss the proposal at the weekly team meeting and provide a list of names of patients considered appropriate to participate. Consideration was requested regarding those patients who may not be able to give informed consent to the study and those for whom it may be distressing to take part. Once a list of names was compiled, the patients were approached by a member of the house staff. They were asked if they would be happy to speak to the researcher about the research project. If the patient agreed, they were approached and the study was explained.

A consent form and information sheet was given to each participant and the opportunity to ask questions about the research was given. Participants were encouraged to take time to think about participating and as well as discussing with the researcher, to discuss with their named nurse. A second meeting was arranged where if they had decided to participate, the information sheet was explained again and the consent form was filled out. Participants were then offered a third meeting although some declined, wishing to start the process immediately.

If they agreed an interview was arranged. The interviews each lasted a maximum of an hour but participants were encouraged to participate for as long as they felt able to so consequently some interviews were shorter. After the interviews took place, then a meeting with the participants was arranged to check they had not felt distressed by anything we had discussed. The interviews were audio taped and transcribed afterwards. All identifiable data was removed from the transcripts, which were then analysed (see analysis section for further details). Once the analysis had taken place, the participants had a further meeting during which the analysis was fed back and decisions were made about information to be fed back to the clinical team in order to inform their treatment plan with the participants' consent.

2.8 Analysis

All interviews were audio taped and transcribed verbatim although identifiable data was removed from the transcripts. Analysis followed recommendations by Smith (1999) using Interpretative Phenomenological Analysis.

2.8.1 Interpretative Phenomenological Analysis

Interpretative phenomenological analysis is a form of qualitative analysis, which

> "Is concerned with an individual's personal perception, or account of an object or event as opposed to an attempt to produce an objective statement of the object or event itself" (Smith, Jarman and Osborn, 1999: 218).

However, as the researcher aims to fully appreciate the participants' experiences and make sense of them, they bring to the process their own beliefs and experiences. Due to this interaction between the participant and researcher, the results are always an interpretation. IPA is also reflective as it acknowledges the influence of the researcher. In this respect, IPA is "a version of the phenomenological method which accepts the impossibility of gaining direct access to the research participants' life worlds" (Willig, 2001: 53). The identification of themes and writing up of a narrative account enables not only the shared experiences of the participants to be conveyed but also the individuality of each participant's experiences. This will enable this neglected group to be heard.

Qualitative methodology such as grounded theory can also be used to provide a systematic representation of the participant's experiences and allow for new theories to emerge from the data. However, it is criticized for not sufficiently addressing the question of reflexivity and it's assumption that the data speaks for itself (Willig, 2001). Interpretative Phenomenological Analysis acknowledges the role of reflexivity and is a method that allows interpretation of the data. This is one of the reasons why it is important for the researcher to acknowledge their beliefs and keep a reflective diary throughout the process of the research in order to identify their influence on the data.

2.8.2 Individual Analysis of Transcripts

Transcripts were read and re-read and comments and notes made in the margins of the transcripts. These tended to be thoughts triggered by the extract or summaries of the data. The initial comments and notes were then reviewed to look for connections. Some comments had clearly been repeated throughout the transcript, others may have initially been given a different label but on reflection represented the same experience. A list of preliminary themes was then identified within individual transcripts. As the majority of participants were interviewed twice, themes of the first interview were identified and explored further in the second interview. As the analysis was an evolving process, prominent themes in the earlier transcripts were incorporated as areas for exploration with the later participants. The stages of analysis were repeated a number of times when new themes emerged to check if the new theme had been present in previous transcripts but not identified at that stage.

2.8.3 Group Analysis

Once the individual analysis of themes for each participant was finished, attempts were made to look for connections between the themes of individual transcripts. This process began with the themes from the first transcript, which were inputted into the computer in separate documents for each theme. The themes from the other nine transcripts were reviewed one by one to identify if they could be collated into the documents of themes for the first transcript. This process was repeated with each transcript and resulted in new documents for new themes. Themes, which were identified as common in a number of transcripts, were then incorporated into an initial list of preliminary themes, which consisted of 18 themes.

The 18 themes initially appeared to be completely separate so they were laid out so that visually the researcher could try to identify if there was a common theme or association, which linked some of them together. Two higher order themes were found which encapsulated three sub-themes within them and one theme, which stood alone.

At all stages of analysis, the original transcripts were used to check that the themes were representative of the context in which they were discussed but also to check if the themes were present in other transcripts but had not been initially identified.

2.8.4 Verification of Themes

All transcripts were given to other researchers, who were currently using IPA for second analysis. The researchers went through the same procedure as described above for individual transcripts. The purpose of the credibility checks was to gain another researcher's interpretation of the transcripts and the emerging themes. Analysis was also fedback to individual participants to verify the findings. Every effort was made during this process to encourage the participants to be open about their views and disagree with the themes if they felt they did not represent their experience. However, it must be acknowledged that despite this, it would have been hard for participants to disagree with the researcher. The final list of themes with examples of quotes was referred to two clinical psychologists to check that themes of the group analysis represented the content within them.

2.9 Reflective Diary

A reflective diary was kept throughout the research process but was more prominently used throughout the interview stage. This was to enable the researcher to keep an account of how their personal beliefs and experience impacted on the research and therefore influenced the findings. Within qualitative research the role of the researcher is widely acknowledge and therefore to ensure the validity of the findings, the influence of such personal beliefs were necessary to take into account.

2.10 The Narrative

The final stage was to translate the themes into a narrative, which presented an account of the themes and the analysis of them. Particularly pertinent or powerful quotes were used to represent the themes in a manner, which was considered to represent the experience of the participants.

CHAPTER THREE: RESULTS

3.1 Overview

A semi-structured interview was used with the aim of eliciting the experiences of male offenders with a learning disability with regard to problems experienced and help they may have needed or received.

This chapter presents the analysis of data collected from the file reviews and the men's interviews. Presented first is information from the file review regarding the men's life experiences and history of problems and history of service use. Secondly the qualitative analysis is presented. A summary list is provided of the higher-order themes and sub-themes within them. Following this is a narrative of the themes. Finally a summary of the pertinent issues raised in the researcher's reflective diary is included.

The qualitative analysis identified 3 higher-order themes, human rights, relationships and anger and violence. The human rights theme and the relationships theme both represented three sub-themes within them. A section is provided on each theme, which consists of a brief description of the theme, and a narrative encompassing the sub-themes using examples from the transcripts to illustrate the key issues.

3.2 File Review

Table 2. Background and History of Participants

Problems	**Number of Participants**
Experience of physical abuse	4
Experience of sexual abuse	3
Experience of neglect	0
Experience of emotional abuse	1
History of displaying aggressive behaviour	9
History of displaying sexually inappropriate behaviour	6
History of self harm	3
History of suicidal ideation	2

The table above indicates that that the majority of the sample experienced some form of abuse during their childhood. Some participants had experienced multiple forms of abuse, however, only 3 had no documentation referring to abuse. It also indicates that all of the participants displayed some form of behaviour problems during their childhood. The file review suggested that in all cases behaviour problems were exhibited over an extensive period of time, leading up to the offences that they committed.

Table 3. Service Utilisation

	Mental Health Services	**Social Services**	**Criminal Justice System**	**Hospital Admission**	**LD Services**
Participant 1	Age 5 ongoing input	Ongoing from age 1	4 offences		Age 18 - CPN
Participant 2	2 reports age 16 and 20 from psychiatrists	Ongoing from age 5	7 offences	3	
Participant 3	Age 9 - psychiatry		2 offences		Mainstream school with support
Participant 4	Age 9 child psychiatrist – medication (1yr)		38 offences		Special school
Participant 5	Teenager – child psychiatrist			Secure unit age 16	Age 16 – secure unit for LD
Participant 6					
Participant 7	Age 13 – counsellor (1-2years) Nurse age 20		15 offences		Special school
Participant 8					Special school Consultant psychiatrist age 17
Participant 9			61 offences	4 informal admissions to psychiatric ward, age 35 and 37	Age 16 – LD hospital Age 32-34 LD consultant
Participant 10	Age 14-17 child and adolescent psychiatry		12 offences		

The table above indicates the contact that the participants had with services from children. The files did not have reports for the contact and in some cases it was not possible to determine the length of contact. It is clear that there was a lack of contact with learning disability services for the participants, the main service being special needs schools. The majority of participants had had some contact with mental health services and all had had contact with the criminal justice system, some on a number of occasions.

3.3 Qualitative Analysis

In using interpretative phenomenological analysis, Smith, Jarman and Osborn (1999) recommend that the analysis produce super-ordinate or higher-order themes which group a number of categories identified in the analysis, if appropriate.

Table 4. Overview of the Higher-Order Themes

Higher-order Theme: Human Rights
Theme one: Being free and Equal: forms of discrimination
Theme two: Safety and protection
Theme three: Survival
Higher order theme: Relationships
Theme one: Being alone
Theme two: Collaboration
Theme three: Trust
Higher Order Theme: Aggression/Violence

3.3.1 Overview of Higher-Order Theme 1: Human Rights

For the purpose of this theme, human rights refers to the Human Rights Act (1998) and the Convention on the Rights of Children, (United Nations 1989). Reference shall be made to these acts in order to explain the relevance of the material to these issues.

The higher-order theme of human rights was evident throughout the interview and it was clear that from being children, the majority of participants had experienced basic abuse of their human rights and that this had continued throughout their lives.

The level of insight varied around this theme; some participants identified specific situations which they felt had created problems for them and would have liked to have been handled differently but others were able to identify that they had not been given a chance in life due to a lack of basic needs being met and a lack of respect for their human rights.

This theme was pervasive; and ran throughout their rights as children to their rights as people with learning disabilities to be treated the same as other people but also taking into account their additional needs in relation to their disability.

3.3.2 Theme One: Being Free and Equal; Forms of Inequality and Discrimination.

The theme of inequality and discrimination arose in different contexts for the men. For some it was around being different and not feeling normal, for others about not being respected or treated right and for others about a lack of understanding. Lack of understanding was also pervasive, encompassing other people not understanding, not understanding how to ask for help and lack of understanding of learning disability and of diagnoses.

Feeling Normal

> "I thought I was not normal" (P5:I1: 461).

For a number of the participants, they had feelings of not being normal. For some this related to difficulties communicating and the experience of trying to communicate had led them to feel it highlighted the difference between them and other people:

> "Well I reckon I was not as normal as normal people and I reckon it wouldn't be normal asking the question what the question she said" (P5:I2: 25-26).

This evidenced a lack of taking into account the needs of the individuals and served to compound their feelings of being different because they felt they could not communicate and understand other people. The Convention on the Rights of the Child (United Nations,

1990) identifies that people with learning disabilities do have a right to be treated like normal human beings.

> "Parties should take all appropriate measures to ensure that a child is protected against all forms of discrimination" (United Nations, 1990: 2.2).

When these special needs are not taken into account regardless of the motives of those involves in only serves to discriminate against them and their ability to lead as normal a life as possible in society. For some this was evidenced simply through a lack of taking into account their special needs:

> "Er, because I felt I was a bit slow, if you failed at football people get onto me about not playing football as well or letting goals in and then people get onto me about miming and that. Er, when I did my best, not so much the miming, a bit of it but not so much, mainly the football…"(P6:I2: 261-264).

For others it was a more apparent form of discrimination, which was described as an extremely traumatic experience. One participant in particular described how the impact of this type of discrimination impacted on his ability to cope as a child and was evidenced in his behaviour.

> "I went to a special school, people used to take the mickey out of me and call me thick, they call me thick, they call me all sorts of names, thick, weirdo, er all sorts. It used to make me really upset and get upset, used to make me break down into pieces. I got really upset. I was

> getting like stressed out at school and that, I threw a chair once and got stressed and was rolling around on the grass at school, really upset and getting stressed and that and got really stressed and threw a chair and ran out of the classroom screaming and shouting." (P8:I2: 85-91).

For others it was about being different by the way that they were treated and the type of life that they had. One participant described feelings that he hadn't actually been any different from any of his siblings except in the way people treated him. It was clear that he felt his childhood treatment significantly influenced his development and made him different:

> "Well that's me. I'm the only odd one out who hasn't got like career have I. So where do I ...everyone else is nicely, they're happy they've built their life, they've got their life they've got everything but what went wrong with just a child who was born no different to what they were and then he just starts being walked over, that's the maddest thing about it. I'm just one child out of nine. None have done really well and the other number ten has just been wrecked by other people" (P2:I1: 597-602).

Respect

All individuals have the right to be respected and treated with dignity:

> "The peoples of the United Nations have, in the charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person" (United Nations, 1998: preamble).

However, this group of people had experienced a chronic lack of respect throughout their lives. The lack of respect did not appear to be about anything, which they did, it appeared to be a fundamental lack of respect for them as people, human beings with feelings. One participant described his confusion at the way he has been treated and why he was brought into the world if only to be treated in this way:

> "What have I been brought here for, I've learnt as a kid I used to be like a ball...being punched at and punched like a punch bag, have we just been brought here by them to be treated like dirt?" (P2:I1: 228-229).

One of the more powerful aspects of this theme was not that there was one or two separate incidents of being treated with a lack of respect but that the people in the role of caring for the individuals were the ones that were treating them this way and that in the absence of having anyone who could respect them, for some the only option was to get out of the situation. However, for these people there was nowhere else to go and so it was not a permanent solution to the way that they were made to feel; it was something, which they had to put up with:

> "Just didn't like the staff there. Cos it was a boarding school the staff there used to like be dead ignorant and strict and think they could speak to you like dirt. Just didn't like that. So I just used to run off. Not all the time, sometimes I used to stay there, sometimes I didn't" (P4: 266-269).

Lack of Understanding

The participants experienced a lack of understanding, which permeated a number of areas of their lives. For some, they did not understand how to ask for help. This was compounded by a lack of understanding of learning disability and the difficulties that people may have with communication. However this was not taken into consideration.

One of the core issues about helping someone with a disability lead a normal life is about helping them access everything that someone without a disability can access, which the Convention on the Rights of the Child (1989) acknowledges:

> "States parties recognize that a mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community…states parties recognize the right of the disabled child to special care", (Convention on the Rights of the Child, 1989: 23.1-23.2).

However, for some participants this was not something that anyone did for them. In this context it was not about accessing more complicated services, it was about basic help, someone to listen, to support and help resolve problems but even access to these basic needs was restricted through lack of assistance with the communication problems associated with learning disabilities.

> "(I wanted) Some help. I couldn't work the way out to say it" (P5:I1: 292).

Accessing help is a process which involves more than simply asking, it involves exploration of what the issues are that the individual needs help with and for some people when they did manage to try to ask for help, the process was impeded at this stage:

> "If you ask for help then they ask you questions and questions, that's what I don't like" ...Cos they were putting it in two many bigger words" (P5:I1: 418, 634).

When the process of asking for help was made increasingly difficult by this lack of recognition of the needs of someone with learning disability, it only served to heighten the feelings of being different and having to acknowledge this to someone who clearly is not recognizing that difference in a way which can help them:

> "Its really hard to say that you don't understand" (P5:I1: 463).

For some it wasn't just an issue of lack of recognition of the difficulties associated with having a learning disability, it was a lack of understanding of learning disability itself and a desire to make it better:

> "My math and English, they were strict and wanted me to get better and go to a normal school and that, yeah" (P6:I2: 324-325).

This lack of understanding of learning disability appeared to place the blame on the individual and as a consequence led individuals to believe that they were just not good enough:

> "Er, I thought I was no good after that, after that and then I caught up again and that was it, I got myself back at my gran's and started doing things there, I started running off from school at every opportunity I could get, that was no good" (P6:I2: 346-348).

There was also an issue about feeling that people would not understand if they tried to talk to them. For some this appeared to be grounded in past experience of not being understood and treated badly when they tried to get help:

> "Then its quite hard to speak to people, you know what I mean, but now, least you've got people to speak to (426-427)... Cos people would laugh, people would probably shout at me, people would probably shout at me" (P8:I1: 431-432).

3.3.3 Theme Two: Safety and Protection

One of the fundamental human rights for children is that they are kept safe and protected from harm:

> "States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation", (United Nations, 1989: 19.1).

However, the majority of participants had not been kept safe or protected and had also experienced this fear associated with being unsafe from the very people who were supposed to provide this.

Safety from Abuse

> "When I was younger, my dad more or less raped me when I was younger and you know I haven't got any compensation for it yet, erm, I've told you about what happened with my mum and dad haven't I? He beat my mum up and trashed the place and left my mum bleeding" (P1:I1: 3-6).

> "I've learnt as a kid I used to be like a ball…being punched at and punched like a punch bag" (P2:I1: 228-229).

> "The flashbacks are about what my dad did to me when I was young, when he touched me up. I couldn't tell my mum you see, don't know why, I was so young I couldn't tell her" (P5:I1: 507-509).

> "She used to beat me up bad when I was young. She used to like, I remember one time she stripped me bollock naked and took my belt off my jeans and whipped me till I was black and blue, I had bruises from here all the way down to my ankles just because I picked my brother up and threw him over on the sofa. When I got in a argument with her she used to lock me in her bedroom on Saturday mornings to stop me from arguing with my brothers" (P3:I1: 52-56).

> "My dad used to do it, my dad used to shout at me really loud, like when I was little he punched me in the eye, punched me in the eye and he shouts at me all the time" (P8:I1: 59-61).

> "It started when I was 6 years old, my uncle and my auntie sexually abused me and they wanted to do things to me and they used to have men coming in to sexual abuse and that went on till I was 14. and they used to whip me, beat me and make me do things to them like that. And when I was about 13, my uncle took me to ... in ... to pick up men like that to get money to give to my uncle and I never told my parents" (P9:I1: 8-12).

A number of examples have been used to illustrate the level of abuse experienced by the participants. The experience of abuse appeared pervasive. One participant movingly described his desire to stop the abuse by scarring himself to the extent that no-one would want to or be able to abuse him:

> "I wanted to disfigure me (529)... Then no-one will abuse me ...I tried to recently in my cell I tried to cut my penis off so nobody will abuse me anymore. There was so much blood coming from it, they had to stitch it all up. The worse thing I ever done in my life and that is when I was in prison, must be getting on to about a year ago I think. I got a razor blade and juts slashed my arm up and they took me off to hospital and had a blood transfusion. I didn't press the bell, was my family cos I didn't want them to find me cos I couldn't handle it anymore, people abusing me" (P9:I1: 533-539).

Safety from Bullying

Abuse was not the only thing that these participants were not protected from. Bullying was a common theme for most of them to varying degrees. Again the accounts of these experiences emphasised the insidious nature of the bullying, and that in the more extreme cases, there was nowhere to go and nothing that could be done.

For one participant the experience of bullying was something, which could not be escaped from or prevented. It was insidious, everywhere they went, whatever they did, it happened. The feelings associated with this were similar to those associated with discrimination; not being able to cope and communicating through behaviour:

> "Did anyone try and stop it? They tried to stop, I used to get bullied, I went to a special school and people used to bully me there. They tried to stop it, they tried to stop the bullying but even on the street I was bullied. Someone punched me in the face, punched me in the stomach ..."(P8:I1: 80-83).
>
> "No, wherever I went I couldn't get away from it"(P8:I1: 156).

The experiences of bullying were experienced in a similar way to the experiences of abuse. One participant described his desire to stop the bullying by putting an end to his life. With both experiences, the experience was of desperation.

> "At one time I can remember going, I can't remember how far back it was but I remember going to school and I just didn't want to live

> anymore. I felt like committing suicide and I couldn't, I was fed up of being bullied" (P10:I1: 29-31).

The impact of these experiences of being abused and bullied was highlighted by the strong theme of fear which most participants experienced growing up.

Fear and the Need for Safety

For a large number of participants in their childhoods, instead of being protected and nurtured by carers, they lived in an environment of fear:

> "Me I felt, to be honest with you, frightened, a lot frightened", (P1:I1: 23).

> "I used to come home frightened and they used to know that I was frightened and scared and shaken up" (P8:I1: 75-76).

The impact of these experiences on some participants was not just related to the specific incidents, it gave them a view of the world as an unsafe scary place:

> "And that's how I started seeing more of life and how scared it was" (P2:I1: 96-97).

Some of the participants were able to identify that the experiences of abuse and bullying which made them feel so scared had led to a desperate need for safety which was never provided. When asked about their problems and what may have helped or made a difference, a number talked about having their basic needs met and as a child being made to feel safe was their fundamental need and priority.

> "Feel safer. Giving me sort of in the right direction of a life"(P2:I1:386).

One participant in particular described the impact he felt feeling unsafe and having no-one to trust to make it safe had upon the rest of his life and he believes had on other people who had similar experiences:

> "Well that would be around people who you don't feel scared being around, people who you can trust but it never happened, they didn't help me, it just burning away. And that what causes so many people, a lot of people to come here, for their own reasons but their reasons are worser cos it affects people differently. You always think around you as you going you don't have to speak to a person to see how he reacts, you know if you've been there" (P2:I1: 390-395).

3.3.4 Theme Three: Survival

All children have a right to have a life which they can live as children, taking part in normal activities and having their needs met, not just basic needs like safety and protection and being fed but more complex emotional needs as the Convention on the Rights of the Child (United Nations, 1989) acknowledges:

> "States parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development", (27.1).

Some of the participants in this study had experienced lives where simply living was a struggle and everyday a battle to survive:

> "Your life's been crap, I jumped from top of a bridge when I was about living with my sister…(P2: I1: 179-184).
>
> "It made me feel, not wanted. And that's when my problems started because I used to go out and do silly things like run in front of wagons, run in front of cars and get in with the wrong people at school, that's when I started getting bullied at school and after that, I started going on to criminals"(P10: 99-101).
>
> All I was doing was taking drugs to survive myself, to take my mind off the bad fear. You know it weren't the right ideal thing but growing up it was happier that way", (P2:I1: 175-177).
>
> "I thinking back still now thinking how did I survive" (P2:I1: 575-576).

For these people, it felt that they had never been given a chance to live. They may have stayed alive (or in some cases tried to end their lives) and they may still live and draw breath but as far as they were concerned this was not having a real life and place in society, it was just surviving. When they were children, they felt that they had been deprived of their future and potential and symbolically deprived of their lives.

> "When I was a kid there was no help ...that's not giving someone the help to have a life, that's encouraging them for more violence" (P2:I2: 372-378).

> "They should have given me a proper life out there and they should have treated me when I was a kid, they brought me in that right way not just chucking me" (P2:I1: 566-568).

3.3.5 Overview of Higher-Order Theme 2: Relationships.

The second higher-order theme related to relationships. Again this was a pervasive theme running through most of the participant's lives. Fundamentally, the participants had felt alone for the whole of their lives and the people who they had had contact or relationships with had abused or let them down. Trust was a significant theme, something, which they all believed was important, either in their experience of relationships or an important factor influencing the relationships they would like to have. It also impeded the development of relationships. Collaboration was another important feature of relationships, the need to feel that a relationship was equal and that they could contribute to it. The participants had been let down throughout their lives and fundamental to them was to be able to trust, to be valued and to have significant relationships in their lives.

3.3.6 Theme One: Being Alone

One of the key issues around the feelings of being alone was that it appeared that their experience was of being alone when with other people. The people that were around were not providing them with the fundamental support and nurture that a child needs.

> "You feel like as a kid you just lived on your own, how did I get here?" (P2:I1: 226).
>
> "Really I was all by myself" (P9:I1: 45).

For some the experience of being alone raised feelings of being unloved. There was a sense that these people need not have gone through their childhoods being alone except that other people made that happen. The message that filtered through the transcripts was the desperate need not to have been alone, for someone to have loved and cared and been there for them when they needed them.

> "You felt there's nobody to love you, there was nobody to love you whatever" (P2: I1: 469).
>
> "No love, you feel ruined, you don't feel anywhere to go to, you don't feel you've got anyone to go to" (P2:I1: 477-478).

For others there was more of a sense that it was something about them that people didn't want.

> "Angry, depressed, nobody don't trust me, nobody don't want me. I been on my own for years.... I've just been a loner" (P9:I1: 217-218).
>
> "It made me feel, not wanted" (P10:I1: 99).

One person talked about the experience of his offending and how he felt:

> "Half happy but I felt that nobody wanted me" (P5:I2: 191).

The message from this suggests that his desperate need for someone to care about him led him to seek physical contact in an inappropriate way through a sexual offence.

For some it was not having anyone that they could talk to. They described having problems but had nobody to turn to and nobody to talk to but a deep desire that someone were there for them:

> "I didn't have anyone to talk to" (P10: 290).
>
> "Talk to? I wish I did have somebody to talk to" (P8:I1: 67).

3.3.7 Theme Two: Trust

Life experiences of being discriminated against, abused, bullied, scared and feeling unsafe already suggests that a number of the participants had no-one they could trust.

This was a theme raised by a number of participants. Trust was talked about in a number of ways. For one person his experience had been that his trust was actively abused:

> "Only trusted one person, my counsellor and erm, she took me to bed with her. I made a relationship with her for 2 months and she told her new boyfriend everything what I told her in confidence" (P9:I1: 48-50).

For others they had been let down by people who they had trusted;

> "Its I got to trust them to make sure that I know they'd be right to talk to, cos at the children's home I had one person I trust and he went back on me"(P5:I1: 171-173).

> "I can't get the help because I've already asked for it once, they let me down. I wont ask for it again", (P1:I2: 5).

Most people were able to talk about the factors which would help them trust people. Others had experienced people who they trusted. One person talked about trust and having someone who you could rely on not to let you down:

> "It'd take a while to trust but she was always there at the time even if you were in for tea she was there at that time, she never, she was the only person who never let me down. She said she'd be back that day and she'd be back that day and she'd see you at that time" (P2:I2: 70-72).

For another person who had trusted someone, they found that practical help from that person had enabled them to trust them and believe that they wanted to help make their lives better.

> "They used to, when I used to get bullied they used to help me straight away. They used to help me straight away" (P5:I1: 87-88).

Others were able to talk about hypothetically about things that would help them trust people.

> "Building up a relationship with them has got to be the first thing because you don't know if you can trust them or not (424-425)… Just start telling your problems slowly"(P10:I1: 429).

However, for most people their experience had been that of being let down and having their trust abused from an early age and as a consequence trusting people was a significant problem. Experiences of trusting relationships were limited and some people had never had this experience.

3.3.8 Theme Three: Collaboration

This theme was mostly relevant in terms of the help that people had received or the help that they felt they needed. Some people talked about help that they had received and how they would have preferred it to be more collaborative and more equal a process. One issues was being told what to do rather than discussing what might be the best course of action:

> "He was just depressing me even more (364)... Telling me all the thing I should be doing and all the things I shouldn't be. I know all the things I shouldn't be doing and all the things I should be doing" (P7:I1: 368-369).

The impact of being told what to do was represented by a clear rejection of help and desire to be left alone:

> "All they kept doing was keep jumping in my life and I just told them to mind their own business cos it hasn't got anything to do with them and they didn't like it. Just had enough of people jumping in my life" (P7:I1: 480-482).

What it indicated was a lack of taking into account of them being a person who had difficulties and was therefore likely to find the process of talking about their problems difficult. For some this involved pushing people to talk about personal information before they were ready to do this:

> "No, I would never talk to a teacher. Talk to teachers and they just bring social workers. Social workers bring too much up and things" (P10: 337-338).

> "Yeah. Its like with my uncle r, my auntie's husband, I try to forget my past and he wouldn't let it lie if you know what I mean. Kept bringing

> it back up and things like that and sometimes I would get angry and sometimes I just left it" (P10: 346-348).

For others it felt like the pressure to change was neglecting to recognize them as a person with needs and left them feeling that it was all up to them instead of working with someone to try and change:

> "They'd just sit there and just say yeah well this could change, that could change and then you just sit there and then after a couple of weeks discussing and then, some of them they didn't show you anything, it just felt like they were there for the money and that was it, they didn't show anything to make more help you and make you feel more happy and comfortable" (P2:I2: 29-34).

Experiences of collaborative relationships were limited. One person talked about his experience and the things, which he found helpful, were having someone who was reliable and clearly valued the time:

> "It'd take a while to trust but she was always there at the time even if you were in for tea she was there at that time, she never, she was the only person who never let me down. She said she'd be back that day and she'd be back that day and she'd see you at that time" (P2:I2: 70-72).

The same participant also identified the importance of being able to relate to someone if they were to work together:

> "You know ...at ....she was really good, when she used to speak she used to speak dead calm, she had a nice smooth voice and I used to like listening to her, she used to ask me the same questions what you're asking me now and I started doing work with her and but she was, I don't know she was just, she was mad, funny" (P7:I1: 792-795).

Others identified what they felt would have been important in a helping role, issues like giving time and being patient were raised by one person:

> "I need people to give me like time, a little bit of time to sort myself out a bit. I need people to not be so like stressed out, frustrated with me... try to keep a bit of patience with me. That's what I need, patience," (P1: I3, 202,215).

Another participant raised the need for someone to be there and felt to really be with them, helping them through difficult times:

> "He would most probably help me through what I've been through and help me like to get me into hospital before all this happened. But he didn't, he just left me" (P7:I1: 398-399).

Overall it appeared to be an equal relationship with someone who they felt they trusted, could relate to and that also valued their time together. It was important for the individual to taken into account the individual and give them time and patience and accept them for who they are before pressuring them to change.

3.3.9 Overview of Higher Order Theme: Anger and Violence

A number of the participants talked about anger and aggression throughout the transcripts. The poignant aspects of this referred to a combination of anger as a response to life's demands and anger as a way of communication.

3.3.10 Anger and Violence

One participant talked about his experiences of violence and how he had adopted aggression as a way as preventing himself from being a victim of violence again or to prevent anyone he cared about from being a victim. This seemed to be a response to being helpless in childhood and an attempt to make sure that he was in control of his life as an adult:

> "I can keep myself to myself but I also can be an evil person if anyone hurts my mum. I'm not really going to let it happen again" (P1:I1: 33-35).

> "One more thing, when I was little my mum used to hit me around a lot which she doesn't do any more because I lost my temper once, she s-h-i-t herself and just kept quiet, she didn't say nothing. More or less I'd be able to do what I want when I want, I'm too used to that. I'm no longer a kid anymore, I'm, well I was 18 but now I'm 19. I'm no longer a kid" (P1:I1: 177-181).

The same participant also talked about anger being a way of coping with traumatic memories. He was able to recognize that alcohol played a role in this process, but mainly because it triggered bad memories:

> "Oh, more or less its likely to be the drink that makes me change from nice to evil. It's the drink what actually makes me bad. It brings back bad memories of what my dad did to me" (P1:I1: 93-95).

> "Well like, it started to confuse me a bit and it started confusing me I started going out and doing crimes. It started bringing back me memories about what my dad to me and that" (P1:I3: 50-51).

Another participant talked about anger and aggression as a response to anger, fear, lack of love and generally not having a life worth living. This participant talked about it the third person but the experiences he was describing were those, which he had described about his own life and what it had been like for him as a child. When he had talked about this earlier in the transcripts it was clear that he felt he had not been given a chance in life by the way he was treated:

> "So that's what kind of things it does, if you feel scared, you're pushed and the love ain't there and you're getting pushed away so that's what kind of things what will cause somebody to, it can cause them to do loads of things, some people are determined to do, well not ...but it can cause somebody who don't give a damn no more it can cause them to do murder, it can cause them to get in serious trouble it can turn somebody... all their life being battered and then going round raging on people and battering them back" (P2:I1: 256-262).

> "That shouldn't happen, that's what kind of thing, so that's not helping anybody that's not giving somebody the help to have a life, that's encouraging them for more violence" (P2:I1: 377-378).

> "Yeah. I started fighting cos they used to hit me and I used to hit em back" (P7: I1: 75).

Some of the participants talked about violence and anger as their way of responding to difficult situations such as bullying:

> "Not nice. I used to get stressed out at school, stressed out, I used to get stressed out, and hitting people and throwing chairs and that, it got too much, I just went like that" (P8:I1:160-161).

> "Upset and angry. That's when, when I was angry I used to get a temper" (P5:I1: 58).

> "I start getting violent... Things just get too much for me, I don't like the criticism" (P6:I2: 268-272).

Another participant talked about anger as communication about being unhappy with his life. This participant (as others) had been placed in care and had talked about the lack of control involved in moving from place to place. This particular extract refers to a home he was particularly unhappy in and the consequences of his behaviour were that he was moved to somewhere he was happier, so in that respect his behaviour was listened to:

> "I just slammed doors and was shouting, cussing and swearing at each other, they were horrible people, nasty people, I didn't even want to live with them, I hated them and then they moved me to ...a better foster family" (P3:I2: 49-51).

Another participant talked more directly about his aggressive behaviour as a means to obtaining help. He had been unable to ask for help for being bullied and so did something, which he knew would have direct consequences, threatening a police officer. Not only did he do this to a police officer, he was also aggressive to staff when he felt he couldn't ask for help:

> "Well people were bullying me so I ran straight into the police station with a knife, started threaten the copper ... Some help. I couldn't work the way out to say it" (P5:I1: 287-292).
>
> "Yeah, I liked it there. Till I got into trouble again, then I got sent to ...I hit a staff, I knocked a piece of wood across a staffs head, cos I was angry... Bullying. I didn't want to tell nobody again" (P5:I1: 394-399).

Another participant was clearly able to identify that when he was unable to verbally ask for help, he would use others means to attempt to get the help he needed and communicate his distress and unhappiness:

> "Yeah, by misbehaving or not listening", (P10:I1: 333).

One participant talked about how he had tried to get help and had talked to people at home and school about being bullied. These people had been unable to stop the bullying and he talked about how he could not get away from it. For him, he had tried to get help, which had failed. Aggression and violence was then a way which he expressed his distress and communicated that he could not cope:

> "I used to talk to my mum and dad about getting bullied, I talked lots to my mum and dad about it, teachers at school, I went to a special school, people used to take the mickey out of me and call me thick, they call me thick, they call me all sorts of names, thick, weirdo, er all sorts. It used to make me really upset and get upset, used to make me break down into pieces. I got really upset, I was getting like stressed out at school and that, I threw a chair once and got stressed and was rolling around on the grass at school, really upset and getting stressed and that and got really stressed and threw a chair and ran out of the classroom screaming and shouting" (P8:I1: 84-91).

Other participants talked about anger and violence as a way of solving problems, to make himself feel better, to respond if other people are violent and how his mum couldn't solve his problems because she couldn't hit anyone:

> "Cos afterwards I feel better, hitting someone" (P7:I1:88).

> "I started fighting cos they used to hit me and I used to hit em back" (P7:I1: 75).

> "you gotta be prepared if anyone tried to jump you, you can hit em back" (P7:I1: 75).

> "My mum couldn't hit anyone" (P7:I1: 590).

Two participants also talked about aggression and violence as revenge:

> "Came back to his flat later on that evening and kicked the shit out of him and I proper battered him and everything and that was in my friend …flat and his face I broke his nose in 4 places, broke one of his ribs, I stamped on his groin about 6 times cos I even put my legs round his neck, got him in a leg lock cos I do lot of martial arts, and I wanted to break his neck but I thought no, let him live cos someone else will kill him, I'd rather someone else do it that I do it cos I probably wouldn't be in this place, I'd probably be in prison doing life for murder" (P3:I1: 298-304).

> "Get out and kill em. That's what's on my mind now. Why should I go through all this, when he's out there?" (P9:I1: 429-430).

3.4 Reflective Diary

A number of issues were raised in the reflective diary, which were thought to have had a potential influence on the research process.

The interest for the area of research was raised during clinical experience of seeing offenders with a history of problems and wondering what had been done to try to prevent them from ending up in secure services. There was already therefore a presumption that this group of people would have problems in their history.

Another preconception was that if offenders had received help, it had not been effective, as they had ended up in secure services. It was important therefore for the researcher to continually be reminded that help may have been effective for the problem in question and that it may have been that the problem was therefore not linked to their offending behaviour.

The researcher's background in psychology also led to a presumption, albeit unconscious, that therapy may have made a difference to the problems of the offenders. It was therefore important to attempt to remain open at all times to other types of help, which may have been needed.

The researcher also had a strong interest in working with people with learning disabilities who have offended but also is a strong advocate for the rights of people with learning disabilities. Beliefs, which may have influenced the research, were about the neglect of rights of people with learning disabilities and adoption of principles such as normalization.

Throughout the research, these beliefs did not change but the researcher found that new questions were raised. The results indicated that the help needed was not related to specific services or a specific type of treatment that was needed. Instead it raised issues around the more global need for help in terms of human rights and relationships in everyday life. Although there are implications for this, it highlighted to the researcher the complexity and pervasiveness of the problems experienced and need for help.

The reflective diary also directly influenced the course of the research. The researcher identified a potential bias against including those who were in denial about their offence. This was because it was felt that denial about the offence would preclude any discussion about the offence in the interview. The researcher also considered excluding people with a diagnosis of either psychosis or personality disorder. However, this was recorded and discussed in supervision with reference to the principles of qualitative research. The principles highlight the importance of everyone's experience and after reflection, these participants were included in the sample.

CHAPTER FOUR: DISCUSSION

4.1 Overview

The study aimed to investigate the experience of offenders with a learning disability in terms of their problems and help they received or needed prior to admission to a secure unit. Ten men with learning disabilities who had been convicted of an offence were interviewed using a semi-structured interview. The interviews were analysed using a qualitative technique; interpretative phenomenological analysis. A file review was also used to collect information on history of problems and service contact.

The file review indicated that the majority of the men had experienced adverse life events and that all had displayed some form of behaviour problems in childhood. It also indicated that provision of learning disability services was extremely limited.

Interpretative phenomenological analysis indicated three higher order themes; human rights, relationships and anger/violence. Three themes made up the human rights theme; discrimination/forms of inequality, lack of safety and protection and survival. These themes indicated the participant's problems as children, to be treated as equal and valued human beings, and to be safe from harm and have a life they wanted to live. Three themes made up the relationships theme; being alone, trust and collaboration. These themes indicated the participant's experience of having no-one to turn to who they trusted and felt equal to and also was recognised as a need which they wanted fulfilled. The theme of anger and violence indicated a response to feeling powerless and taking control back, a desire for revenge and a means of communication.

This chapter will firstly discuss the results of the file review with relation to existing research on both the background and history of offenders and service utilization of offenders. It will then review the findings of the qualitative analysis with reference to each of the higher order themes. This will aim to explore how the participants viewed their experience of problems and help that they needed or received and relate this to the literature. Following this are sections referring to the theoretical models, clinical implications, the methodology of the study and suggestions for further research. Finally the main conclusions of the study are drawn.

4.2 Results of File Review

The results of the file review indicated that that the majority of the sample experienced adverse life experiences in the childhood. Some participants had experienced multiple forms of abuse and only 3 of the participants were found to have no formal record of abuse. This supports the literature, which suggests that offenders have a high proportion of adverse life events and can be distinguished from non-offenders on a number of childhood variables, both regarding adult/adolescent offenders, (Kolvin et al., 1990; Wadsworth, 1979; Hagell and Newburn, 1994; Robins, 1966; Fergusson et al., 1994; Eron and Huesmann, 1990; Wolfgang et al., 1972 and Farrington, 2001) and offenders with a learning disability, (Winter et al., 1997; Crocker and Hodgins, 1997; Ho, 1996;

Sansom and Cumella, 1995; Klimecki et al., 1994; Richardson, 1985; Day, 1988; Simons, 2000 and Flynn and Bernard, 1999).

The file review also demonstrated that all of the participants displayed prolonged behaviour problems prior to becoming an offender. This supports the literature that suggests that there tends to be a long period of time between the onset of problem behaviour and the development of offending behaviour, (Stouthamer-Loeber and Loeber, 1992; Stouthamer and Loeber, 1995; Stouthamer and Loeber, 2002 and Nicol et al., 2002).

The review of service use indicated that only one person had ongoing mental health input from being a child, only two had ongoing social services input, non of the participants had input from learning disability services except special schools, and this was not for all of them and three had previous hospital admissions. All of the participants had had extensive contact with the criminal justice system. The results indicated that in the majority of cases, the rates of mental health service utilization were low, which supports the literature which suggests that there is a discrepancy between the proportion of people with mental health problems and the proportion of people receiving services for mental health problems, (Meltzer, 2000; Cooper, 2000; World Health Report, 2001) and also supports the literature, which suggests that there are large numbers of children and adolescents in need who do not receive services, (Stouthamer-Loeber and Loeber, 1992; Stouthamer and Loeber, 1995; Stouthamer and Loeber, 2002; Nicol et al., 2002 and Lyon et al., 2000).

4.3 Interview Findings

4.3.1 Higher Order Theme: Human Rights

Forms of Inequality and Discrimination

The theme of inequality/discrimination encompassed a number of different issues. For some it was a more subtle feeling of inequality, about not feeling normal or not being respected, for others it was about lack of understanding; of learning disability and of how to access help. The sense of not feeling normal has been found in previous qualitative research which suggests that offenders with a learning disability often feel like there is something wrong with them, (Simons, 2000).

For others, the experience was of a more obvious form of discrimination. Both the Human Rights Act (1998) and the Convention on the Rights of the Child (United Nations, 1989) have items that are relevant to discrimination and people with disabilities:

> "The enjoyment of the rights and freedoms set forth in this convention should be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with national minority, birth or status" (Human Rights Act, 1998: 14).

> "A mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and

> facilitate the Child's active participation in the community" (United Nations, 1989: 23.1).

This was not the experience of the participants, they were not protected from discrimination and the research indicated that discrimination took place on a wide scale encompassing community and societal aspects. The literature suggests that historically people with learning disabilities were subject to prejudice, with particular relation to offending, (Simpson and Hogg, 2001).

Safety and Protection

The theme of safety and protection indicated the experiences of the participants of being abused, bullied and living a life of fear as children. The literature does highlight the increased vulnerability of people with learning disabilities to abuse (Turk and Brown, 1993). The Convention on the Rights of the Child (United Nations, 1989) also addresses these issues in their publication:

> "States parties shall ensure that no child shall be subject to torture or other cruel, inhumane or degrading treatment or punishment", (United Nations, 1989: 37a).

Although the literature on offenders with learning disabilities does indicate that offenders can be distinguished from non-offenders on childhood variables including abuse and adverse family environments, (Winter et al, 1997; Crocker and Hodgins, 1997; Ho, 1996; Sansom and Cumella, 1995; Klimecki et al, 1994; Richardson, 1985; Day, 1988; Simons, 2000 and Flynn and Bernard, 1999), these factors do not give an indication of the effect that such experiences had on the individuals. Even qualitative studies did not always clearly report the experience of the participants. Flynn and Bernard (1999) reported findings that indicated a number of offenders with learning disabilities had experienced abuse and trauma in their lives. However, only in looking at the extracts from the transcripts is it possible to see that a number of the participants reported their experiences as being frightening and scary.

Survival

The participants also talked about their struggle to survive and how they often felt that they wanted to give up and die. This theme was supported in the literature for young people in general who offend. Lyon, Dennison and Wilson (2000) found that young people placed a lot of emphasis on their desire to have decent lives and decent futures and how their experience had been that of difficulty surviving.

The Convention on the Rights of the Child (United Nations, 1989) talks about rights of children to life but also talks about the child's right to engage in activities appropriate to their developmental needs and to be in an environment, which fosters their development. The participants in this study did not have opportunities to be children and live in this way; their time was spent surviving not playing. The ramifications of this are that perhaps there are other unidentified developmental needs, which are not being fulfilled.

4.3.2 Higher Order Theme: Relationships

The participants experiences of relationships was limited, they talked about feeling alone and that people had let them down or abused their trust. As a consequence they felt that they could not trust anyone. The participants had also limited experience of relationships in which they were equal and valued but felt that this feature would be important were they to trust someone to develop a relationship with them.

This supports the literature which suggests that the lifestyle of people with learning disabilities often includes numerous hospital admissions which encourage restricted opportunities and social interaction, (Joyce, 1997) and that people with learning disabilities place a lot of emphasis on the value positive relationships, (Flynn and Bernard, 1999). It may be suggested that people who are more likely to be socially isolated tend to place more value on the positive relationships that they do develop.

Lyon, Dennison and Wilson (2000) found that relationships were a key theme regarding young people who offend. The young people interviewed had similar experiences, of being let down by adults who could have cared for them and how they felt the need for people to care for them who they could respect, who would be reliable and the need for support within their own families from services.

The literature also suggests that relationships can protect people from adverse effects of life events, (Cohen, 1985). For people who are already vulnerable to abuse and stigmatization, social isolation limits their resources further and suggests that these people are increasingly likely to have problems not just aggression and violence but potentially any mental health problems as a result.

The Convention on the Rights of the Child (United Nations, 1989) identifies the need for children with disabilities to have every opportunity to achieve full social integration:

> "Recognizing the special needs of a disabled child… to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development", (United Nations, 1989: 23.2).

However, in order to achieve full social integration, it is necessary to include the formation of relationships and social support which people without disabilities have. The participants in this study did not talk about people who tried to help them integrate into society and help them build relationships. Instead, they were socially isolated. This is not only relevant to the professionals they had contact with, or families they had difficulties with, it is about the importance of friends.

4.3.3 Higher Order Theme: Anger and Violence

Anger and violence was a theme, which ran throughout a number of the transcripts. This incorporated aspects of anger as a response to life's demands and anger as a way of communication, as a way of solving problems and as revenge. This supports the literature which suggests that aggressive behaviour may be ways to attract attention or express emotions and is more likely if the individual had poor coping strategies, communication strategies, social skills and limited support, (Turk and Brown, 1993; Holt and Bouras, 1997).

There is also a link here between the theme of human rights and the theme of anger and violence. The philosophy underpinning the Convention on the Rights of the Child (United Nations, 1989) states that:

> "Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world", (United Nations, 1989: preamble).

It may therefore be suggested that if children are not respected and treated according to their rights as human beings that they will not live in peace with other people as they have not been afforded this right themselves. The participants described life experiences, which consisted of high levels of abuse, trauma and disruption. In addition, the literature on offenders suggests that they can be distinguished from non-offenders on a number of childhood variables, both for adult/adolescent offenders, (Kolvin et al., 1990;

Wadsworth, 1979; Hagell and Newburn, 1994; Robins, 1966; Fergusson et al., 1994; Eron and Huesmann, 1990; Wolfgang et al., 1972 and Farrington, 2001) and offenders with a learning disability, (Winter et al., 1997; Crocker and Hodgins, 1997; Ho, 1996; Sansom and Cumella, 1995; Klimecki et al., 1994; Richardson, 1985; Day, 1988; Simons, 2000 and Flynn and Bernard, 1999). In the context of this, perhaps the development of aggressive and violent behaviour is more understandable.

Blackburn, Gunn and Taylor (1993) suggest that some violence is based on the individual feeling inferior, inadequate or insecure, and that some may be developed through modeling parental behaviour and used as a response to stress. These hypotheses are particularly relevant to this group of participants who had experienced high levels of abuse and disruption in their family as well as their experience of having a learning disability which they described as feeling like there was something wrong with them and that they were not normal. This combination of poor coping, communication and limited support, high levels of abuse and the impact of their view of themselves have been suggested to contribute separately to the development of aggression and violence. These factors together suggest that people with learning disabilities are a highly vulnerable group.

4.4 Theoretical Models

4.4.1 Maslow's Hierarchy of Needs

The results of this research indicated that problems and help needed were intrinsically linked. The first two themes, human rights and relationships, suggested that the participants fundamentally wanted to be treated equally, to have special needs taken into account, to be safe and protected and to have a life worth living. They also wanted not to be alone, to have an equal respecting relationship with someone they could trust. These themes relate to Maslow's (1970) hierarchy of needs which outlines five needs which human beings need to be fulfilled: physiological needs; safety needs; love, affection and belongingness needs; self respect and self-esteem and; self actualization. The model states that in order for an individual to reach their potential it is necessary for lower needs to be fulfilled first; they may not need to be 100 percent fulfilled but they do need to be to a certain extent before the higher need emerges. The model also states that when people have their needs met early on in life, they cope better in the future if needs are later not fulfilled. If needs are deprived for long enough, the model suggests that there may be a permanent loss of that goal. This is proposed with specific reference to a loss of love needs. It is suggested that if a child is deprived of basic needs for safety, love, belonging and self- esteem that the child shows more selfishness, hatred, aggression, and destructiveness and that this destructiveness may occur as a reaction to a basic threat to needs. This is one possible way of explaining the third higher order theme of anger. For these participants, the thwarting of basic needs such as human rights and relationships may have sufficiently threatened them to trigger anger and aggression as a way of coping with life and defending against threat.

4.4.2 Child Development

4.4.2.1 Moral Reasoning

The literature on moral reasoning suggests that this is developed from a combination of improving cognitive skills and repeated encounters with moral issues. As the model described previously suggests, the conventional level is based on the view that people do what makes them liked by others or what is legal, for these individuals, common experience was to be bullied, abused and discriminated against and therefore is unlikely that being liked by others and conforming would be a motivation for moral action. The final stage is post conventional, which is based on the value of people and their human rights, and personal conscience. These people experienced throughout their lives an abuse of human rights and complete lack of value for them as people first. It is therefore unlikely that they reach a stage of adopting these values themselves. Instead it appears more likely in light of their experiences that they remain at stage one, the assumption that the individual must serve his or her own needs, for whom else will if they don't. This hypothesis would also support Farrington's (1993) suggestion that moral reasoning may be the link between low intelligence and offending. However, the implications are that moral reasoning would be developed if the environment were one, which fostered these beliefs. The suggestion here relating to an environment not conducive to the development of moral reasoning is that as far as general society goes, the value of human life and human rights in a lot of cases stops when it involves a person with a learning disability. The question remains as to whether still in today's society, people with learning disabilities are perceived as of little or no value.

4.4.2.2 Good Enough Mothering: The Development of Concern and Guilt.

Winnicott (1963) states that in order for a child to negotiate the stages of development, there must be a 'good-enough' environment and 'good-enough mothering'. He defines a 'good-enough' environment as giving the child the experience of having never been significantly let down. He states that the origins of the capacity for concern are in the child's first relationship but that this can only develop if the environmental conditions are 'good-enough'. It may be argued that on the basis of the majority of the participant's life experiences, their environment was not 'good-enough' and the normal developmental processes were affected by this, including moral development, the development of guilt and the capacity for concern.

4.4.2.3 Parenting

Hoghughi (1998) identifies that parenting is one of the most important variables in the health of the child and does have implications in terms of the development of juvenile crime. He identifies that parenting has three essential components: care which involves protecting children from harm and encompassing emotional as well as physical health, control involving setting boundaries, again to ensure safety and development, involving maximizing the child's potential and maximizing opportunities for using potential. These are all issues that were raised in the results of this study. The need for protection from harm was highlighted, as was the need for opportunities to participate in society without discrimination, to develop relationships and to have a chance to survive and have a life worth living. Hoghuhi (1998) identifies that parenting does not involve just the biological parents, it involves carers, teachers and nurses and all people who fulfil parenting tasks with children. It may be suggested that the participants in terms of the experiences that they reported, did not receive adequate parenting and that the difficulties that they experienced can be understood in a framework of what they needed with regard to this.

4.4.3 Learning to Listen

The results of this study indicated that not only did the participants have a history of problems for which they needed help, but they had few people they could talk to and found it hard to ask for help. As a consequence, a number of them were able to identify other ways in which they had tried to get help, which was generally through their behaviour.

Lovett (1997) has written extensively on learning to listen to people with difficult behaviour, advocating that serious behavioural problems are related to unmet needs and often that is linked to not being listened to. He discussed how a cycle of difficult behaviour is often utilised which attempts to place control and restriction on people with difficult behaviour and as a consequence of feeling powerless, this results in more challenging behaviour and in turn more restrictions.

> "Without mutually respectful relationships, power becomes dangerous. We can hardly be surprised at violence, against one's self or others, in the loveless and sterile environments we have provided for people with disabilities. Where there is no mutual respect, the only right is might. Where there is no love, power becomes the object of desire" (Lovett 1996: 71).

Within this framework, the results can be understood in terms of the participant's experience of being devalued and having their basic human rights neglected, the lack of relationships and people to listen and consequent communication or expression of feeling through behaviour and offending.

4.4.4 A Person-Centred Approach

Rogers (1980) states that the hypothesis of the person-centred approach is that:

> "Individuals have within themselves vast resources for self understanding and for altering their self-concepts, basic attitudes and self-directed behaviour; these resources can be tapped if a definable climate of facilitative psychological attitude can be provided", (115).

The three conditions which he identifies are congruence, unconditional positive regard and empathic understanding. In describing experiences of not being respected, not being understood and being judged, the participants indicated that they did not have experience of these conditions, or if they did, it was limited to one or two examples in their entire lives. Taken in context of trying to understand their experience of the help they needed or received, it may be interpreted that they could not utilise help in a positive way in absence of these conditions.

4.4.5 Model of Need for Mental Disorders

The results of this study also supports literature by the World Health Report (2001) which proposed a model of need for people with mental disorders and more specifically the community aspects of this model; the need for avoidance of stigma and discrimination, the need for full social participation and human rights. It may be suggested that there is a link between these identified needs of individuals with mental disorders and the higher prevalence rates of mental disorder in individuals with a learning disability, (Tonge and Einfeld, 2000; Koller, 1983; Einfeld and Tonge, 1996; Linna, 1999; Emerson, 2003; McCarthy and Boyd, 2002 and Russell, 1997). If these issues are important to rehabilitation of people with mental disorders, they may also be important in the instigation of mental disorders and as people with learning disabilities may be more likely to encounter abuse of human rights and limited social relationships this may be a major contributing factor to the development of mental disorders.

4.5 Clinical Implications

4.5.1 Overview

The general implications of this study are around understanding the difficulties which people with a learning disability encounter in their lives and trying to combat these. These changes include not only attempting to improve the quality of life of these individuals but also recognizing that in doing this, it may have implications for early intervention and preventative measures for people who may be at risk of offending. Awareness of these difficulties and attempts to address this may include strategies on a societal level, family level and service level.

4.5 Proposed Theoretical Models

4.5.1 Theory of Prevention

The model of prevention outlined below is partly based on the model and literature relating to vulnerability to offending discussed in the introduction (see section 1.11.4) and partly on the theoretical models used to discuss the results of the current study (see section 4.4). It suggests that if the needs of people with learning disabilities are taken into account from the time of birth it will reduce future vulnerability to difficulties. Recommendations are for interventions on a family level, so providing support for the family who has a child with a learning disability in terms of facilitating attachment, social participation, understanding of communication problems and the development of valued social roles and increased service involvement. On an environmental level, importance is placed upon modeling of moral reasoning and combating prejudice. It is anticipated that this would have effects on mental health and behavioural problems, which in turn would decrease likelihood of residential care, social isolation and increase likelihood of family and social support and increased ways of coping. Although this is a simplistic level of prevention, it may provide a framework for understanding key issues relating to vulnerability to offending in this client group.

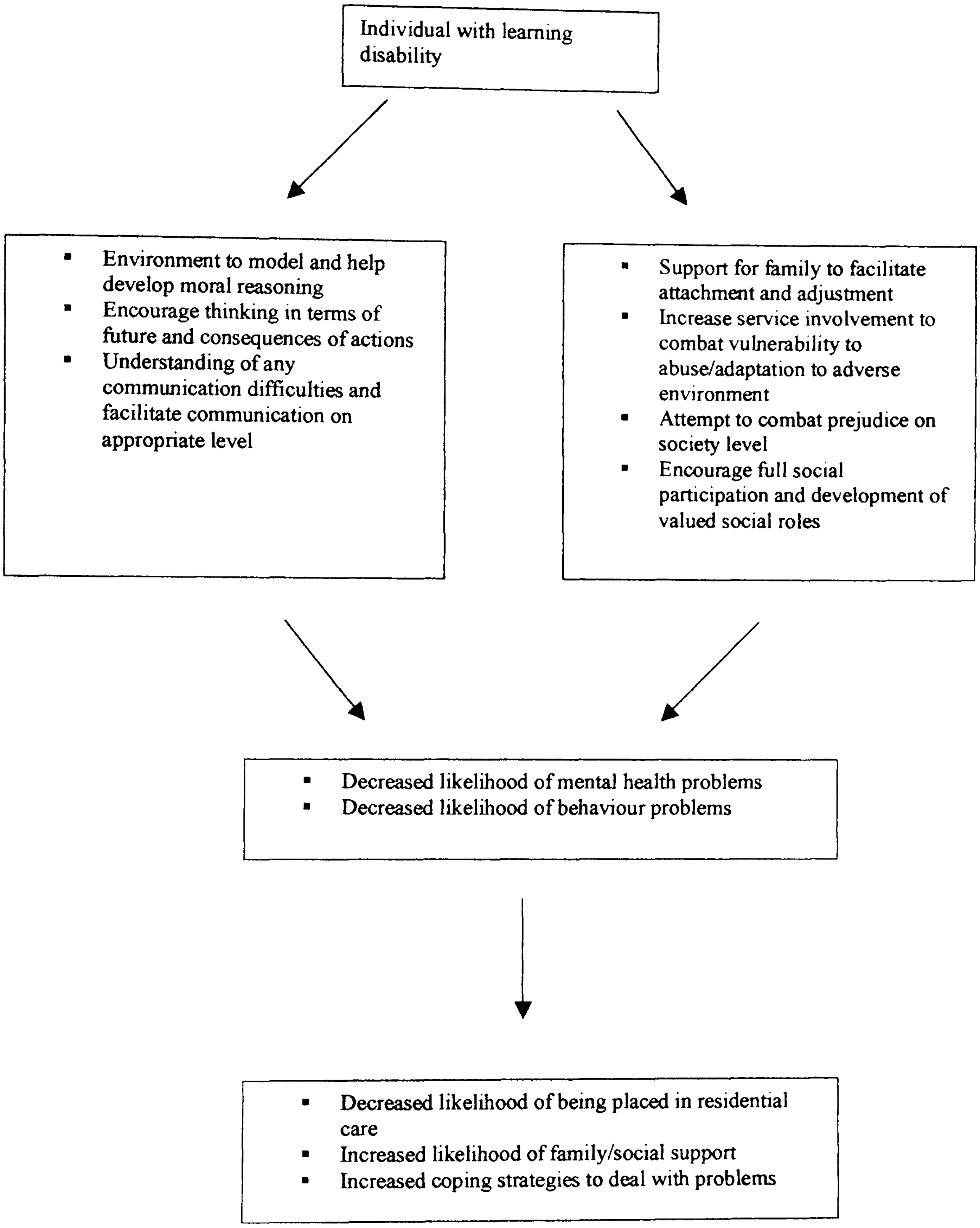
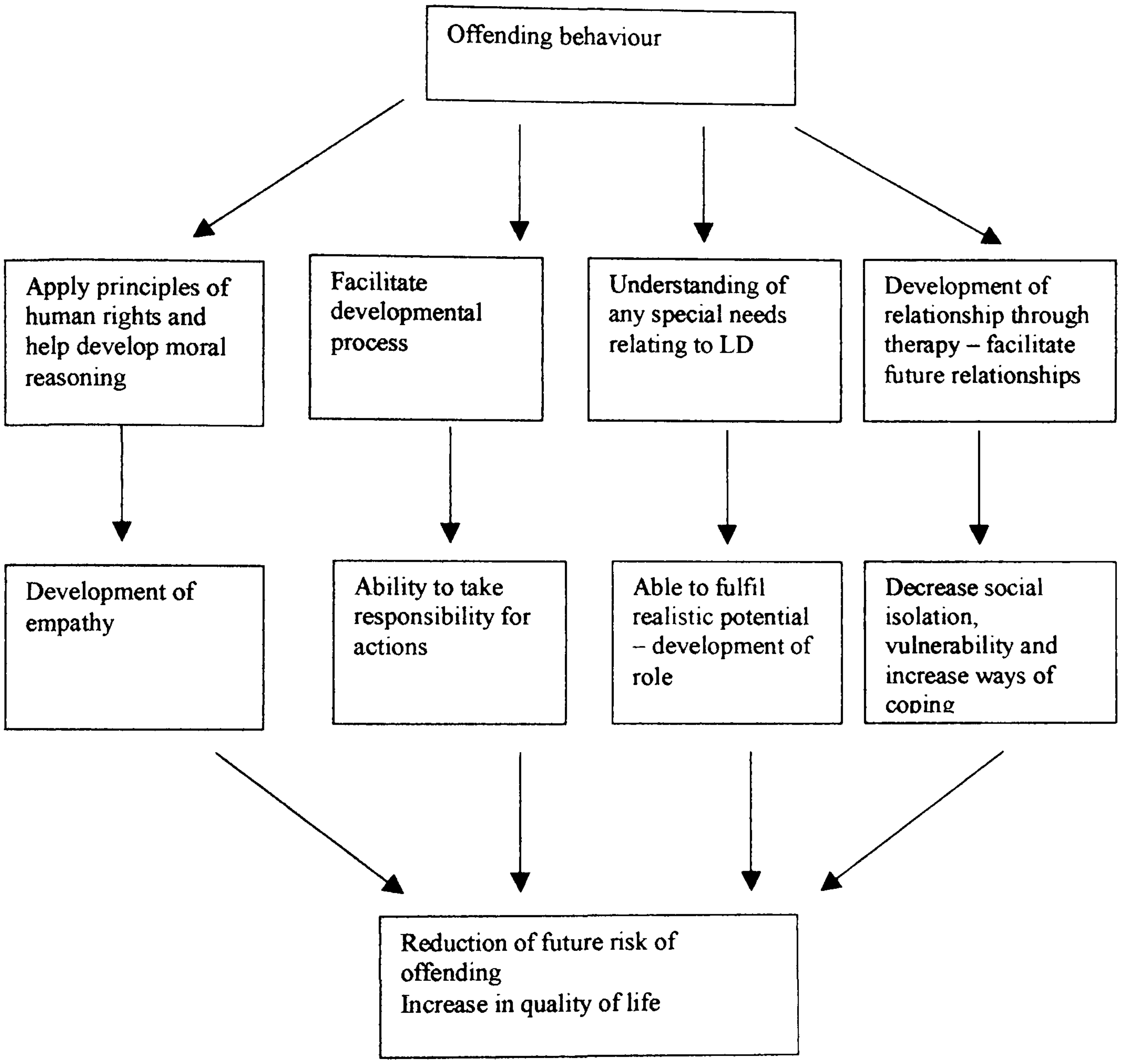


Figure 4. Model of Prevention

4.5.2 Theory of Intervention



.Figure 5. Model of Intervention

Again, this model is based on the theoretical models outlined in the discussion of the results of this study (see section 4.4). The model incorporates the target areas outlined so far in this research. The suggestion is that moral reasoning did not develop due to inappropriate environment to facilitate such development and that if such an environment were provided, perhaps it could be and empathy could be developed. Similar principles apply to the developmental process in terms of facilitating the ability to take responsibility for actions, understanding learning disability in order to fulfill potential and development of relationships in order to reduce social isolation and vulnerability. Although simplistic, these measures may have an impact on reduction of offending behaviour. However, this is not short-term work. The offenders in this study had had a lifetime of difficulties and long periods of offending behaviour. It is therefore unlikely that any change could be expected in a short time and merely emphasizes the importance of professional commitment to long-term interventions in order to make a difference to these individuals' futures.

With reference to existing treatments of offenders with learning disabilities, literature on certain treatments is extremely lacking in the research base, (Taylor, 2002). The literature that does exist suggests that treatment appears to attempt to educate people into developing moral reasoning, empathy and relationship skills and there does not appear to be any recognition of these existing as part of a child's developmental process which is negotiated through experience and encounters with relationships and moral encounters. A child is not taught solely through education to value other people, feel empathy and develop relationships. It is a combination of education and the environment around them. Therefore it is questionable whether these skills can be taught effectively in a lasting way to adults if they are not provided with an environment which also fosters these values. The models presented above are only preliminary models but the research would benefit from testing the effectiveness of such interventions.

4.5.3 Implications on a Societal Level

Despite a professional commitment to ensuring equal rights and treatment of individuals with learning disabilities, it needs to be recognised that a lot of discrimination still happens within general society. More obvious discrimination in this study was found to occur in local communities and from other children. This needs addressing on an educational level for all people from all areas of society both in the community and within schools. The media may have a role to play in targeting cultural change through zero tolerance of discrimination campaigns.

4.5.4 Implications on a Service Level

There are a number of problems, which occurred on a service level. One related to a lack of training and understanding within staff who may not have formal qualifications but nevertheless have an important role in working with individuals with learning disabilities. One example of this relates to those working in children's homes. Although this may not have been active discrimination, it involved a lack of equality and lack of taking into account the special needs of people with learning disabilities in terms of appropriate communication and expectations. This indicates the importance of active commitment to train all individuals who may work with people with learning disabilities.

A second area involved those professionals who may deal with individuals with learning disabilities and difficult behaviour. These professionals may have formal qualifications but perhaps not directly related to dealing with difficult behaviour/criminal behaviour. The implications from the research emphasise the importance of accepting the individual and working together for change rather than dictating treatment. The implications also relate to the importance of establishing a trusting relationship regardless of their behaviour as the research indicated that this is of crucial importance to this client group. It is also important to recognize that if an individual is removed from their family that they have an increased likelihood of becoming socially isolated and to ensure that efforts are made to facilitate the development of new relationships.

A third area related to working with people with difficult/challenging behaviour. The research suggested that the participants had needs which were not met throughout their lives and that anger and violence may be a response to this. Therefore when challenging behaviour occurs it is important to identify if needs are not being met or if the individual does not feel listened to. This may enable the cause to be determined rather than simply reacting to the behaviour.

There may be implications for professionals in terms of therapeutic intervention that can be derived from this study. One of the key findings was that of the abuse of human rights and the suggestion is that this may have an impact on the development of moral reasoning. Therapeutically this may mean that in individuals with learning disabilities certain developmental processes need to be negotiated that were not negotiated when they were children. As moral reasoning is developed through exposure to such values of human beings, it may be considered that long-term therapeutic work focusing on valuing an individual is important to help this process. In addition, the suggestion that as children the participants did not have the opportunity to be children but had to focus on surviving has implications for other developmental needs not being fulfilled and therefore the need for adopting a developmental model of therapeutic intervention with this client group.

In addition the potential of adopting a person-centred approach with people with learning disabilities and difficult/offending behaviour is emphasised both in the results of this research but also in the understanding of conditions which may facilitate the process of receiving help.

4.5.5 Implications on a Family Level

The research indicated a number of factors, which were relevant on a family level. Firstly, the neglect of basic needs such as being safe and protected. In order to ensure that this happens, it is important for families to receive as much support as necessary but also for services to have close involvement and to recognize the vulnerability of this client group to being abused. It is important also to ensure that if families fear that their child is not safe in another environment such as school or the community that they have the knowledge of how to access services for help. Secondly it is important that all families who have a child with a learning disability have enough information to enable them to have realistic expectations and therefore ensure that their child has equal opportunities, which also take into account their special needs.

Finally it is important to recognize how easy it is for an individual with a learning disability to become isolated and have few meaningful relationships. It is important that families have information about how to encourage social interaction and have access to community services, which may facilitate this process.

4.6 Methodological Issues

4.6.1 The Sample

Efforts were made to ensure that those who participated were clearly defined as having a learning disability and having committed an offence. However, the study could be considered flawed by the reliance on the clinical diagnosis of learning disability used for admission criteria to the secure unit. The clinical team looked for evidence of learning disability prior to admission, however, in some cases participants had reported IQs ranging from in the 50's to the 70's, which questioned the validity of diagnosis. The team also looked for evidence for impairment in adaptive functioning, however this was not formally tested. The study therefore could have been improved by formally testing participants on measures of IQ and adaptive functioning. The criteria of having committed an offence was somewhat easier; participants were only included if they had been convicted for an offence.

4.6.2 Recruitment

All but one patient who was approached agreed to be interviewed. However, the one who did not agree did not give a reason, which would have added to the knowledge base about those who do not take part and how this influences the research findings. However, the participants who were interviewed were selected by the clinical team. This may have significantly influenced those who took part on a number of factors. Firstly, they may have selected people who were likely to agree, therefore influencing the response rate. Secondly, those who were not selected by the clinical team due to concerns about the impact on their mental state may have been those who had more problems and in need of more help, therefore important information was missed. However, ethical considerations such as levels of distress must always take priority in research and therefore this is likely to be common to most research and particularly in an area where problems and needs are investigated.

The study would be considered to be restrictive in using participants from one medium secure unit and applicability of findings to either special hospital populations or prison populations may be questioned. However, some of the participants had been transferred from prison or special hospital so this may not be the case. In addition, the medium secure was a private unit and took patients from all over the country so therefore may not have been geographically limited.

4.6.3 Qualitative Methodology

The study was a qualitative study, chosen for a number of reasons. This area is an under-researched area both in terms of looking at service use but also in terms of looking at the experience of this population.

Elliott et al. (1999) provides a comprehensive guide for reviewing qualitative research, using seven standards, which need to be taken into account. Firstly, they state that it is important to recognize that qualitative and interpretative research are influenced by the researcher, and therefore it is important to own one's perspective and specify the researcher's theoretical orientation and personal anticipations. The use of a reflective diary and the researcher's stance is incorporated into the method section of this research and the results section documents the ongoing impact of the researcher on the research process.

Secondly, Elliott (1999) highlights the importance of situating the sample and adequately describing the participants and their life circumstances. As the current study focuses on the background and history of the participants with relevance to problems and help, this information is included in the results section as part of a file review that was conducted. However, the information available in the participant's files was limited and the study may have benefited from pursuing services that had been utilised for further information. The participants also discussed their histories but some did acknowledge that they could not remember the exact nature of service contact that they had had but they appeared clearer with regards to memory of personal experiences of problems.

Thirdly, Elliott (1999) recommends the data should be presented in a manner that clearly indicates that it is grounded in examples. The themes that were identified from this study were discussed in the results section using examples taken directly from the transcripts to illustrate.

Fourthly, Elliott (1999) discusses three different types of credibility checks for the data. Firstly, with the participants, which was done with all but one of the participants for the current study. The reason for the participant who was excluded was on clinical grounds due to deterioration of mental state. Secondly, utilization of multiple analysts, which was conducted both on an individual level for each transcript with another researcher using IPA and for the collective results of all the transcripts with two clinical psychologists experienced in IPA specifically and qualitative research generally. Thirdly, triangulation with external factors is recommended as a method of checking credibility. This was done to a certain extent through the file review, which looked at the same issues as the qualitative interview; problems and help.

The last three points relate to coherence and the importance of an integrated summary of analysis, accomplishing general versus specific research tasks and resonance with the reader. These issues are addressed primarily through the presentation of the results through which it is hoped that the research adequately represents the participants experience, and the discussion which attempts to coherently discuss the findings in terms of theory and existing research and consolidate it by presenting tentative models of understanding, and discussion of the implications and limitations of the study.

4.7 Study Limitations and Suggestions for Further Research

The study was limited to men, who were able to communicate verbally. This has obvious implications. The findings may not be relevant to women and also excluded those who had more severe disabilities. As the study discussed, the impact of having a disability and experience of the participants in terms of inequality and discrimination, it may have been found that these experiences were heightened by those who had more severe disabilities or lessened due to clearer recognition of needs, however it is not possible to judge this from the current study. There may have also been implications relating to society's view of female offenders which differed from the men, but again it is not possible to judge the impact of this.

There are implications relating to the issues explored in the interviews. The exploration of problems in childhood is an extremely personal area to discuss and may have impacted on the participant's ability to share events and the feelings associated with them. In particular, the exclusion of those whom the clinical teams thought the research would be detrimental to, may have in fact been those who had had the more difficult life experiences and this may have significantly altered the results. However, ethical considerations must take priority and this information was not possible to gain.

This study included information existing in the current files of the participants. However, the information was limited in its detail of service use and the research would have benefited from tracing service use and collating all previous service use reports. This would enable researchers to determine professional's views of the contact and compare this in detail with the participant's views and could potentially have implications for improvements for services combining both the professional view and the service users view. For a group of participants who may present with a wide range of difficulties and potentially be difficult to engage this is extremely important.

Finally, as a qualitative study, it enabled in-depth exploration of the participants' experiences. However, although there are significant implications from the study and tentative theoretical frameworks can be proposed, they need significantly more research to support them on a wider scale. Future research may benefit from quantitative studies of these issues.

4.8 Conclusions

4.8.1 Research Questions

The results indicated that the participants' life experiences and experiences of problems were that of abuse of human rights in terms of discrimination and forms of inequality, safety and protection, relationships in terms of being alone, not being respected and lack of collaboration and anger and violence. The first two themes were linked to their experience of help and help needed. The participants wanted to have their basic human rights enforced and to have meaningful relationships but this did not often happen, even with those who accessed services. Those who did talk about positive experiences of help highlighted the aspects of human rights which were applied and how important the relationship with the person in question had been. The file review also indicated that the participants had had a lack of appropriate services throughout their lives.

4.8.2 Development of Theory

The research findings could be incorporated into existing theory to relate specifically to offenders with a learning disability and provide a framework for understanding some of the contributing factors to offending behaviour, including the link between human rights and child development, and vulnerabilities which people with learning disabilities are exposed to including social isolation, poor communication difficulties and limited coping strategies.

4.8.3 Implications

The implications of this study can be divided into preventative and intervention work. Preventative work involves three main areas; community/societal, familial and individual and focuses on the application of human rights, education about learning disability and attempts to provide people with learning disabilities with all the opportunities available in society to people without learning disabilities. Intervention involves addressing the issues which may have contributed to offending behaviour, application of human rights, understanding of learning disability and limitations, facilitating the developmental process and encouraging relationships in order to help the development of empathy, moral reasoning, ability to take responsibility and encouraging participation in society and increasing coping strategies.

Overall, the literature and research findings suggest that there is a vast period of time when intervention could be attempted with this client group and that there are a number of areas which could be addressed in order to attempt to minimize the likelihood that offending behaviour will develop.

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APPENDIX

20 June 2002

Dr
RMO House
Linden House

Dear Dr

I am currently in my fifth year of the Doctorate in Clinical Psychology at The University of Hull and am on my learning disability placement here. As part of my training I am researching the area of learning disabled offenders. My research is entitled **'Analysis of lifespan of learning disabled patients: the experience of intervention prior to admission to secure units'**. A Patient Information, Patient Consent Form and my Research Proposal Sheet is enclosed. I have ethical approval from Hull and East Riding Local Research Ethics Committee.

I am in the process of recruiting patients and would be grateful if you could raise this at the Clinical Team meeting for your house and recommend patients who may be willing to speak to me about the research. They are under no obligation to take part but I would like your permission to approach them.

As part of the study I will also be keeping a record of those who did not take part, either by recommendation of the clinical team or those who chose not to consent. I would therefore appreciate it if you would be able to let me know any reasons for nonparticipation.

I am happy to answer any questions you may have about the research and am willing to attend the clinical team meetings should you feel it would be beneficial. Thank you for taking the time to consider this research and I look forward to hearing from you.

Yours sincerely

Jenny Sterland
Trainee Clinical Psychologist

Patient Information Sheet

A study of life experiences and help

I am a Trainee Clinical Psychologist. I am doing some research here.

I am interested in your life and any problems you have had.

I would like to know if anyone gave you any help when you had problems.

I would like to know what help you found useful or what you think might have helped you.

What we talk about is private unless you tell me something that worries me like you want to hurt yourself or someone else.

I would like to tape our conversations

I will be publishing the study but no-one will know it is about you.

You do not have to take part and you can stop at anytime.

Jenny Sterland
Trainee Clinical Psychologist

CONSENT FORM

I have read and understood the information sheet	YES/NO
I have been able to ask questions	YES/NO
My questions have been answered and I am happy with them	YES/NO
I want to take part in the study	YES/NO
I understand that I am free to stop at anytime	YES/NO
I understand that this will not affect my care	YES/NO
I give you permission to look at my clinical file	YES/NO
I understand that everything I say will be confidential	YES/NO
I give permission for information to be given to the clinical team to help my treatment here	YES/NO
I give permission for my information to be published in a journal and I understand no-one will know it is about me	YES/NO
I agree to let you tape the sessions	YES/NO

Name

Date

Interview

I am interested in your life experiences and any problems you may have had. I am interested in any help you may have received for these problems or help you feel you needed.

To begin with, can you tell me about a problem you have had in your life?

Did you have anyone you could talk to? (Exploration of people in life: family, school, friends).

Did anyone help you with this?

What do you think you might have found helpful?

Did you ever ask for help?

Have you ever seen a psychiatrist/psychologist

Do you think there is anything that could have prevented you ending up in secure services?

HULL AND EAST RIDING LOCAL RESEARCH ETHICS COMMITTEE

c/o Faculty of Health
Coniston House
The University of Hull
East Riding Campus
WILLERBY
HU10 6NS

Tel: 01482 466771
Fax: 01482 466769
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27 March 2002

Ms J Sterland
Clinical Psychology Department
University of Hull
Cottingham Road
Hull
HU6 7RX

Dear Ms Sterland,

Analysis of life span of Learning Disabled Patients: the experience of intervention prior to admission to special hospital.

LREC NUMBER: 03/02/051 [please quote this number in all correspondence]

Thank you for your application, which was considered by the Local Research Ethics Committee at a meeting held on 18th March 2002.

The committee are happy to grant ethical approval for the above study to commence.

It should be noted that whilst the LREC can provide ethical clearance it cannot approve the application in terms of consent for the research to be undertaken within the Trust and the principle investigator is obliged to ensure that Trust(s) approval is gained prior to the commencement of the research.

Yours sincerely

Professor S R Killick
Chairman