The Vicious Cycle: Interrelationship among trauma, substance misuse and offending from the perspective of Scottish incarcerated women – an Interpretative Phenomenological Analysis

Anna Sierka

A thesis submitted in partial fulfilment of the requirements of Edinburgh Napier University, for the award of Masters by Research

October 2015

ACKNOWLEDGEMENTS

I would like to thank my supervisors Dr Liz Aston and Prof Thanos Karatzias for their expertise, patience and continual support throughout this process. Their constructive criticism helped me develop as a researcher.

I wish to thank Dr Adele Dickson for sharing her expertise on the IPA methodology and offering practical advice at various stages of the development of this thesis.

This project would not have been possible without the support of the staff at HMP YOI Cornton Vale in Stirling. I am particularly thankful to the Forensic Psychologists Adam Mahoney, Alana Henderson and Kirsty Halliday for their guidance, advice and support with the recruitment process. Most importantly, I would like to express my gratitude to all women who volunteered to participate in this research and spoke so openly about the most personal and difficult life experiences.

I would also like to thank my mother for her continuous emotional support over the years and always believing that I can achieve the impossible. Dziękuję mamo.

Finally, I would like to thank my fiancé Stuart for his love, endless patience, constant encouragement and immeasurable support throughout the development of this thesis. I could not have done it without you.

ABSTRACT

Background: Existing literature strongly supports the existence of significant relationships among trauma, substance misuse and offending in incarcerated women. However, these experiences are rarely explored simultaneously, the understanding of the nature of this interrelationship is limited, and this area of research is dominated by quantitative, non-UK studies.

Aims: This study explored the chronological order and the mechanisms underpinning the interrelationship among trauma, substance misuse and offending from the perspective of Scottish incarcerated women.

Method: An Interpretative Phenomenological Approach (IPA) was adopted and semi-structured interviews supported by Life History Calendars (LHCs) were conducted with eight Scottish incarcerated women.

Results: The results from the LHCs revealed that trauma, substance misuse and offending can occur in any order and these experiences can continue following one another in all directions. Four main themes emerged as a result of the IPA analysis: “living in a hostile environment”, “making sense of self and the world”, “dysregulation of the emotion management system” and “ma life was spiralling out of control”. The mechanisms identified to underpin the interrelationship among trauma, substance misuse and offending included avoidant coping, losing control over behaviour, venting negative emotions, normalisation, financially supporting addiction and many others.

Conclusions: Findings revealed a cyclical, multidirectional and multifaceted interrelationship among trauma, substance misuse and offending, creating a vicious cycle underpinned by a number of mechanisms. The detailed insight into the nature of this interrelationship carries significant implications for education, policy and clinical practice.

Contents

CHAPTER ONE: INTRODUCTION 1
1.1 Context 1
1.2 Researcher's Personal Interest 2
1.3 Outline of the thesis 3
1.4 Definitions of terms 3
CHAPTER TWO: LITERATURE REVIEW 5
2.1 Introduction 5
2.2 Characteristics of the female offender 5
2.3 Theories of female offending 7
2.3.1 Feminist criminology 8
2.3.2 General Strain Theory 9
2.3.3 Pathways perspective 9
2.4 Systematic literature search method 10
2.5 Interrelationship among trauma, substance misuse and offending 12
2.6 Mechanisms underpinning the interrelationship among trauma, substance misuse and offending 17
2.6.1 Trauma and crime 18
2.6.2 Trauma and substance misuse 20
2.6.3 Substance misuse and crime 22
2.6.4 Criminally-involved women's perceptions of the interrelationship among trauma, substance misuse and offending 23
2.7 Chronological order of events and the "pathways" to crime 25
2.7.1 Key Studies on the chronological order and the interrelationship among trauma, substance misuse and crime 26
2.8 Conclusion and identifying a gap in the literature 29
2.9 The current study 31
CHAPTER THREE: METHODOLOGY 33
3.1 Introduction 33
3.2 Rationale for using qualitative methodology 33
3.3 Rationale for using Interpretative Phenomenological Analysis 34
3.3.1 Consideration of other qualitative approaches 34
3.4 Participants 35
3.5 Ethical considerations 36
3.5.1 Informed consent and voluntary participation 36

3.5.2 Confidentiality and anonymity 36
3.5.3 Participants' wellbeing 37
3.5.4 Risk to the researcher 37
3.6 Measures 38
3.6.1 Mapping life events across lifespan 38
3.6.2 Exploring life events 39
3.7 Procedure and data collection 39
3.8 Analysis 40
3.9 Reflexivity 42
3.9.1 The researcher – personal background 42
3.9.2 Reflections on the interview process 43
3.9.3 Reflections on the analysis process 44
CHAPTER 4: RESULTS 45
4.1 Chronological order of life events 45
4.2 Results from the IPA Analysis 46
4.2.1 Living in a hostile environment 48
4.2.2 Making sense of self and the world 54
4.2.3 Dysregulation of the emotion management system 64
4.2.4 "Ma life was spiralling oot of control rapidly" 73
4.3 Model of the interrelationship among trauma, substance misuse and offending 82
CHAPTER 5: DISCUSSION 84
5.1 Introduction 84
5.2 Chronological order of trauma, substance misuse and offending 84
5.3 Mechanisms underpinning the interrelationship among trauma, substance misuse and offending 85
5.3.1 Impact of negative life events and trauma on substance misuse and offending 85
5.3.2 Impact of substance misuse on negative life events, trauma and offending 95
5.3.3 Impact of offending on negative life events, trauma and substance misuse 98
5.4 Breaking the cycle of trauma, substance misuse and offending 98
5.5 Integrative approach to the chronological order and the mechanisms underpinning the interrelationship among trauma, substance misuse and crime 99
5.6 Methodological considerations 101
5.6.1 Strengths of the current study 101
5.6.2 Limitations and areas for consideration 103
5.7 Summary 104

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS 105
6.1 Introduction 105
6.2 Summary of findings 105
6.3 Recommendations for education, policy and practice 106
6.3.1 Preventing the “vicious cycle” 106
6.3.2 Intervention – breaking the “vicious cycle” 107
6.4 Recommendations for future research 108
6.5 Final summary 109
REFERENCES 111
APPENDIX 1: Research Ethics Application Form 124
APPENDIX 2: Life History Calendar Matrix 134
APPENDIX 3: Definitions supporting the LHC 135
APPENDIX 4: Qualitative interview schedule 137
APPENDIX 5: Participant Information Sheet 138
APPENDIX 6: Consent Form 140
APPENDIX 7: Timelines of perceived causal relationships among experiences related to trauma, substance misuse and crime 141
APPENDIX 8: Audit Trail of the IPA Analysis Process 146

List of Tables

Table 3.1 Assigned pseudonyms and most recent index offences of participants 36

Table 4.1: Master table of super-ordinate themes, associated subthemes and their occurrence for each individual 47

List of Figures

Figure 2.1 Stages and results of the systematic literature search 11

Figure 3.1 Individual stages of the IPA analysis 42

Figure 4.1: The chronological order of the first occurrences of trauma, substance misuse and crime 45

Figure 4.2: The multidirectional relationships among trauma, substance misuse and crime 46

Figure 4.3: Preliminary model of the mechanisms underpinning the interrelationship among trauma, substance misuse and offending in incarcerated women 83

CHAPTER ONE: INTRODUCTION

1.1 Context

Internationally, women consistently represent a small proportion of the overall prison population (usually between 2 and 9%) and female offending has always been less common than male offending (McIvor and Burman, 2011). However, in recent years most western jurisdictions have experienced a dramatic growth of the population of incarcerated females, such as an almost eightfold increase in the United States between 1980 and 2001 (McIvor and Burman, 2011; Bureau of Justice Statistics, 2002; National Institute of Justice, 1998, as cited in Covington and Bloom, 2003). Similar changes have been observed in Scotland, where the population of female prisoners increased from 282 in 2002-2003 to 468 in 2011-2012 (Scottish Government, 2012a).

The causes of this phenomenon are complex and are argued to reflect legislative and policy changes, as well as the way women are treated by the justice system, rather than an increase in women's actual involvement in crime (McIvor and Burman, 2011). Nonetheless, these changes have drawn attention to this neglected group and the Cabinet Secretary for Justice, MSP Kenny MacAskill has argued that the way women are dealt with in the criminal justice system is "one of the most pressing social justice issues of recent times" (Scottish Government, 2012b, pp. 1). In order to reduce female incarceration in Scotland, the Angiolini Commission (Scottish Government, 2012c) called for a radical reform of current working practices and systems and an introduction of effective early interventions.

Historically, the field of criminology has been dominated by male-based studies and theories attempting to explain the aetiology of offending. As a consequence, until recently the justice system was built purely around male criminogenic needs and patterns (Scottish Government, 2012c). This is now changing due to the realisation that equality of rehabilitation outcomes can only be achieved by acknowledging gender-related differences in personal characteristics and life experiences, and creating services targeting these underlying issues (Corston, 2007; Scottish Government, 2012c).

Female prisoners have consistently been found to experience disproportionately high levels of victimisation, trauma and substance use problems as compared to male offenders and the general population (e.g. Bloom et al., 2004; Green et al., 2005), but the understanding of their relationship to offending is still limited. The current study was an attempt to address this gap in knowledge by conducting an in-depth exploration of the interrelationship among trauma, substance misuse and offending from the perspective of Scottish incarcerated women. To the author's knowledge, this is the first study of this kind to be conducted in Britain and internationally.

1.2 Researcher's Personal Interest

A member of my family experienced childhood trauma and subsequently developed alcohol addiction, which is probably why I have always been interested in these topics. I believe these were also the underlying reasons as to why I pursued a degree in Psychology, during which I was able to develop theoretical and practical knowledge in these areas.

When I saw an advertisement for a research degree entitled "Exploring the mechanisms underpinning the relationships among trauma, substance misuse and offending in Scottish incarcerated women", I was immediately drawn to this topic. With little previous knowledge of criminology, I was passionate about learning more about the lives of incarcerated women and expanding my knowledge of trauma and substance misuse within this context.

At the beginning of this journey, I reflected on my preconceptions and potential biases which could affect the research process. I believe that people who experience trauma often self-medicate with substances to help them deal with emotional turmoil, and I felt that offending might often be related to women's alcohol or drug problems. Nonetheless, I feel that my limited formal knowledge of the population of incarcerated women helped my attempts to bracket off these preconceptions. From the beginning I felt strongly about allowing the themes to emerge from women's stories and this thesis was driven by a belief that in order to understand the mechanism underpinning the relationships among trauma, substance misuse and offending, it is necessary to examine women's circumstances and how they make sense of their lives, choices and behaviours.

1.3 Outline of the thesis

Chapter two, “Literature Review” briefly highlights the context of female offending by describing the characteristics of women involved in the criminal justice system and the theories used to explain the aetiology of their crimes. This is followed by a critical review of literature on the chronological order and the nature of the interrelationship among trauma, substance misuse and offending in incarcerated women, including a review of key articles identified through a systematic literature search. Finally, gaps in existing literature are identified and the rationale for the current research is elucidated.

Chapter three, “Methodology” provides the rationale for choosing the qualitative IPA methodology, followed by descriptions of participant demographics, ethical considerations, measures, procedures, data collection and analysis. The chapter concludes with the researcher’s reflexivity on personal background and the interview and analysis process. This is followed by the “Results” chapter, where the findings from the Life History Calendar and the results of the IPA analysis of the interview data are presented. These are organised around the four main themes and related subthemes and a model of the interrelationship among trauma, substance misuse and offending is graphically represented.

Chapter five discusses and contextualises the findings from the current research in relation to exiting literature on the chronological order and interrelationship among trauma, substance misuse and offending in women, followed by a discussion of the study’s strengths and limitations. Finally, chapter six summarises findings from the current study and highlights their implications for education, policy, practice and further research.

1.4 Definitions of terms

Throughout this thesis, “negative life events” will refer to any distressing life experiences with the potential to cause psychological “trauma”, understood as a state of long-term psychological damage. The main focus of this thesis is “interpersonal trauma”, defined as involving one of the following: neglect, physical, emotional or sexual abuse, domestic violence, physical assault or witnessing violence. “Substance misuse” will refer to a continued excessive or harmful use of alcohol or drugs with the potential to lead to addiction or

dependency. “Crime” and “offending” will be used interchangeably and understood as any act of breaking the law either in adolescence or adulthood. Additionally, “delinquency” will refer to any act of misconduct, crime or substance use in adolescence.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Smith, Flower and Larkin (2009) highlighted that the purpose of literature review in studies using an IPA approach, is to widen one's knowledge of the current state of research in the area of interest. Given that the primary concern of IPA studies is a detailed examination of individuals' lived experiences rather than answering theory-driven questions, it is also an opportunity to learn more about the participants (Smith et al., 2009).

This chapter commences by describing the characteristics of female offenders and providing a brief overview of theoretical perspectives on the causes of women's involvement in crime. This is followed by a critical review of existing literature addressing the chronological order and interrelationship among trauma, substance misuse and offending. Finally, gaps in existing research and the rationale for the current research are elucidated.

2.2 Characteristics of the female offender

In the United States, female prisoners are usually poor, undereducated and disproportionately women of colour (Bloom et al., 2004), and statistics show that over 60% of incarcerated women in the US and 75% in Scotland have children who are under the age of 18 (Covington, 2007; Prison Reform Trust, 2014). Nonetheless, the most striking finding is that incarcerated women experience high levels of co-occurring problems, particularly histories of victimisation and trauma exposure (up to 98%), substance use problems (up to 80%) and current mental health disorders (up to 36%) (Bloom et al., 2004; Green et al., 2005).

In the US, incarcerated women are consistently found to experience greater amounts of abuse than men, including verbal abuse, physical abuse, neglect, unwanted sexual contact, and sexual abuse that is repeated in time and continues after the age of 16 (Belknap and Holsinger, 2006, Messina et al., 2007). Furthermore, while for males the maltreatment drops significantly as they reach adulthood, maltreatment of women often increases (McClellan, Farabee and Crouch 1997). British studies reveal similar patterns, with almost half of incarcerated women reporting experiencing violence at home (compared to a quarter of men), about one third disclosing sexual abuse (compared to one in

ten men) and up to 80% have a history of mental health problems (Corston, 2007; Vickers and Wilcox, 2011). Compared to men, incarcerated women also report higher levels of current traumatic distress, are more likely to have been in care, to self-harm, attempt suicide, have a history of social exclusion, be coerced into crime and have a chaotic lifestyle (Corston, 2007; Belknap and Holsinger, 2006; Messina et al., 2007).

Female prisoners also report higher levels of drug abuse and dependence than men, and in the UK around 70% of women compared to 59% of men who come to custody require clinical detoxification (Fazel, Bains and Doll, 2006; Corston, 2007). In the 13th Prisoner Survey carried out by the Scottish Prison Service, 42% of females and 50% of males reported being drunk at the time of their offence but 60% of women and 42% of men said they were under the influence of drugs (Scottish Prison Service, 2011). Furthermore, 35% of women compared to 16% of men reported committing offences to obtain money for drugs, and 58% of women and 36% of men viewed drugs to be a significant problem before incarceration.

The above statistics demonstrate that incarcerated women experience gender-related adversities and have a wide range of complex needs which are often related to their crimes, and research into female offending is particularly important given the changes in the types of crimes that women were arrested and incarcerated for in the last decade. Although in the past, the highest proportion of female arrests in Britain were for theft and handing of stolen goods (Corston, 2007), between 2007 and 2009 arrests and incarcerations for violence against another person were most common (Ministry of Justice, 2010). In 2011, 34% of the female prison population in Scotland were women sentenced for violent crimes, 22% for drug-related offences and 18% for crimes of dishonesty (such as theft, shoplifting etc.) (Scottish Government, 2012c). In the same year, 59% of female prisoners reported serving at least one sentence in the past (Scottish Prison Service, 2011), and this high reoffending rate suggests that simply imprisoning women does not stop them from future criminal involvement. The importance of investing in gender-specific crime prevention and rehabilitation and addressing women's needs related to physical and mental health, addictions, abuse and family and personal issues is now widely recognised (Scottish Prison Service, 2012).

2.3 Theories of female offending

For centuries, women were either invisible in criminological theorising or represented in sexist and derogatory ways, which suggested their biological and psychological inferiority (Steffensmeier and Schwartz, 2003; Marsh et al., 2010). The 20th century saw a major change in thinking about crime, where the focus shifted from biologically determined characteristics to the role of the social environment, and delinquency was seen to be a result of a normal learning process (Vold et al., 2002; Lilly et al., 2011). In the classic Theory of Differential Association, Sutherland argued that coming into contact with disproportionately more social norms favourable to violation of law determined whether the individual accepted crime as a way of life (Lilly et al., 2011). Social Learning Theory by Aker further proposed that this learning takes place through imitation and modelling of criminal activities, and social reinforcements (i.e. rewards and punishments) determine whether these behaviours are repeated and persist over time. Nonetheless, the learning theories have been criticised for their lack of clarity on causality, as it could be that delinquent individuals are attracted to social groups with similar values and behaviours (Newburn, 2013).

On the other hand, the General Strain Theory by Agnew (1992) proposed three types of criminological “strains” which can lead to a range of negative emotions, such as anger or depression, and which individuals often attempt to manage through delinquency or substance misuse. These “strains” include failure to achieve positively valued goals, losing something of value or exposure to negative stimuli, such as interpersonal problems, rejection, abuse, unemployment, criminal victimisation, living in a deprived area or homelessness (Agnew, 1992). However, the General Strain Theory has been critiqued for its lack of clarity on the application to different types of crimes as well as overlooking the importance of social and self-control, with the latter addressed by Hirschi in his Social Bonds and Self-Control theories (Newburn, 2013). Hirschi focused on the role of “social bonds” to restrain the impulses to offend and the importance of internalisation of self-control mechanisms early in life, but their applicability to explaining more serious crimes has since been questioned (Lilly et al., 2011).

It is beyond the scope of this thesis to critically evaluate all theories of crime in detail (for a comprehensive overview see Lilly et al., 2011; Vold et al.,

2002; Newburn, 2013), but they all tend to be presented as “general” theories, despite being based on male-only or mixed samples. It was not until the emancipation of women in the late 1960s and 1970s, when not only the traditional views of women but also their crimes were challenged. Acknowledging possible differences in the cultural and social factors which influence male and female criminality, feminist writers argued that theories developed by men to explain male crime have limited relevance for explaining women’s offending (Lilly et al., 2011).

2.3.1 Feminist criminology

Feminist theories are based on the idea that crimes committed by and against women are rooted in gender inequality and they initially focused on explaining why women are less likely than men to engage in crime, the rise in female offending as well as the question of generalisability of the traditional theories (for a comprehensive overview see Vold et al., 2002; Marsh et al., 2010). Some of the explanations centred around the control theories and an idea that women’s behaviours are much more closely monitored, reducing their opportunities for getting involved in crime, and the increase in female offending was attributed to the cultural shift brought by the emancipation movement of the 1960s and 70s (Marsh et al., 2010). The marginalisation hypothesis on the other hand suggested that economic marginalisation and poverty affects women to a greater extent than men and pushes them into “survival crime”, including prostitution, shoplifting and drug trafficking (Marsh et al., 2010).

Nevertheless, it has also been argued that rather than an actual increase in female offending, the growing incarceration rate is caused by the features of the justice system. In the USA, these include policies such as the “war on drugs”, a view that offending stems from individual pathology, the justice system ignoring the social causes of offending as well as an over-simplistic, punitive approach to extremely complex social problems (Covington and Bloom, 2003). Both American and Scottish systems and sentencing laws have been critiqued for being male-orientated and disproportionately harsh towards females as they do not consider the reality of women’s lives, responsibilities and their role in crime (Covington and Bloom, 2003; Barry and McIvor, 2008). This highlights the importance of gaining a deep understanding of the mechanisms underpinning

female offending and the serious consequences that lack of such knowledge might have on the individuals' lives.

2.3.2 General Strain Theory

In an attempt to explain female criminality, Broidy and Agnew (1997) adapted the General Strain Theory, where they proposed that women's criminal behaviour is a consequence of exposure to gender specific oppressive conditions and their attempts to reduce strain and manage the associated negative emotions. The sources of the three main types of strain include lack of close interpersonal relationships, abuse, experiences of loss or inability to break away from social roles. Broidy and Agnew (1997) argued that women who run away from abuse are often unable to find legitimate income and commit crime to adapt to these economic difficulties. On the other hand, females who experienced loss or are prevented from undertaking activities they value might report engagement in more self-destructive behaviours and "gender appropriate" crimes, such as shoplifting. However, although there seems to be a lot of support for this perspective, it has also been argued that complete tests of the theory are lacking and that it ignores serious maltreatment as well as the context of women's lives across the lifespan (Katz, 2000).

2.3.3 Pathways perspective

Some researchers argue for gendered pathways to crime and incarceration, with distinct trajectories which involve life experiences that are more likely to be experienced by women than men, particularly victimisation, substance misuse and mental health problems (Belknap and Holsinger, 2006; DeHart, 2008; Ford et al., 2006). For instance by reviewing 40 court records, Daly (1992, as cited in Simpson et al., 2008) identified five pathways to felony court:

- "harmed and harming" women, who had a history of childhood abuse, acting out, substance abuse and mental illness,
- "street" women, who fled abusive homes, developed addiction and engaged in prostitution and other crimes,
- "battered" women whose crime was a direct consequence of domestic abuse,
- "drug connected women", who recently developed substance dependence in the context of close relationships, and

- “other” or “economically motivated” women with no histories of victimisation, addiction or violence.

This approach not only highlights the multiple pathways to women’s offending but also emphasises the significance of victimisation and substance misuse in women’s criminal involvement. Nonetheless, the existing theories of offending either fail to address these gender-related adversities, or do not provide a detailed explanation of the chronological order and the mechanisms which drive these experiences in women’s pathway to crime.

2.4 Systematic literature search method

In order to gain an understanding of the current knowledge on the nature of the interrelationship among trauma, substance misuse and offending and the chronological order in which these events occur in females, a critical review of the existing literature was conducted. PsychINFO, Psychology and Behavioural Sciences Collection, ERIC, CINAHL Plus with Full Text, Sociological Abstracts and ASSIA databases were systematically searched using the following terms: trauma* OR neglect* OR abuse* OR victimi* AND substance use OR substance misuse OR addict* OR dependen* OR drugs or alcohol* AND crim* or offend* OR prison or imprison* OR incarcerat* AND women OR female* OR girls AND relationship* OR association* OR link* OR interrelation* AND chronolog* OR timing OR order* OR pathway*. Each article was assessed for relevance using the following criteria:

1) capturing the mechanisms underpinning the interrelationship among trauma, substance misuse and offending (measured by self-reports or official records);
2) capturing the chronological order of these events;
3) using female samples or mixed samples and controlling for gender.

Only peer reviewed studies in English were included in the review and citations from relevant articles were followed up. The stages and results of the systematic literature search are presented in Figure 2.1 below.

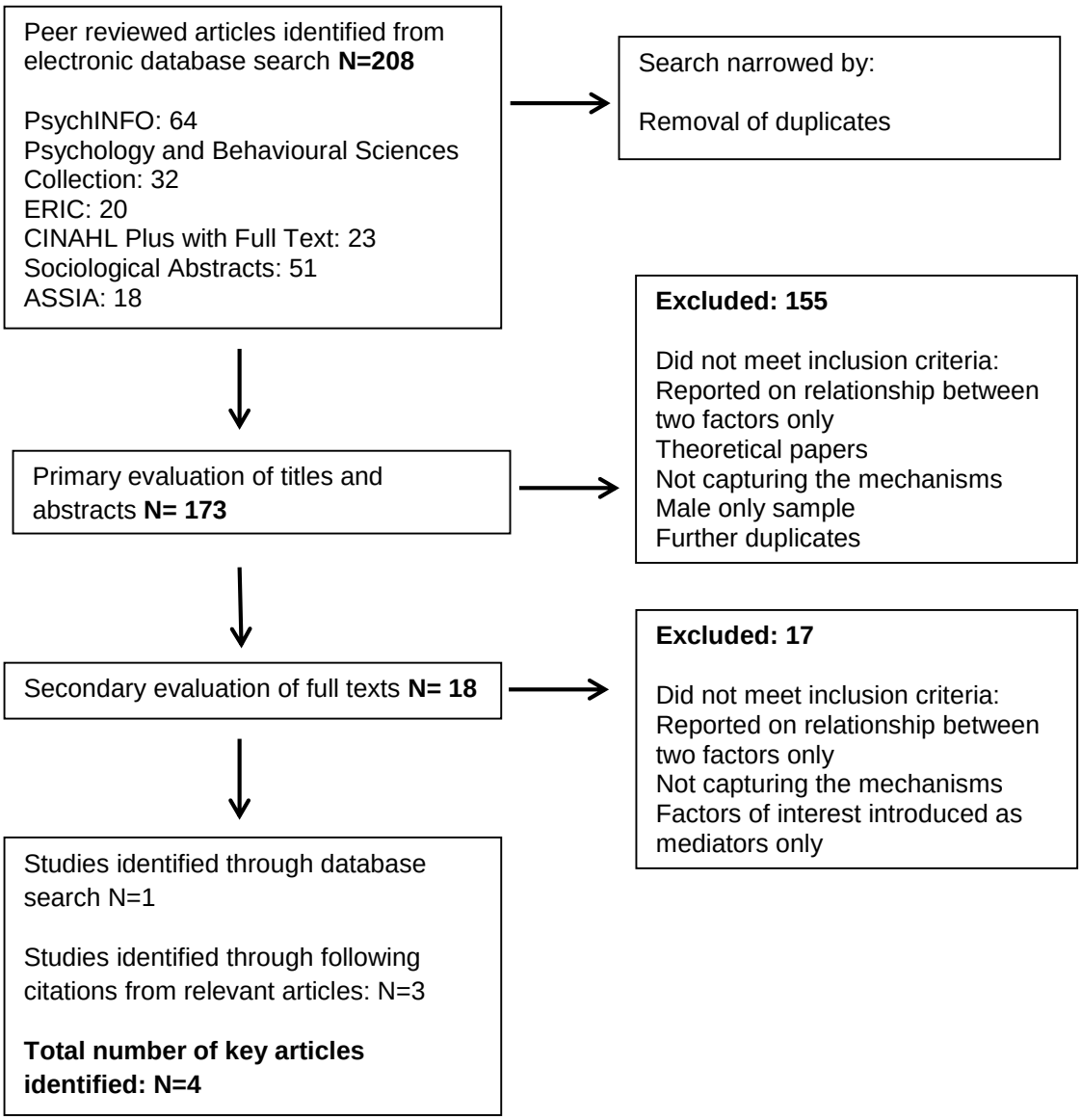


Figure 2.1 Stages and results of the systematic literature search.

The search identified four key articles which met the inclusion criteria, highlighting a gap in existing literature, where research articles capturing the chronological order and mechanisms underpinning the interrelationship among trauma, substance misuse and offending are scarce. This critical literature review focuses on other relevant studies which give insight into the interrelationship among the factors of interest, followed by a detailed review of the four key articles.

2.5 Interrelationship among trauma, substance misuse and offending

Existing literature provides strong evidence for significant relationships among trauma, substance misuse and criminal involvement in women. A hypothesis that abused children become abusers and victims of violence become perpetrators of violence was coined the “cycle of violence” in a classic study by Widom (1989). Using a prospective design and official victimisation and arrest records, she found that neglect and physical and sexual abuse increased the risk of juvenile arrests by 59%, adult arrests by 28% and violent crime by 30%, as measured at the age of 26. However, when Widom and Maxfield (2001) followed-up on these individuals six years later, they found that almost half of the abused and neglected group had been arrested as adults, and maltreated females were 73% more likely to be arrested for property, alcohol, drug and misdemeanour offences than controls. Other American studies using official records found similar patterns (Widom and Ames, 1994; Topitzes, Mersky and Reynolds, 2012; Lansford et al., 2009), highlighting the long-term consequences of early victimisation on delinquency and criminality in both males and females. Nonetheless, certain drawbacks to using official records need to be acknowledged. Firstly, such data only captures cases of maltreatment that are brought to the attention of social services and is therefore likely to include the more severe cases of victimisation. Secondly, the crime data represents offences that the individuals had been caught and arrested for, largely underestimating the actual criminal involvement.

Studies using self-report measures of childhood exposure to violence and delinquency provide further insight into the trauma-offending link. As part of the longitudinal Edinburgh Study of Youth Transitions and Crime, Smith and Ecob (2007) found a correlation of 0.421 between self-reported victimisation and delinquency/criminal involvement at the age of 15. Furthermore, although a meta-analysis by Wilson, Smith-Stover and Berkovitz (2009) found that the effects of witnessing violence are weaker than those of actual victimisation, witnessing domestic violence was still found to be associated with emotional and behavioural problems as well as trauma symptomatology in childhood and adolescence (Evans, Davies and DiLillo, 2008). Another study with Grade 6 students living in Cape Town communities with high violence levels revealed

that witnessing violence and being a victim of violence were related to anxiety and depression but victimisation by violence was additionally related to conduct problems and antisocial behaviours (Ward et al., 2007). However, although these studies provide strong evidence for a significant relationship between victimisation and delinquency, they fail to explore whether this link continues into adulthood.

There is also extensive research strongly supporting a relationship between trauma and substance misuse. For instance, using survey data from over 34,500 US adults, Afifi et al. (2012) found a significant relationship between five types of childhood victimisation (physical, sexual and emotional abuse and physical and emotional neglect) and an increased risk of a lifetime measure of Substance Use Disorder (SUD) in males and females. Nonetheless, by using retrospective cross-sectional data Afifi et al. (2012) were not able to make inferences with regards to causation, which was achieved in a well-controlled, longitudinal study by Schuck and Widom (2001). They used official US court records to identify girls experiencing childhood abuse and/or neglect and successfully followed 582 females and matched controls into early adulthood. Childhood abuse and neglect were found to increase the number of self-reported alcohol abuse- and dependence-related symptoms later in life, even after controlling for confounding variables such as IQ or parental substance misuse. However, it is unclear whether these results extend to self-reported maltreatment, as the official records are likely to capture the more severe cases of victimisation which have been brought to the attention of social services. However, it has also been suggested that other, meditating factors need to be considered when exploring the childhood abuse-substance misuse link (e.g. Jasinski, Williams and Siegel, 2000). For instance in a retrospective, case control study, childhood sexual abuse predicted substance abuse only in combination with co-factors, particularly having a physically and emotionally absent mother, growing up in a violent, unsafe environment and having an alcoholic partner (Fleming et al., 1998).

Nonetheless, by only concentrating on childhood abuse, all of the above studies ignore the potential effects of adulthood victimisation on later substance use. This is of particular relevance for abused females, for whom the maltreatment has previously been found to increase as they reach adulthood

(McClellan et al., 1997). McKeganey, Neale and Robertson (2005) found a lifetime measure of physical and sexual abuse to be associated with an earlier onset of drug use, past overdoses, attempted suicide and self-harm in a sample of 318 females recruited from community and prison drug treatment settings in Scotland. Studies capturing the exact timing of abuse showed similar results, with both childhood and adulthood physical and sexual victimisation associated with higher levels of alcohol misuse (including heavy drinking, greater frequency of intoxication and alcohol use disorder) and illicit drug use (Hill, Nielsen and Angel, 2009; Plant, Miller and Plant, 2005; Nayak et al., 2012). Moreover, women experiencing systematic domestic abuse in adulthood were found to be more likely to report drinking every day and use prescription and recreational drugs than controls (Carbone-López, Kruttschnitt and Macmillan, 2006), further highlighting the importance of exploring the impact of lifetime maltreatment on later substance use.

Some studies also support a bi-directional nature of the relationship between victimisation and substance misuse (e.g. Resnick et al., 2012). For instance, using a longitudinal design and a sample of 416 women on methadone, El-Bassel et al. (2005) found that frequent crack and marijuana use, but not heroin and binge drinking, increased the likelihood of subsequent intimate partner violence. In turn, experiences of domestic violence increased the risk of frequent heroin, but not alcohol use. Nonetheless, despite highlighting the varied outcomes for different substances, the participants in this US sample were mostly of Hispanic and African American origin and therefore it is not clear whether these results are transferrable to the population of Scottish women.

Adams, Leukefeld and Peden (2008) argue that alcohol and drug use are also the major factors contributing to women's incarceration and recidivism in the US, but studies systematically examining this relationship in females are scarce and mostly focus on male or mixed samples (Nordstrom and Dackis; 2010; Stenbacka and Stattin, 2007). A meta-analysis of 30 studies on drugs and crime by Bennett, Holloway and Farrington's (2008) suggests that drug users are three to five times more likely to commit an offence than individuals who do not use drugs, and this relationship exists across different offence types, including robbery, burglary, shoplifting and prostitution. Furthermore, in a mixed

sample of over 7000 individuals receiving substance abuse treatment, 80.3% of females reported ever having committed a crime, with over half of those reporting both victimless and predatory crimes, 23% only predatory and over 26% only victimless crimes (Farabee, Joshi and Anglin, 2001).

Nonetheless, in a longitudinal study of 4300 Californian high school seniors and dropouts, early drug use as well as peer drug use predicted the levels (but not mere occurrence) of predatory violence, and girls with low self-esteem at early adolescence were more likely to hit others later, suggesting possible mediating factors influencing the substance use-offending link (Ellickson and McGuinan, 2000). Similarly, Lewis (2011) found that in a sample of 41 female offenders with Antisocial Personality Disorder (APD), it was the severity of symptoms rather than the diagnosis of substance misuse disorder or APD itself that was associated with violence behaviours and offending. These included age of onset, co-morbidity as well as the number of symptoms, suggesting that simply presenting with a diagnosis of substance use disorder does not predict criminal involvement. Furthermore, based on self-reports from almost 28,000 individuals in 25 Europeans countries, Gatti et al. (2013) found evidence for a bi-directional nature of this link, with alcohol constituting a risk factor for involvement in delinquency as well as delinquency increasing the risk of alcohol misuse.

A number of studies attempted to further explore the link among trauma, substance misuse and offending by looking at all three experiences simultaneously. Using a prospective cohort design and official US records, Widom and White (1997) found that compared to controls, females who experienced childhood adversities were at a higher risk for substance abuse and dependence diagnosis and arrests for violent and non-violent offences in adulthood. Higher rates of exposure to childhood adverse events were previously associated with earlier involvement with the criminal justice system, earlier age of substance use and an increased number of arrests in female prisoners (Messina et al., 2007). Furthermore, newly incarcerated alcohol-dependent women were found to be more likely to report experiences of physical and sexual abuse, to have served a sentence in the past and to have been under the influence of alcohol or drugs during their offence than non-dependent women (Mullings, Hartley and Marquart, 2004).

Nonetheless, the interrelationship among trauma, substance misuse and offending is not straightforward and can be influenced by a number of factors, such as timing and duration of the abuse. For instance, in a large longitudinal study, maltreatment limited to childhood was found to increase the risk of violent crime into early but not late adolescence, and maltreatment present in adolescence or persistent from childhood into adolescence was associated with both delinquency and drug use in adolescence (Ireland, Smith and Thornberry, 2002). However, it is not clear whether these results can be generalised to female offending as the study was designed to underrepresent girls and failed to explore whether this relationship continues into adulthood. These limitations were addressed by Raj et al. (2006), who found that adult sexual abuse and adolescent and adult intimate partner violence were significantly related to being charged with sex trade but not drug-related offences in a sample of 447 women in an US prison. This further suggests that the crime type as well as the timing and nature of victimisation need to be considered when exploring the relationship among the three factors.

A number of studies also emphasise the role of mental health problems in the context of trauma, substance misuse and offending (e.g. Messina and Grella, 2006; Reed et al., 2009). For instance, Salgado, Quinlan and Zlotnick (2007) found that almost half of their sample of incarcerated women with comorbid SUD and posttraumatic stress disorder (PTSD) also reported lifetime polysubstance dependence, more traumatic events and higher levels of trauma-related symptomatology. Nonetheless, it could be argued that focusing on diagnosable mental health problems carries a risk of medicalising incarcerated women's needs and overlooking the wider context of their lives.

With regards to the multi-directionality of the interrelationship among trauma, substance misuse and crime, evidence suggests that once involved in substance use and offending, the risk for further victimisation is increased. For instance, in a mixed sample of 1479 individuals, chronic drug users were not only more likely to be perpetrators of violence but also victims or observers of violence (McCoy, Messiah and Yu, 2001). A similar pattern of a continuous interplay among substance misuse, victimisation and crime was found in a study of behaviours and lifestyles of almost 200 female street sex workers in Glasgow (Gilchrist et al., 2001). Over 90% of women reported using drugs or

ever injecting drugs, suggesting a very strong relationship between prostitution and drug use. Street sex work also seemed to be associated with victimisation, with almost half of the women reporting experiencing violent assaults and almost 40% sexual assaults while working. Furthermore, over 60% of women had ever been imprisoned (with a mean number of incarcerations of eight) and almost 65% of their charges were related to non-payment of fines for prostitution (Gilchrist et al., 2001).

2.6 Mechanisms underpinning the interrelationship among trauma, substance misuse and offending

Despite a wealth of evidence supporting an interrelationship among trauma, substance misuse and offending in females, the understanding of the mechanisms underpinning and maintaining these relationships is still limited. A common theoretical explanation is that as women move from childhood into adulthood, they experience increasing levels of victimisation, a greater sense of powerlessness and a lower social status, which in turn increase their risk for depression and further maltreatment (McClellan et al., 1997; Salgado et al., 2007). It is then suggested that women self-medicate with substances to alleviate depression and maltreatment-related pains, which might lead to drug dependence, involvement in offending behaviours and eventually incarceration. This appears to be compatible with the General Strain Theory of crime and delinquency, which argues that strain generates negative affect, which leads people to attempt to alleviate such feelings through internalising (substance-use) or externalising (involvement in criminal activities) behaviours (Agnew, 1992; Zweig et al., 2012).

In support of the General Strain Theory, women were previously shown to be more likely than men to internalise emotional distress (e.g. depression and anxiety), and depression was found to mediate the relationship between experiences of victimisation and substance use (McClellan et al., 1997, Zweig et al., 2012). Furthermore, adolescent externalising behaviour was found to partially mediate the relationship between childhood maltreatment and violent offending in females while internalizing behaviours supressed this link and protected girls from engagement in future violence as measured by official reports (Topitzes et al., 2012). Using retrospective self-report data from 271 female inmates, Slocum, Simpson and Smith (2005) were also able to

demonstrate a significant relationship between increased strain and changes in drug use, violence and property crime, in line with predictions from the General Strain Theory. In a more general, non-theory driven study Asberg and Renk (2012) found that in a sample of over 100 females in a US prison, the relationship between trauma symptoms related to childhood sexual abuse and the negative substance use consequences (legal, occupational, interpersonal etc.) was mediated by substance use avoidant coping. This suggests that it is the motivation for substance use which might drive the relationship between abuse and negative outcomes, such as imprisonment.

Nonetheless, by testing pre-existing theoretical models and pre-determined mechanisms without any scope for the emergence of alternative factors, the above studies provide a very narrow and limited insight into the interrelationship among trauma, substance misuse and offending. Furthermore, despite the wealth of evidence for a high level of co-occurrence of these three experiences, they are among the very few studies which simultaneously focus on the nature of the interrelationship among them, with the majority exploring two factors at a time, as reviewed below.

2.6.1 Trauma and crime

Some researchers argue that maltreated children employ different ways of coping with abuse, which in turn are associated with various behavioural outcomes. Chaffin, Wherry and Dykman (1997) conducted a series of structured interviews and questionnaires with 84 sexually abused children aged between 7 and 12 (75% of whom were girls) and their caregivers. They found that internalised coping (characterised by self-blame, resignation and isolation) was related to more hyperarousal and guilt, which in turn were linked to negative reactions from others. Furthermore, while angry coping was associated with higher rates of externalised behavioural difficulties, social problems, anxiety, aggression and depression, children employing avoidant coping exhibited fewer behavioural symptoms as reported by their caregivers.

Nonetheless, the extent to which these results can be applied to female offending is limited, as the authors only focused on one type of abuse, did not follow the children up to adulthood and assumed coping style to be the primary mechanism linking victimisation to behavioural outcomes, ignoring other

possible influences. Widom (2000) argues that the way children respond to adversity is affected by a number of factors, including parental substance misuse, poverty and other inadequate family functioning. Child maltreatment might lead to physical, psychological, social and behavioural consequences such as brain injury, low self-esteem, substance abuse, anxiety, depression, attention problems, poor peer relations and antisocial behaviours. Therefore, the relationship between victimisation and offending later in life is complex and has to be considered within the wider context in which it occurs (Widom, 2000).

Focusing on the broader social context and using a prospective design, Herrenkohl et al. (2003) found that childhood physical abuse predicted violent attitudes, leading to associations with antisocial peers, which in turn predicted acts of violence in adolescence. The authors argue that abuse changes young people's beliefs about the use of violence, which influences their involvement with peers who display antisocial behaviours. However, only 45% of over 400 participants in their study were females, with specific gender differences remaining unexplored. Similarly, Kerig and Becker (2010) conducted an extensive review of the mechanisms underpinning the relationship between trauma and delinquency, with only limited mention of gender differences. Some of the general reviewed mechanisms included PTSD symptomatology, disrupted relationships with peers and parents, affect dysregulation and inability to cope with intense emotions or to control impulses. These in turn were found to be closely linked to relationships with parents and often resulted in aggression, self-destructive behaviours and substance use. Other mechanisms included "emotion numbing" as a defensive strategy, callousness, altered emotion recognition as well as disrupted cognitive processing, where aggression was perceived as an acceptable way of resolving interpersonal conflict and where sensitivity to rejection from others, alienation, moral disengagement, stigmatisation and a sense of "futurelessness" were heightened (Kerig and Becker, 2010). They concluded that findings from research embedded within various strains of psychology and neurobiology suggest similar avoidance processes, such as numbing or survival coping. These can result in traumatised delinquent youth presenting as callous and emotionally disconnected and their underlying experiences of hurt, distress and anxiety can be overlooked (Kerig and Becker, 2010).

Nonetheless, many of the existing studies are limited to childhood and adolescence and use male of mixed samples, thus failing to describe how this relationship might be maintained in adulthood or the extent to which these mechanisms account for the trauma-offending link in females. In her review, Bender (2010) highlights the importance of employing study designs and methodologies differentiating between genders and concluded that for females, the most important mechanisms appear to be mental health problems, substance abuse, academic problems and running away from home. This appears to be in line with Cauffman et al. (1998) who found that female juvenile delinquents were not only more likely than males to experience PTSD symptoms, but also exhibited higher distress and lower self-restraint levels, which potentially could impact on their offending. Furthermore, McCartan and Gunnision (2010) found that compared to non-abused women, incarcerated females with a history of sexual abuse were more likely to enter abusive relationships, associate with other criminals, be more heavily involved in the criminal justice system, have lower self-image and struggle to remain in employment. Nonetheless, despite existing literature providing some insight into the nature of the trauma-offending link, the understanding of the underlying mechanism in women is still extremely limited.

2.6.2 Trauma and substance misuse

Research on the nature of the relationship between trauma and substance misuse in women is more extensive and two of the more prominent theoretical perspectives used to explain the mechanisms underpinning this link are the self-medication hypothesis (Khantzian, 1997, as cited in Hien, Cohen and Campbell, 2005) and the motivation model of substance use (Cooper et al., 1995).

According to the self-medication hypothesis, distressing affect is the primary motivator for substance use, which can eventually lead to dependence (Darke, 2012). Evidence suggests that some individuals with histories of trauma and associated PTSD symptoms use substances as a means of managing or avoiding distressing symptoms, relieving painful emotions or physical sensations (Hien et al., 2005). For instance, Schuck and Widom (2001) found the causal relationship between childhood victimisation and alcohol symptoms in adult women to be mediated by depression and using alcohol to cope.

Interestingly, there was no support for significance of other symptoms, such as worthlessness, social isolation and low self-esteem. Furthermore, Ullman et al. (2013) demonstrated that increased use of substances to cope was significantly associated with both higher lifetime exposure to interpersonal and non-interpersonal trauma and more severe sexual abuse in women who experienced childhood sexual abuse. This relationship was fully mediated by PTSD symptoms for misuse of alcohol and partially mediated for drugs. A similar relationship emerged in recent survivors of domestic violence, with self-reported high levels of drinking in the last six months associated with higher trauma symptoms, and this relationship was mediated by drinking to cope (Kaysen et al., 2007).

A similar model to the self-medication hypothesis is the motivational model of substance use, according to which people use substances to cope with psychological distress and regulate affect by not only managing negative emotions but also enhancing the positive ones (Cooper et al., 1995). In support of this model, Grayson and Nolen-Hoeksema (2005) found that both the motivation to enhance positive emotions and cope with negative feelings partially mediated the relationship between childhood sexual abuse and drinking problems in women. However, the attempts to alleviate negative emotional states and achieve a sense of happiness through heavy substance use often results in addiction, which further increases negative affect (Grayson and Nolen-Hoeksema, 2005).

Although both the self-medication hypothesis and the motivation model of substance use received a lot of support, a number of studies also highlighted other mechanisms which might play a role in maintaining the trauma-substance use link. Robertson, Xu and Stripling (2010) found a significant relationship between specific adversity-related coping styles and substance use in female adolescents involved in the juvenile justice system in Mississippi. Adaptation, such as self-distraction and acceptance, was associated with higher risk of alcohol and marijuana use, and humour or making light of the situation were related to alcohol use but it is unclear whether these relationships continue into adulthood.

In their review, Gutierres and Van Puymbroeck (2006) also highlighted mechanisms which could explain the bi-directional nature of the relationship between lifetime violence and substance misuse in women. They argued that women often use substances to cope with the negative psychological consequences of childhood victimisation, including low self-esteem, depression and anxiety. In turn, using substances, experiences in the drug world and vulnerable psychological states stemming from childhood maltreatment increase their risk of further victimisation through domestic violence and sexual assault. Adult victimisation reinforces their feelings of diminished self-worth, depression and helplessness leading to a vicious circle of continued substance use and eventual substance dependence (Gutierres and Van Puymbroeck, 2006).

2.6.3 Substance misuse and crime

Although some studies support a causal relationship between substance misuse and offending, the underlying mechanisms are not well understood, despite a number of theoretical approaches attempting to explain this link (White and Gorman, 2000; Nordstrom and Dackis, 2010). Supporting addiction through acquisitive crime is the mechanism most frequently reported in existing research on female offending (Bowles, DeHart and Webb, 2012; DeHart, 2008; Taylor, 2008; Hough, 1996). Nonetheless, other mechanisms such as disinhibition, cognitive impairment, effects of intoxication on behaviour, violence as an inevitable consequence of drug distribution or social context have also been suggested but studies which would further explore these processes are scarce (McMurran, 2003; White and Gorman, 2000; Nordstrom and Dackis, 2010).

Furthermore, despite evidence to support a bi-directional nature of the relationship between substance misuse and offending (El-Bassel et al., 2005; Gatti et al., 2013), knowledge of the mechanisms underpinning the crime-substance use link is extremely limited. Yacoubian Jr. et al. (2001) used self-reports and urine samples to compare drug use in over 3,500 females charged with different offences. They found that those charged with prostitution were three times more likely to test positive for cocaine and report crack and powder cocaine use in the last three weeks compared to women charged with other offences. The authors suggested this link could be explained by the popularity

of experimental use of crack cocaine, which is more affordable than some of the other drugs among individuals with limited resources. Secondly, women might receive drugs instead of money for their services in a “sex for crack” exchange, further pushing them into drug addiction (Yacoubian Jr. et al., 2001). Nordstrom and Dackis (2010) also hypothesised that having extra money obtained through illegal activities might allow individuals to buy drugs or put them in drug-using environments but these suggestions have limited empirical evidence. Furthermore, most of the existing studies are US based and the transferability of the results to the Scottish population is unclear, particularly given differences in popularity and availability of various substances. In their review of literature, White and Gorman (2000) concluded that no single model can fully account for the link between drugs and crime as the population of individuals who use drugs and commit crime is not homogenous and therefore the mechanisms underlying the drug-crime relationship vary.

2.6.4 Criminally-involved women’s perceptions of the interrelationship among trauma, substance misuse and offending

Existing literature on female offending gives some, albeit limited level of insight into the mechanism underpinning the interrelationship among trauma, substance misuse and offending by testing various risk factors associated with these experiences and behaviours. Nevertheless, such approach does not take into account the complexity of women’s life stories and the “critical moments” in their lives, defined by Thomson et al. (2002) as events described by individuals as having significant consequences for their life and identity or perceived by the interviewer as having such impact. These events have the potential to change the life course of an individual and push them towards or away from criminal involvement (MacDonald and Schildrick, 2007) and are likely to affect the nature of the relationship among trauma, substance misuse and offending.

Investigating the meaning that individuals give to different life events is therefore crucial for developing a deeper understanding of both their choices (Corr, 2014) and the potential reasons for individuals’ different responses to similar life experiences. Nevertheless, existing studies rarely explore women’s perceptions of the interrelationship among trauma, substance misuse and offending. Those that take this approach or incorporate it into their methodology, tend to support findings from quantitative research.

Gaarder and Belknap (2002) conducted in-depth interviews with 22 adolescent girls who were adjudicated as adults and who were serving time in a US women's prison. Some of the themes underlying their experiences of violence, neglect, substance use and delinquency included racism and economic marginalisation, parenting strains caused by poverty, lack of support from school, "structural dislocation" where the girls looked for substitutes of family or took refuge in drugs, alcohol or gangs as well as using substances as means of self-medication. Furthermore, over half of 163 adolescent girls recruited from American facilities for delinquent youths believed that there was a direct link between their victimisation and delinquency (Belknap and Holsinger, 2006). Similarly, most of the incarcerated women interviewed by Richie (2001) felt that early childhood abuse and later intimate partner violence profoundly affected their lives, suggesting that in many women this belief persists across the lifespan.

With regards to substance misuse, incarcerated women tend to report using drugs and alcohol as a coping mechanism against physical, sexual and emotional abuse, to numb unwanted physical or emotional feelings as well as a response to family dynamics, relationships and burdens, social context and experiences of loss (Bowles et al., 2012; Buchanan et al., 2011). Women interviewed in the study by Bowles et al. (2012) felt that once these strategies developed, it was difficult to change them, eventually leading to addiction which interfered with employment, pushing some to illegal activities to support their habit. Furthermore, a qualitative study on violent female offending in Scotland found these crimes to be connected to high levels of self-injury, poly-substance misuse, with four-fifths committed while intoxicated and one-third reported to be carried out to fund a drug addiction (Batchelor, 2005).

In terms of offending, women have previously been found to report their involvement in prostitution to be a result of coercion by a relative or partner, or a way of financial survival (Shdaimah and Wiechelt, 2012). For many it was difficult to separate childhood and adult traumas, ill health, addiction, economic difficulties and prostitution, which seemed to continuously reinforce one another. Although the authors argued that these individuals are at the "intersection of criminality and victimisation", the mechanisms through which it occurred were not explored.

However, drawing on existing evidence and interview data from 21 young women incarcerated for violent crimes at HMP YOI Cornton Vale in Scotland, Batchelor (2005) argues against the representation of female offenders as victims. Although their anger and aggression often stem from experiences of violence and abuse, they do not describe themselves as passive victims but rather use violence as a reasoned response to perceived threats. They learned to anticipate violence at any point and to perceive physical force as paramount for establishing respect and reputation. Batchelor (2007) further argued that rather than looking at all of women's violent offending as a response to an abusive situation or past traumatic experiences, it should be acknowledged that some women deliberately engage in risk-seeking behaviour to regain control over their lives at a point when their lives are experienced as outwith control.

2.7 Chronological order of events and the "pathways" to crime

While all of the studies reviewed above provide evidence for an interrelationship among trauma, substance misuse and offending, the understanding of their chronological order and the mechanisms underpinning the interrelationship among them is still limited. Studies exploring all three experiences simultaneously are scarce and tend to focus on temporal ordering where substance misuse follows trauma and leads to criminal involvement, despite evidence for multidirectionality of this link, where different underpinning mechanisms could be operating. Furthermore, with most data being cross-sectional, exiting literature does not provide insight into the sequence of events that lead to a person becoming a criminal.

One approach which attempts to provide such insight is the "pathways perspective" to female offending introduced at the beginning of this chapter. For instance, Simpson et al. (2008) found support for the "harmed and harming", "drug connected" and "battered" female offender typology proposed by Daly (1992, as cited in Simpson et al., 2008) as well as a large group of females who did not seem to have many of the risk factors for criminal involvement, such as drug or alcohol problems or childhood victimisation, but tended to be victimised in adulthood. Furthermore, Salisbury and Van Voohris (2009) quantitatively examined three pathways to incarceration in a sample of 390 women probationers and found that firstly, childhood abuse indirectly affected recidivism through its psychological and behavioural consequences, with

depression and substance abuse directly leading to incarceration. Secondly, dysfunctional relationships led to recidivism through an increased risk of adulthood victimisation, lower self-efficacy, symptoms of depression and anxiety as well as substance abuse. Finally, financial and employment difficulties combined with lower educational attainment directly contributed to women's imprisonment (Salisbury and Van Voohris, 2009). Nonetheless, these studies tested a number of predetermined mechanisms leading to incarceration, without scope for emergence of alternatives and by focusing on incarceration, they did not consider crimes that women had not been caught, arrested or charged for.

2.7.1 Key Studies on the chronological order and the interrelationship among trauma, substance misuse and crime

Following the results from the systematic literature search, it appears that Gilfus (1992) conducted the first study which captured both the chronological order and the mechanisms underpinning the interrelationship among trauma, substance misuse and offending. Using in-depth life history interviews with 20 incarcerated women (aged 20-41), she found that running away from home was the first delinquent act for 13 individuals, and it was closely related to the onset of drug use, truancy, stealing and rough living conditions. Nearly all of the 15 women with injecting drug addiction reported experimenting with drugs and alcohol before engaging in other criminal activities, and their motives for starting included "wanting to be obliterated", coping with working as a prostitute, increasing self-confidence and acceptance by peers. The shift from experimental use to intravenous use of opiates and cocaine usually occurred after beginning illegal activities, primarily prostitution. Gilfus (1992) interpreted the results as a transition from victim to survivor to offender and the patterns that followed women's abusive childhoods included repeated victimisation, addiction, prostitution and relationships with men involved in criminal activities. Survival strategies which helped them escape maltreatment, such as running away from home, often led to re-victimisation and imprisonment and women usually linked their relationship commitments and drug addiction to their continued offending behaviours.

Nonetheless, although Gilfus' (1992) study was pioneering in capturing the interrelationship among trauma, substance misuse and offending from the perspective of incarcerated women, the mechanisms underpinning these links

and their chronological order were not systematically explored or presented. Gilfus (1992) did not use any tools for collecting the data on temporal ordering of life events, such as the Life History Calendar (LHC) (Freedman et al., 1988), which has been shown to aid recall in individuals with disorganised lifestyles (Sutton, 2010). This is something that was adopted by one US research group, who conducted a series of studies directly or indirectly exploring the chronological order of trauma, substance misuse and offending and the nature of the interrelationship among them.

In a mixed methods study, DeHart (2009) used a LHC tool and a number of questionnaires to explore poly-victimisation (defined as experiencing 4 or more types of violence) and offending behaviours in a sample of 100 adolescent girls (aged 12-18) recruited from institutions for young offenders in the US. Mapping the trajectories of risk for exposure to different types of violence and involvement in various types of crime and delinquency, the author demonstrated how victimisation might predict crime and captured some of the mechanisms underpinning this relationship. DeHart (2009) found that caregiver, sexual and witnessing violence predicted substance use, and the qualitative themes underlying these associations included self-medication to cope with violence, corruption by the caregiver, involvement with adult sexual partners who provided drugs and entering risky situations associated with witnessing violence. In turn, witnessing violence predicted fighting and the related mechanism was retaliatory or protective violence. Dating, sexual and witnessing violence predicted prostitution and the underpinning themes included sexual involvement with adult men, violence from pimps and witnessing violence in risky situations.

In another mixed study from the same research group, the authors explored the role of trauma and mental illness in 491 adult women's (aged 17-62) pathways to jail and found that lifetime trauma increased the risk of poor mental health, which in turn increased the number of committed crimes (DeHart et al., 2014). A quarter of the original sample completed qualitative Life History Interviews, which revealed that women with severe mental illness experienced increased risk for running away in childhood as well as substance use and drug-related offending across the life span, highlighting mental health problems as one the mechanisms linking victimisation to crime. DeHart et al. (2014) further

found a relationship between intimate partner violence and property crimes, drug-related offending and prostitution, which were underpinned by relationships with violent men who acted as co-offenders, drug dealers and pimps. Engaging in property crimes, fighting and the use of weapons were predicted by witnessing violence and this type of crime was often linked to retaliatory and protective behaviours as well as affiliations with criminal networks. Experiencing caregiver violence was strongly linked to running away as a teen to escape the maltreatment and living on the streets was associated with higher substance use and further offending.

Nonetheless, despite providing some insight into the chronological order of trauma, substance misuse and offending and the mechanism underlying the interrelationship among them, the above studies also have certain limitations. Although the authors considered the timing of life events across incarcerated females' lives, they focused on mapping risk trajectories rather than chronology of the experiences of interest. Furthermore, substance misuse was classified either as a mental health problem or a crime rather than an independent life experience, which resulted in lack of focus on individuals' motives for alcohol and drug use. Other drawbacks included basing the results on clinical mental health diagnoses (DeHart et al., 2014) and disregarding neglect and emotional abuse which have previously been linked to substance use and offending in females (Mullings et al., 2004; Afifi et al., 2012). Finally, the participants' perspectives on the possible mechanisms driving the victimisation-offending relationship were explored in a top-down fashion, using categories from the LHC and since it was a secondary objective of the study, they were not explored in any depth.

Such detailed exploration of these mechanisms was conducted by DeHart (2008), who used in-depth qualitative interviews and a grounded theory approach to examine the direct and indirect impact of victimisation on offending in 60 women incarcerated at a maximum security US prison. Childhood victimisation was found to directly lead to offending through caregivers providing substances, forcing to steal or prostituting the child and adult victimisation often led to retaliatory assaults in an effort to end abuse or being pressured to commit or take blame for a crime. Victimisation also indirectly led to offending through its impact on mental health (including addiction), psychosocial development

(internalising and externalising behaviours, perspectives on personal relationships) and social and community systems. DeHart (2008) argued that the multiple traumas could cause ripple effects in these various areas, contributing to women's marginalisation from the mainstream society and legal avenues. Finally, the author suggested pathways from crime to victimisation, such as assaults directly connected to their involvement in prostitution, drug dealing or use.

Nonetheless, although DeHart (2008) used a generous sample of 60 participants, they were recruited from a maximum security prison and might therefore not be representative of the whole population of incarcerated women. Furthermore, although the analysis was driven by the data which captured women's perspectives on the relationship between trauma and offending, the author did not report on the chronological order of events but rather used the LHC timelines to check for inconsistencies in the individuals' life stories. Finally, similar to the other studies, DeHart (2008) classified substance misuse and addiction as either a crime or a mental health problem as opposed to a separate factor, which means that the mechanisms underpinning its relationship to trauma and offending were not explored in any detail.

2.8 Conclusion and identifying a gap in the literature

The literature reviewed above demonstrates the shift which occurred in thinking about women's involvement in crime since the first, general theories of offending. It is now widely recognised that women experience gender-based adversities and their pathways to offending are often different to those of male offenders (e.g. Corston, 2007; Scottish Government, 2012c; Bloom et al., 2004). One consistent finding is that female offenders experience higher levels of lifetime victimisation, mental health issues and substance misuse problems than their male counterparts and the general population of women. However, although this review found evidence for a significant interrelationship among trauma, substance misuse and offending, it also highlighted that the understanding of the nature of this link is still limited. Some of the gaps identified in the process are highlighted below.

Chronological order of trauma, substance misuse and crime

Research systematically and simultaneously exploring or reporting on the chronological order of trauma, substance misuse and offending is scarce. Furthermore, the majority of existing studies focus on the temporal ordering beginning with trauma and leading to substance misuse and subsequent criminal involvement despite evidence for other patterns. Members of staff interviewed by Lynch et al. (2012) highlighted the difficulty with generalising female prisoners' life experiences and identifying what came first: the mental illness, trauma, substance use/addiction or offending. It is therefore crucial to address the heterogeneity of women's experiences in order to gain a wider understanding of female offending.

Mechanisms underpinning the interrelationship among trauma, substance misuse and crime

Although existing studies identify a number of potential mechanisms driving this interrelationship, they have rarely been explored or described in sufficient depth. These mechanisms are often constrained by a narrow, top-down approach or focus on clinical mental health diagnoses (such as PTSD or SUD), and knowledge about the wider context and the complexity of these relationships, such as their multidirectionality, is limited.

The three experiences are rarely explored simultaneously and when substance misuse is considered, it tends to be classified as an outcome (such as a mental health problem or a crime) rather than an independent factor investigated from the outset and carrying the same weight as trauma and offending. As a result, it has been argued that existing studies describe how drugs and criminal behaviours co-occur in individuals but do not provide explanations on how they interrelate (Liriano and Ramsay, 2006; Nordstrom and Dackis, 2010).

Methodological limitations of existing research

Existing research tends to focus on juvenile offenders and studies exploring the existence and nature of the interrelationship among trauma, substance misuse and offending in adulthood are scarce. Moreover, while the impact of sexual abuse is widely researched, other types of adversities, such as

neglect or emotional abuse are often excluded despite evidence for their association with female crime (e.g. Mullings et al., 2004; Afifi et al., 2012). Many studies also continue to use male or mixed samples, despite strong evidence for gender-based adversities experienced by females. This review also highlighted that reliance on official records of crime and victimisation greatly underestimates the prevalence of these experiences, as they only capture events brought to the attention of social services or the criminal justice system.

Most importantly however, this area of research is almost completely dominated by quantitative approaches which test theoretical models and predetermined hypotheses, such as mediatory effects of depression or self-medication. To date, only a handful of studies gave incarcerated women voice and the opportunity to share their perceptions on the interrelationship among trauma, substance misuse and offending.

Generalisability of findings

Finally, this field of research is almost completely dominated by American studies, findings of which might not be generalisable to the Scottish population of incarcerated women, particularly because of the overrepresentation of Hispanic and African American individuals in the US prisons (Glaze and Kaeble, 2014). Previous research highlighted these individuals to be more likely to be exposed to racism, residential instability and violent neighbourhoods, which might further exacerbate the consequences of abuse and impact on their experiences of trauma, substance misuse and offending (Lansford et al., 2009). For instance, the relationships between childhood physical abuse and more nonviolent offences and arrests (Lansford et al., 2009) as well as hazardous drinking and PTSD symptoms (Littleton and Ullman, 2013) were found to be significant for African American but not European American women. These cultural variations are of particular importance in Scotland, where non-white female offenders represent only 3% of the whole population (Scottish Government, 2012d).

2.9 The current study

The present study sought to build on the existing literature on experiences of interpersonal trauma, substance misuse and offending in incarcerated females by addressing the gaps identified in this area of research.

It explored life histories of women incarcerated at HMP YOI Cornton Vale in Scotland to uncover the mechanisms underpinning the interrelationship among the three experiences of interest. A Life History Calendar was used to identify the chronological order of various events related to trauma, substance misuse and offending behaviours and served as a starting point for exploring these experiences using an in-depth interview. The current study followed an IPA approach in an attempt to develop a deep understanding of how women construct meaning from their life stories and to provide a much needed insight into women's views on the interrelationship among trauma, substance misuse and crime. Explicit introduction of all three factors from the outset meant that both the mechanisms and their directionality were allowed to emerge from the data, without reliance on predetermined hypotheses. To the author's knowledge, this is the first study nationally and internationally to explore the chronological order and the mechanisms underpinning the interrelationship among trauma, substance misuse and offending.

The focus on the subjective, lived experiences of female prisoners was reflected in the research aims:

1. To map the chronological order of interpersonal trauma, substance misuse and offending behaviours in the lives of Scottish, incarcerated women
2. To explore the mechanisms underpinning the relationships among interpersonal trauma, substance misuse and offending behaviours from the perspective of Scottish, incarcerated women.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter describes the rationale for the chosen method over other qualitative approaches, which is followed by the description of participants and ethical concerns considered in the process of this study. Measures, procedure and data collection are explained before describing the analysis process. Finally, the researcher's reflective insights on personal background, the interview process and analysis are offered.

3.2 Rationale for using qualitative methodology

As demonstrated in the Literature Review chapter above, the inquiry into the interrelationship among trauma, substance misuse and offending in females is almost entirely dominated by quantitative research methodologies. While a crucial part of the research in this area, this approach tends to de-contextualise individuals' lived experiences by relying on predetermined theories and hypotheses, thus limiting the development of a deeper understanding of the nature of the relationship in question.

Given the limited understanding of the interrelationship among trauma, substance misuse and offending and the exploratory nature of the research aims, the current study adopted qualitative methodology, which is concerned with "exploring, describing and interpreting the personal and social experiences of participants" (Smith, 2008, pp.3). By using open research questions and focusing on participant's own meaning-making and understanding of the research phenomena, qualitative methods allow for the emergence of new, often unexpected results rather than simply confirming pre-determined hypotheses (Elliot and Timbulak, 2005).

To ensure adequate research standards are maintained, guidelines for qualitative research outlined by Elliot, Fischer and Rennie (1999) have been followed and referred to throughout this study. These included specifying the researcher's theoretical and personal perspective, situating and contextualising the sample, illustrating the analytical process and developing an understanding of the data with examples, providing credibility checks through data triangulation and others.

3.3 Rationale for using Interpretative Phenomenological Analysis

IPA is a relatively new qualitative approach which is increasingly being applied to psychology as well as social and health sciences (Smith, Flowers and Larkin, 2009). IPA is "concerned with detailed examination of human lived experience" and is committed for the experience to be "expressed in its own terms rather than according to predefined category systems", which is congruent with the research aims of this study (Smith et al., 2009, pp. 32). This focus on the individual's meaning making of their subjective lived experience makes IPA a phenomenological mode of enquiry.

Furthermore, IPA employs "double hermeneutics", where the interpretative roles of both the individual and the researcher are acknowledged, in that the researcher is "making sense of the participants making sense of x" (Smith et al., 2009; pp. 35). Finally, IPA's idiographic nature is also in keeping with the research question, in that it focuses on the particular, using a small sample and producing detailed conclusions about the particular group before attempting broader generalisations or claims about populations (Smith and Osborn, 2008). Smith et al. (2009, pp. 29) highlight this idiographic focus:

"IPA is committed to understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context".

3.3.1 Consideration of other qualitative approaches

Before IPA was selected as the methodology of choice, other qualitative methods were considered as alternatives - Thematic Analysis and Grounded Theory.

Thematic Analysis is a widely utilised qualitative approach which focuses on analysing and describing patterns or themes, with scope for deeper interpretations (Braun and Clarke, 2006). However, it is not embedded within any theoretical framework and there seems to be no consensus or clear agreement on what thematic analysis entails or its practical application (Braun and Clarke, 2006). In contrast, IPA is an equally flexible method but with a clear theoretical underpinning and a strong focus on capturing individual, first-person accounts of personal experiences, which was the research aim of the current study (Smith et al., 2009).

Although Grounded Theory is a systematic method for collecting and analysing data bound by a theoretical framework, it also has a clear goal to construct theory grounded in the data (Charmaz, 2003). IPA on the other hand can result in a theory but it is the individual lived experience of a smaller sample rather than arriving at a theory that constitutes the primary focus of this approach. This approach was deemed to be more in keeping with the research aims.

3.4 Participants

In keeping with the IPA approach, purposive sampling was used to recruit a small, homogenous sample of female offenders incarcerated at Scotland's only all-female prison, HMP YOI Cornton Vale in Stirling. Homogeneity was assumed in terms of shared experiences rather than sample characteristics and the inclusion criteria for participation included having a history of substance misuse and interpersonal trauma and successfully completing the prison-based Substance-Related Offending Behaviour Programme (SROBP) and/or Female Offending Behaviour (FOB) programme. Given the exploratory and reflective nature of the current study, it was anticipated that these individuals would already have reflected on their life experiences as part of the programme and might therefore find it easier to recall and interpret how these experiences have affected them. The potential participants were identified and contacted by the Forensic Psychologist, who informed them about the purpose of the study and scheduled interview times for all women who were interested in taking part in the study.

Although initially a total of 9 women identified by the Forensic Psychologist agreed to participate in the study, one participant became distressed while talking about traumatic life experiences and withdrew from participation. The participant was reassured and debriefed by the researcher but stated that she did not require support from the prison psychology team. All data collected from the participant was destroyed.

To protect the identity of the participants, only the assigned pseudonyms and index offences are provided in the Table 3.1 below. All women were of White Scottish origin, with ages ranging from 26 to 58 and a mean age of 33.

Participant	Pseudonym	Crime incarcerated for
1	Sarah	Assault
2	Laura	Culpable homicide
3	Margaret	Culpable homicide
4	Karen	Murder
5	Becky	Culpable homicide
6	Charlotte	Selling drugs
7	Paula	Assault
8	Ashley	Murder

Table 3.1: Assigned pseudonyms and most recent index offences of participants.

3.5 Ethical considerations

Prior to beginning the data collection, ethical approval was granted with no corrections by the Faculty of Health, Life and Social Sciences Research Ethics and Governance Committee at Edinburgh Napier University (Appendix 1). Research access and the use of a voice recording device were also approved by the Scottish Prison Service.

3.5.1 Informed consent and voluntary participation

To ensure informed consent and voluntary participation, potential participants were advised of the nature of the research in both written and verbal form by the Forensic Psychologist, and were given time to consider whether they wished to participate. The researcher revisited this information with each participant and offered the opportunity to ask questions before a consent form was presented. The researcher reiterated the voluntary nature of the research and that non-participation would not affect the standard prison care and management.

3.5.2 Confidentiality and anonymity

The original voice recordings were transferred onto a password-protected computer and deleted from the audio-recording device. All confidential research data was dealt with in accordance with the Data Protection Act (1998) and the British Psychological Society Code of Human Research Ethics (2010) and will be destroyed within 12 months of the completion of the project. Although confidentiality is limited due to use of verbatim interview extracts, the risk of participants being identified was minimised by assigning a unique pseudonym to each participant and the researcher anonymising the interviews at the point of transcription by removing any personal information. All data was kept confidential and was not directly shared or discussed with the

prison officials. Participants were informed that an exception to this would be if they disclosed information indicating a serious risk to themselves or another individual or any plans for future criminal activities, in which case the researcher would be required to inform the prison staff.

3.5.3 Participants' wellbeing

The sensitive nature of the topics covered in the interview had the potential to upset the participants or cause distress. To minimise this risk, only participants who had successfully completed SROBP and/or FOB programmes were able to participate, as they were more likely to be self-aware with regards to the emotional impact of discussing traumatic experiences. The Participant Information Sheet explained the issues covered in the interview and individuals who were deemed too emotionally frail by the Forensic Psychologist were not approached to participate in the study. The participants were advised that they can decline to answer questions and terminate the interview at any point without providing a reason.

The researcher is a member of the Disclosure Scotland PVG Scheme and has experience of working with vulnerable people in a sensitive way. The interviews were conducted in an empathetic manner and breaks were offered throughout. When a participant became distressed, the researcher offered the options to terminate the interview or take a break. Out of three participants who became distressed, two chose to continue the interview and one participant withdrew from the study. All participants were debriefed at the end of the interview and encouraged to contact the prison-based psychology team if they required support after the interview.

3.5.4 Risk to the researcher

The researcher has undergone the SPS Personal Protection Training, received an induction to the HMP Cornton Vale and was introduced to the safety protocols, which were followed at all times. Although the interviews were conducted in a private room on a one-to-one basis, the prison officers were present at all times in the common area outside of the interviewing room. The project supervisors were available to support the researcher should she wish to de-brief.

3.6 Measures

3.6.1 Mapping life events across lifespan

A Life History Calendar (LHC) (Freedman et al., 1988) is a calendar-like matrix, with rows denoting categories of life events and columns divided into time units, and is used to aid participants' recall of life events by providing visual and temporal cues. Memorable events are recorded first, and serve as reference points for recalling less salient events which are being investigated (Freedman et al., 1988).

LHC calendar method has been demonstrated to be more effective than a structured interview survey at facilitating recall of chronological order of co-occurring events in the criminological context (Sutton, 2010), and intimate partner violence across the lifespan (Yoshihama et al., 2005). It has been concluded to be a valid and reliable method for collecting retrospective biographical data in the prison population due to its interactive nature of administration and the use of visual and mental cues, which tend to be well received by individuals with unstable, chaotic lifestyles and cognitive and reading difficulties (Sutton, 2010; Sutton et al., 2011).

For the purpose of this study, the LHC was adapted to use "years of age" as time units in order to capture the timing and order of life events related to substance misuse, traumatic experiences and criminal behaviours, and a template LHC matrix is provided in Appendix 2. Living arrangements and family-related memorable events were used as reference points for recalling less salient events and were followed by:

- experiences of alcohol and drug use and dependence
- negative life events designed to capture instances of interpersonal trauma understood as any negative life event which occurred between the individual and another person/group of people before current imprisonment
- offending behaviours prior to current incarceration, irrespectively of whether the individual had been caught and/or charged
- current and previous imprisonments

To ensure consistency in understanding and recall, participants were provided with plain English definitions of various types of maltreatment and examples of criminal activities (Appendix 3).

3.6.2 Exploring life events

An in-depth, semi-structured interview was constructed for the purpose of this study and mirrored the sections of the LHC, covering histories of substance use, traumatic and negative life events and involvement in offending behaviours. Additionally, the interview schedule included open-ended questions about participants' experiences and questions which encouraged interpretation and reflection on events across the lifespan, with emphasis on events preceding the current imprisonment. Full interview schedule is provided in Appendix 4.

3.7 Procedure and data collection

The prison-based Forensic Psychologist arranged for the researcher to meet the participants individually, on a one-to-one basis, in a private interviewing room on the prison premises. The researcher explained the purpose of the study and each point of the Information Sheet (Appendix 5) and the Consent Form (Appendix 6), and the participants were given the opportunity to ask questions. The participants were asked not to disclose or discuss any details of specific crimes, or substance use within the prison.

The researcher explained the layout of the LHC, which was presented in a paper form and general prompts which aided the completion of the LHC matrix were used, such as "Can you tell me who you lived with at different points in your life?" "When was the first time you tried heroin and how long did you take in for?" etc. The plain English definitions of different types of maltreatment were presented to participants both verbally and in written form, and those that were identified by participants as applying to them were marked on the LHC matrix.

The LHC matrix was populated by hand by the researcher, under instructions from the participants. "X" signs were placed under the ages where the particular experience occurred, or began and ended, with a line joining them denoting an experience continuing for a period of time. The LHC was visible to the participant at all times and they were encouraged to check its accuracy.

Participants were asked not to provide any details at this stage but simply identify when events took place and how long they continued for.

Once completed, participants were offered a short break and reminded that they can decline to answer any question or terminate the interview at any stage. In the second part of the study, the interview was administered in a semi-structured manner, with the researcher further probing areas that arose, and using the completed LHC to guide some of the questions and probes. The whole session lasted 2 hours on average and was voice recorded. Following the interview, the participants were debriefed and given an opportunity to ask questions.

3.8 Analysis

Each Life History Calendar was transformed into a timeline, which served as a detailed representation of the temporal ordering of experiences related to trauma, substance misuse and offending in each woman's life (Appendix 7).

The transcribed qualitative interviews were printed out and analysed initially by hand and later supported by NVivo software using the IPA and basic steps suggested by Smith et al. (2009), applied to each individual interview. The researcher read the interview while listening to the recording and wrote down any striking observations on the interview process and the potentially distracting initial ideas. This process of "bracketing off" the ideas is argued to allow the researcher to stay closed with the data (Smith et al., 2009). The researcher further familiarised herself with the transcript by closer examining the semantic and linguistic contents of the interview and handwriting three types of comments: descriptive, linguistic and conceptual (Smith et al., 2009).

The descriptive, exploratory comments were written in black ink on the left had margin. Linguistic comments were noted in orange ink on the right hand margin and reflected the linguistic presentation of the meaning, such as repetition, laughter or tone. More interpretative, reflective and conceptual comments were written in green ink on the right hand side margin. Any expressions or sentences which "stood out" as important were circled. This process of making initial notes was repeated to ensure that all important details of the interview were identified and commented on. The researcher also employed "deconstruction" through occasionally reading paragraphs backwards, which

helped to focus on words and meanings (Smith et al., 2009). This was followed by reorganisation of the data through transforming the explorative notes from the previous step into into emergent themes, which were noted on a separate sheet of paper on the left hands side of the transcripts. They included participants' own words but also the researcher's interpretation, and followed the hermeneutic circle, where the individual parts were interpreted in relation to the whole and the whole was interpreted in relation to its parts (Smith et al., 2009).

The emergent themes were then examined for important aspects of the individual accounts as well as patterns and connections among them. This was done by printing and spreading out individual themes on a table and utilising spatial representation to search for relationships between themes. The main strategies used for establishing connections between emergent themes and identifying "super-ordinate themes" included subsumption and abstraction (Smith et al., 2009). For instance, "*desensitisation to violence*" and "*normalisation of witnessing violence*" were merged into a super-ordinate theme "*normalisation*".

These steps were repeated for all eight participants and the researcher attempted to bracket the emerging ideas and to treat each transcript individually. Themes identified for each participant were laid on the table and the researcher search for connections across cases. This stage was additionally supported by an NVivo computer package, where the researcher coded each transcript, but this time concentrating on the patterns across all interviews. This allowed for gaining an overview of the convergence and divergence – similarities and differences across individuals. Techniques of abstraction, subsumption and contextualisation were employed again to identify the main themes for the group and recurrent themes were presented in a table of themes (Table 4.1). The themes were triangulated by the project supervisors and an independent IPA researcher.

The analysis stages are graphically represented in Figure 3.1 below and an audit trail of the analysis stages are presented in Appendix 8. To minimise the risk of confidentiality and anonymity being compromised, only extracts from an example interview transcript are provided.

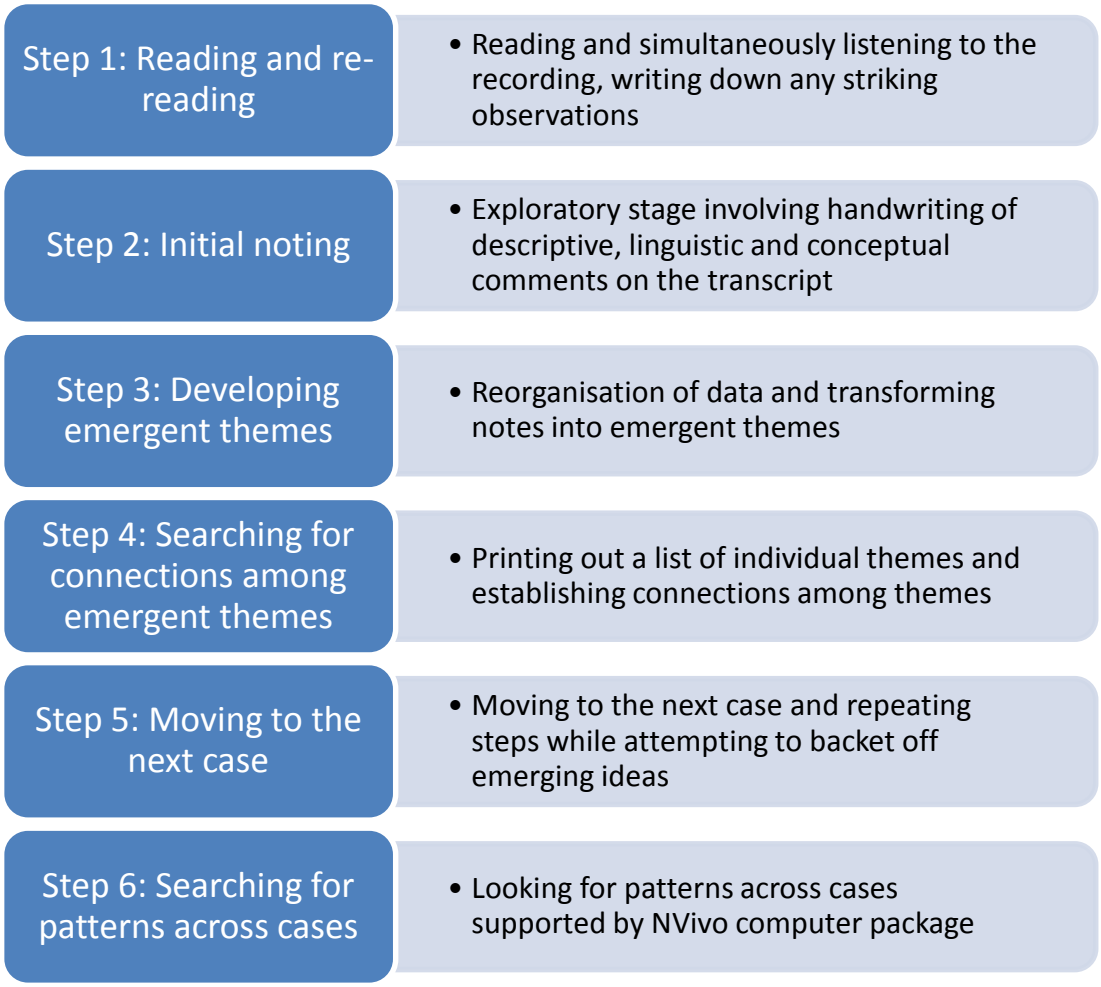


Figure 3.1 Individual stages of the IPA analysis

3.9 Reflexivity

3.9.1 The researcher – personal background

Grounded in phenomenology and hermeneutics, IPA recognises the importance of the researcher's preconceptions and the ways in which they can be an advantage or disadvantage when interpreting other's life experiences (Shaw, 2010). I am a twenty-eight year old Polish woman and although I have been living in the UK for 10 years, my foreign accent means that some individuals might view me as an "outsider". From the beginning I was conscious of the potential impact that this might have on developing rapport with the participants, which in turn could compromise the interviews. However, I found my concerns unfounded and the interviews resulted in extremely rich data, with most participants sharing detailed personal stories of abuse, addiction and criminal involvement. It is possible that being a non-native English speaker, the "imperfect" accent and language use as well as the occasional requests for explanations of meanings of certain slang words influenced the dynamics of the

researcher-participant relationship. Not only did the power balance shift but also any cues for my socioeconomic or class status were inaccessible. I felt minimising the power imbalance was particularly important when interviewing incarcerated women with very little personal freedom

Addressing the issue of the interrelationship among trauma, substance misuse and offending, a high level of reflection upon own personal experience related to those issues was also crucial. I have never been abused or experienced a traumatic event which would have a long-term impact on my psychological wellbeing. I have never misused substances but one of my close family members is alcohol dependent, which made me sensitive to the impact of alcohol misuse and the difficulties in overcoming an addiction. Furthermore, this made me less judgemental towards people who misuse substances, as I realise there are often reasons for people turning to drugs or alcohol. However, this awareness of issues surrounding substance misuse meant that I had to be careful not to influence the process of the interview or later interpretation with observations and experiences from my personal life.

I have never had any contact with offenders but I was conscious of the stigma and vulnerabilities surrounding female prisoners, particularly the often difficult and abusive environments that they grew up in. Again, I needed to attempt to bracket these preconceptions about female offenders and not to overlook the participants' own meaning-making and I feel that I was partly able to achieve this due to not having any formal knowledge of criminology. Listening to harrowing stories, I also made a conscious effort to avoid perceiving participants purely as victims of their circumstances rather than active agents.

3.9.2 Reflections on the interview process

This research was guided by a strong belief that the often overlooked voice of female offenders must be heard in order to be able to support them effectively. The richness of the stories shared by the women varied and the first participant in particular provided very short answers to the interview questions. As a result, I had more influence on the interview process than with other participants, as I had to use a lot of prompts and direct questions. Upon reflection, I concluded that this participant appeared more emotionally fragile than other women and she might have been consciously avoiding talking about painful experiences in

detail. It was not necessary to adapt my interviewing technique and interestingly, some women reflected on this process of learning or getting used to talking about their feelings and I found most participants very eager to share their stories and I was deeply touched by their openness. This was particularly evident for three women who cried during the interviews but declined my suggestions to even take a short break, which demonstrated not only their willingness but the sheer determination to tell their story and have their voice heard.

The previously discussed power imbalance was further highlighted as part of the interview process, when the Psychologist supporting recruitment for this study was asked by a potential participant whether she would “have to” speak about certain negative experiences. This made me very conscious of the importance of stressing the voluntary nature of this study and freedom to decline answering any questions. Another way that I tried to decrease the power imbalance was through the use of the Life History Calendar, where women were able to physically interact with the tool and update any inaccuracies at any stage. Interestingly, some participants expressed the perceived therapeutic effect of the interview process and revisiting their life histories.

3.9.3 Reflections on the analysis process

As a novice IPA researcher, the analysis process was an extremely work-intensive but highly rewarding process. By transcribing the interviews myself, I was able to further familiarise myself with each transcript while it was transformed from an audio to paper form. However, it also meant that I started interpreting the interviews while transcribing and I had to attempt to consciously avoid making links between transcripts and look at each interview in their own terms. My biggest personal challenge was an overly detailed analysis of initial notes, which resulted in a very large number of emergent themes. I became aware this stemmed from a concern over losing important details and meanings, and I was later able to merge similar themes in the process of looking for connections among themes. During the period of writing up the results chapter, I consulted an experienced IPA researcher who not only offered advice but also triangulated some of the themes.

CHAPTER 4: RESULTS

4.1 Chronological order of life events

In an attempt to map the chronological order of trauma, substance misuse and crime, all individuals completed a Life History Calendar, indicating the timing of events associated with these experiences. Comparison of the individual timelines (Appendix 8) revealed that the chronological order of the first occurrences of trauma, substance misuse and criminal involvement varied considerably across the participants, which is represented in Figure 4.1 below.

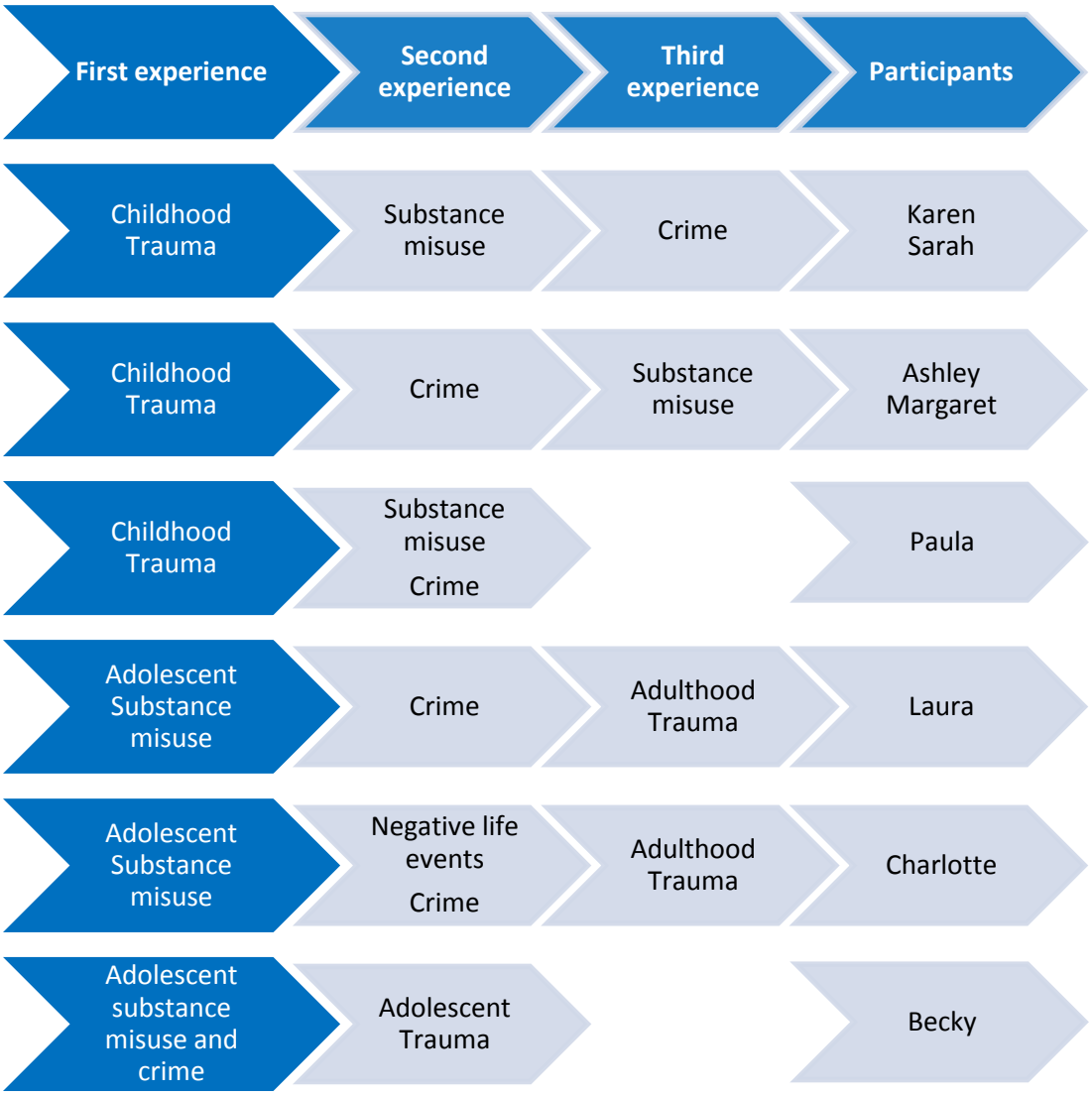


Figure 4.1: The chronological order of the first occurrences of trauma, substance misuse and crime.

It is evident that in this sample of Scottish incarcerated women, traumatic experiences, substance misuse and criminal involvement could occur in any order and there did not seem to be a common, underlying pattern of incidence. However, it also has to be noted that the experiences were not always a direct response to one another and on occasions they seemed completely unrelated, particularly if they were separated in time. Further analysis of the timelines revealed that after the initial occurrence, trauma, substance misuse and criminal involvement continued to occur in any order and could influence one another in all directions, as depicted in Figure 4.2 below.

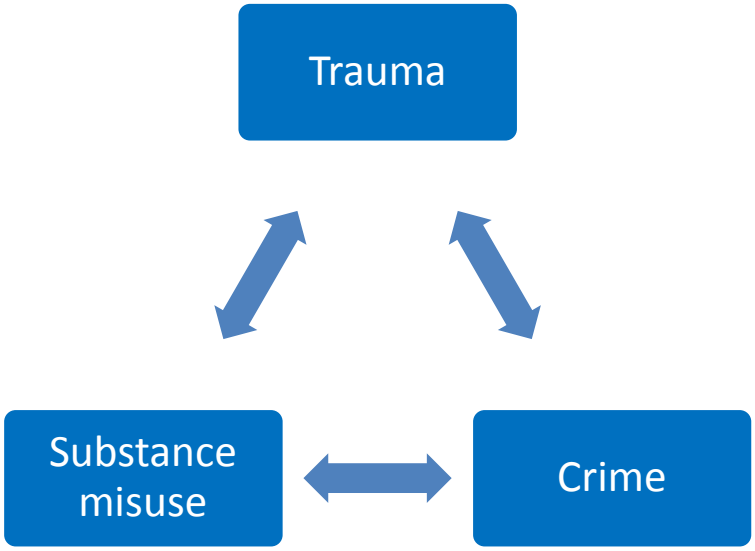


Figure 4.2: The multidirectional relationships among trauma, substance misuse and crime.

Such variability in the temporal order of trauma, substance misuse and offending as well as the multidirectionality in which experiences associated with these events can influence one another suggest that there might be distinct mechanisms which drive these relationships in different individuals and the second part of the study used an Interpretative Phenomenological Approach (IPA) in an attempt to explore these underlying mechanisms.

4.2 Results from the IPA Analysis

In-depth, semi-structured interviews were used to explore participants' experiences of trauma, substance use and misuse and offending behaviours and their perceived interrelationship among them. Four main, super-ordinate themes emerged from the qualitative IPA analysis and they are presented in

Table 4.1, together with the associated subthemes as well as the incidence of each subtheme for different participants. This captures the convergence and divergence in the data, highlighting how the participants' accounts are both similar and different at the same time. This is followed by a detailed presentation of each theme but it has to be noted that the first theme, "Living in a hostile environment" is more of a descriptive nature and does not include a significant amount of deep, conceptual interpretation. The purpose of this theme is to situate and contextualise the sample for the reader as the experiences presented in this theme are at the heart of all the other themes that follow.

Super-ordinate themes	Subthemes	Sarah	Laura	Margaret	Karen	Becky	Charlotte	Paula	Ashley
LIVING IN A HOSTILE ENVIRONMENT	"It's just history repeating itself again and again"	Yes	No	Yes	Yes	No	No	Yes	Yes
	Persistent instability	No	No	Yes	Yes	Yes	No	Yes	Yes
MAKING SENSE OF SELF AND THE WORLD	Disrupted sense of self	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	Influences of negative role models	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Normalisation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
DYSREGULATION OF THE EMOTION MANAGEMENT SYSTEM	Trauma as trigger	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
	Avoidance – "blocking out" reality with substances	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Avoidance – "locking away" problems	No	Yes	Yes	Yes	Yes	Yes	No	Yes
"MA LIFE WAS SPIRALLING OOT OF CONTROL RAPIDLY"	Losing control over substance use	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Losing control over behaviour due to substances	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Vicious cycle of vulnerabilities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table 4.1: Master table of super-ordinate themes, associated subthemes and their occurrence for each individual.

4.2.1 Living in a hostile environment

This theme captures the similarities among the dramatically different life histories of the interviewed women. It focuses on the multiple adversities that most of them continued experiencing throughout their lives as well as the persistent instability in their lives- both of which formed an integral part of their everyday reality.

"It's just history repeating itself again and again"

Many women began their lives in chaotic homes and even though most were safe from experiencing violence, they became regular observers of substance misuse, drunken fights between family members, or relentless, ongoing physical abuse of significant others.

> *There was a lot of violence... no towards me but them with each other when they were all full of the drink (...). Seeing your brothers fighting and your parents fighting and windows getting broke and... it was frightening (laughs). (Ashley)*

> *My dad used to batter the hell oot ma mum all the time, every day. (Sarah)*

Furthermore, some women made a strong connection between parental addiction and their experiences of neglect, inappropriate care and lack of guidance, where their basic physical and emotional needs were not being met:

> *Well I suppose it's just basically maybe like other families that have had a parent who was alcoholic. That maybe not being getting fed properly, clothed properly, just that sort of thing. (Margaret)*

> *Cause my mum and dad drank all the time I was kinda left to doing ma own thing. Erm… My brother looked after me a lot and… like… (thinking). I don't think that I had any emotional support. (Sarah)*

However, this perceived relationship between parental addiction and neglect is not straightforward and despite severe alcohol misuse by her parents, Ashley felt that she *"wasnae neglected in any shape".* Paula on the other hand saw the neglect as an intentional and premeditated form of abuse, which came from her mother's deep rooted negative feelings towards her rather than a result of substance use. This seems to be highlighted by the mother's favouritism towards her eldest son and manipulative behaviours in front of Paula's father:

> *Never had any breakfast, never had clothes or hot water. You knew you had to get yourself ready for school and ma mum would be shouting from her*

bed "get up for school, you better move, get to school". And ma big brother didnae need to go to school, she'd keep him off (...).There was never any food… in the hoose… erm… and all she did was shout. That's all she did. See when ma dad came home she would kid on she was all nice. She was a totally different person when ma dad was there (...). (Paula)

Although a common occurrence, not all women shared the experiences of neglect and growing up with substance misusing parents. Karen and Becky felt they had happy childhoods but identified distinct traumatic experiences which they perceived to be pivotal moments in their lives. They had a profound impact on their lives and despite the passing of time, these salient memories still seemed very raw:

See between 11 and 14 I was getting abused (…). He [neighbour]… don't know… first of all it was hands down the pants and then it led on to well… what you call now is rape, int it? And I was too scared to tell anybody. (Karen)

I was 14 when ma big sister got killed, she got murdered. Erm… I think that was like… one of the biggest major events in ma life I would say. (Becky)

Many women grew up in housing schemes, which they portrayed as places saturated with violence and where witnessing fights and stabbings or their consequences was a common occurrence. In the extract below, we see how living in such environment affected Ashley and her family, eventually leading to one of her brother's death:

I was walking up the road and I found ma brother kinda nearly dead under a bridge. He'd been stabbed, stabbed multiple times and he nearly died. (Ashley)

What seems to connect the very unique stories of all women who endured childhood adversities, is that such experiences continued and often intensified in their teen and adult lives. Apart from other forms of victimisation and adversities, all women apart from Laura became involved in controlling and abusive relationships and Sarah described this vicious cycle of negative life events as the "*history repeating itself again and again*":

Things that's happened that you've seen in your past then carries on through generation and generation. Like I've see violence and that with ma mum and dad and then I had kids and then they've seen violence with me and their dad and they've seen me drinking, taking drugs (...) (Sarah)

After being sexually abused in childhood, Karen entered an extremely violent relationship, where she was subjected to constant physical and emotional abuse, which she described as "*mental torture*". Similarly, Ashley highlighted the nature of her violent relationship and the strong sense of attachment to the abuser:

> *I was timed and studied anywhere I went. If I went to the shop, I was timed, if he was there I wasn't allowed to talk to folk (...). It was a violent relationship, it was always... black eyes and... erm... always... oh... always battered, you know. And started... ma brothers were getting involved and they were battering him and... but Ashley always went back to him. (Ashley)*

For Becky, her index offence of culpable homicide was a direct effect of becoming caught up in her partner's jealous rage. Although not physically abusive, Becky's partner was becoming increasing controlling, with the tensions reaching a breaking point. After unsuccessful attempts to deescalate her partner's aggressive and intimidating behaviours, Becky found herself holding her two year old son in her arms while her partner was "*poking a knife in towards*" her. Below is Becky's description of this dramatic event:

> *(...) ma son is screaming, she's shouting in ma face and she's got ma hair at the same time (...). And I says "get fucking aff me" and eventually I hit her, I tried to hit the knife out of her hand (...) but I hit her wrist and I cut a tiny bit, like an abrasion and she fell back on the settee and got a fright but as she's fell back, as soon as she's fell back she just jumped up and says "you fucking little cow, you fucking little…" (...) and as she's been jumping up I've jumped in towards her and I've stabbed her because I knew she was coming to stab me at that point and that was it. And that's she died… through that… (pause). (Becky)*

Apart from intimate partner violence, most women also continued being exposed to violence in their external environment but unlike in childhood, many became not only observers but also victims of violence. Ashley described a situation, where a local "*gangster*" smashed a glass in her face after he "*connected her name with something*". Laura on the other hand was randomly attacked by a stranger while waiting for a friend.

> *A man kinda tried to rob me for ma jewellery and slashed me with an open razor. I was 24 then. (Laura)*

However, external violence was not limited to the streets and Charlotte described regularly witnessing violent outbursts of her friend's partner.

(...) it didnae matter if we were there or no, he would like pick up knives from the kitchen, oh like big massive fights. Just... scary. (Charlotte)

Nevertheless, Charlotte was an exception among the interviewed women as she did not experience any form of traumatic or negative experiences until later on in her life. She described her upbringing as "*alright*", in a "*normal family*", which made her see herself as different to the other women that she met in prison:

(...) when you meet girls in here... like they've got... when you look into their past and stuff, either their grandpa's abused them or like they've had some traumatic... whereas I feel really selfish cause I've never had any of that. Like the best start I could have. (Charlotte)

Persistent instability

One of the consequences of the continuing adversities that many women were experiencing was that their lives were incredibly unstable. Their living arrangements, circumstances and relationships were subjected to constant changes, which often resulted in further adversities and instability.

For Margaret and Paula, this lifetime of instability began after they were abandoned or rejected by their caregivers. Margaret's parents left her and her siblings when she was a young child and this eventually led to their permanent separation. This is how she described her experience of the family "*getting split up*":

Oh it was dramatic. I was put into a children's home and … I was always crying all the time asking where ma brothers and sisters were. I think they got that… don't know… fed up is the word or annoyed, eventually took me to see them. They were fostered to… foster parents and I remember ma wee brother saying to me "who are you?" I says "I'm your big sister". "No you're no". And… I didnae go back again and that was… that's been it till this day so… it did hit me quite hard. (Margaret)

The extract above highlights Margaret's desperation to reconnect with her siblings as well as the further trauma of being rejected by them. It is as if she lost her last chance for maintaining close familial bonds, suffering marginalisation as she became further embedded into the care system. It might be because of these deeply traumatic childhood experiences that Margaret was never able to settle in her adult life and when describing her living arrangements

she said: *"I was just staying here, there, anywhere. I never had a stable… (...) Nomadic lifestyle"*.

Although also rejected by her mother, Paula's experience was significantly different. She was living with her grandmother and aunt since she was a baby, after her mother refused to look after her and in the extract below Paula describes how she was forced back under her mother's care:

> *Ma mum would have left me living with ma granny but ma dad came when I was about six and went "no, she's coming home". And ma granny was saying you know "but… she doesn't even want her there", you know. Ma dad said "she just needs to learn to want her". I didn't really have a bond with her at all. (Paula)*

Despite Paula witnessing a lot of "*seriously violent*" fights between her aunt and grandmother and her aunt emotionally manipulating her, Paula seemed to have had a close bond with them when growing up. With her father always at work, they seemed to offer the only form of a positive alternative to a cold, uncaring mother who constantly reminded Paula that she is an unwanted burden, who put her down by saying "*you're gonna grow up to be a prostitute"* and who failed to protect her from physical abuse she was subjected to at the hands of her mentally unstable brother. Even when she took an overdose at the age of 12 and ended up in hospital, what seemed like a dramatic cry for help remained unheard and not responded to:

> *So I got an ambulance and then ma ma and dad came to the hospital erm… but it was just left at that, I went back to the children's home and then I ended up… I burnt it doon. So then I got put in a secure unit for that. (Paula)*

It seems that instead of receiving support from her parents, Paula was further rejected, marginalised and started sinking deeper into the care and justice system, eventually serving a number of prison sentences. Nonetheless, most of the interviewed women appeared to have had very supportive and reliable relationships with their parents. Even for those growing up in chaotic homes, there was not always a connection between parental substance misuse and the perceived quality of the bond, particularly with mothers. When talking about her mother's death, Ashely highlighted just how close she felt to her, despite mother's heavy alcohol use.

> *I don't think I'll ever get over it. She's 32 year deed today you know... God. It's the best friend you'll ever have your mother, init? (Ashley)*

Nevertheless, the stability and quality of the relationship with a caregiver did not seem to prevent the women from being placed in institutions. Despite good relationships with their parents, both Becky and Karen were placed in institutions due to their rebellious behaviour and being "*beyond parental control*":

> *I was just totally oot of control, like really, really rebelled against ma mum (...). And that's probably why I got put in homes and stuff like that because I was beyond her control. (Becky)*

Although care homes, secure units and other institutions appeared to be an attempt to control the girls' "*out of control*" behaviours, for some it seemed to fuel more rebellion and lead to further placements in institutions. Resulting instability meant that the girls were unable to settle due to the constantly changing living environment, as explained by Karen:

> *I was kept in more than I was allowed home. Because I ran away … when I did get home, I would drink. Ma da wouldn't put up with it and he would phone social work and I would get taken back. So that was another viscous circle. (Karen)*

Ashely also described the trauma of being temporarily placed in foster care and separated from her "*own people*" after her parents got evicted from their house:

> *I didnae like it, I started peeing the bed and rebelling I think. I didnae understand it. I can sit back today and say that... I was a wee bastard when I was six but... cause I was confused... I started biting, spitting, no doing as I was told, just... I was confused. (Ashley)*

However, the care system was not always an entirely negative experience and Becky and Paula felt that it provided them with security and stability that they lacked at home. There appears to be a paradox, where even though the institutions caused instability in terms of living arrangements, their predictable and highly structured environment could give the girls a sense of stability. Below, Becky highlights her mixed feelings about care homes:

> *At the time, when I was there, I would want out, I would want back home. But when I left, I missed it. It might sound crazy but I missed it when I left (...). [I missed] Security maybe. Like being secure and even though ma mum done her best with me, she'd done everything she possibly could, I didnae listen to her so… Whereas with them, I knew I had to listen (...). (Becky)*

Many women continued experiencing instability in their adult lives through further involvement in the justice system or becoming homeless after leaving abusive partners. Interestingly, Charlotte highlighted that even a relatively short period of housing instability at one point in life had extremely damaging consequences. After problems with rented accommodation through no fault of her own, and having to accept a council flat in a "*bad area*" with a lot of drug use, Charlotte experienced a relapse that she associated with a sudden change in her living environment.

> *I felt in a no-win situation so just even from the very start, talking about moving into this house it just kinda... ma confidence and that just dropped. Cause I set maself to fail even before I moved into the flat. (Charlotte)*

In summary, this theme highlighted the continuous and repeated nature and the vicious cycle of negative life events that most of the women endured. Growing up in chaotic homes with neglectful, substance misusing parents, witnessing violence and experiencing physical and sexual victimisation were all common occurrences. Adversities across the lifespan were often associated with persistent instability, both in terms of interpersonal relationships and living arrangements. Physical abandonment or emotional rejection by caregivers, lack of stable relationships with supportive adults, repeated placements in institutions, unstable living arrangements and homelessness also underpinned many of the women's stories. These in turn seemed to make women vulnerable to further adversities, creating a vicious cycle of negative life events and instability.

4.2.2 Making sense of self and the world

This theme captures how women's environment and experiences impacted on how they made sense of themselves and the world. It focuses on the disrupted sense of self, negative role models and normalisation of negative phenomena as a consequence of their experiences.

Disrupted sense of self

Women's environment and experiences had a big impact on shaping their sense of self, which in turn could affect their attitudes and behaviours. Witnessing substance misuse by most of her family members made Ashley reflect on its hereditary influence:

And alcoholism, is it a gene in the body or is it a disease or... what is it, you know? Erm... I managed to curb it you know... stop it. But not everybody can do that, you know (...). but... it is a gene in your body init? Both ma parents were alcoholics, most of ma brothers and sisters, you know. (Ashley)

It is almost as though she saw alcoholism as something that resides in her body and something that she had to fight and "*curb*" in order to regain control over her life. This sense of vulnerability, susceptibility and limited control could mean that for some women substance misuse becomes a self-fulfilling prophecy because they see themselves as almost genetically pre-programmed to develop an addiction.

This power of "nature" is contrasted with the influences of "nurture" in Paula's account below, where she questions the cause of her notoriously violent behaviours.

(...) I don't know if that's always been there really… I don't know… Cause I've always done like violent things but maybe that's because of what I was used to seeing. (Paula)

Paula seems to be looking for the explanations for her behaviour in the outside environment as well as within herself, questioning whether she could be an innately or inherently violent person. However, her violence could also be a consequence of her refusal to feel and be seen as a "*victim*":

Cause I don't like being a victim, you know. And I would never let maself be a victim. So… I'm… maybe that's why I would fight as well, I don't know… (Paula)

It could be that the years of repeated victimisation made Paula determined not to feel or be vulnerable again. This might be the reason why Paula feels so strongly about retaliation or attacking in response to threats, as if trying to prove that she is not a victim and perhaps to assert her position in the neighbourhood as a strong individual.

Erm… he was threatening me he was gonna … do me in. So I got a knife and just stabbed him with it. Erm… the other guy, he… he actually set ma hoose on fire. And that was why I've done him in. (Paula)

Interestingly, Karen seemed to feel the opposite and she described herself as a victim of her own crime:

And they keep … you know always going on about his victim. No, no … there's more than one victim in this. Victims are ma family, his family and me. Do you know what I mean? And I've got to live with that for the rest of ma life, that I took somebody's life. (Karen)

It is almost as though this way of looking at herself was helping her cope with the profound emotional trauma of taking somebody's life. Furthermore, this could also be a response to what she felt was an extremely unfair and damaging societal judgement of her crime:

(...) in the newspapers everything is all negative, because you know it's always the victim, they don't look on the other side, they don't look for the full story, do you know what I mean. Made oot to be a monster and all that… (Karen)

Karen seemed to feel that her side of the story remained unheard, leaving her feeling stigmatised. The impact of stigma and societal judgement on the sense of self was also mirrored by Becky, who felt that it was the reason why her confidence dropped "*dead quick*" when she was using heroin. Becky explained its impact on her self-perception:

Probably because you're having to lower yourself, and you see people think, you know people think bad of you because you're taking drugs so you didnae see yourself as that outgoing person anymore. (Becky)

Paula also highlighted how her view of herself was affecting her behaviour when growing up:

I was just going mad… I think I just hated the world, you know what I mean. It's like… there was… there was nothing kinda that I liked or nobody… nobody that really mattered to me or nobody that… or I didnae feel as if I mattered to anybody. And it was like… pfff… what's the point. (Paula)

As a result of her hostile, rejecting environment, Paula was growing up in the belief that she is unimportant and insignificant to the world around her, which seemed to make her completely indifferent and angry, which fuelled her out of control behaviours.

Ashley described the impact of her abusive and controlling relationship on her sense of self and identity, where she was not allowed to make any decisions or have any form of independence after she had a baby at the age of 16. She expresses a sense of loss of her youth and having to act much older than her age by saying *"He had me an old woman before ma time*".

Influences of negative role models

As teenagers, the majority of the women were associating themselves with substance using peers and seemed to copy their behaviours. For Charlotte, experimenting with drugs and alcohol seemed like a natural, almost automatic behaviour when growing up:

> *But it was like everybody'd done it, it wasnae just this select wee group that'd done it. It was like all your classmates and... like it was a select wee group that didn't do it. (Charlotte)*

It almost seems as though there was an underlying expectation and pressure to use substances in order to be accepted and maintain the sense of belonging to the mainstream group. Substance use as a result of this desire to fit in with peers was a common theme among women and Laura felt this was the sole reason why she started using drugs:

> *Peer pressure, cause my pals were doing it, I would… There wasnae anything like… traumatic in my lifetime to make me turn to drugs at that age. Erm… Stupidity I suppose. (Laura)*

Laura appears to support the common belief that people can often *"turn to drugs*" as a direct consequence of trauma. Without what in her eyes seems like a justifiable reason for drug use, Laura seems to feel a sense of regret and self-blame for making the wrong choices. Interestingly, for Paula this desire to do what "*everybody else was doing*" was so strong that it led her to taking heroin despite disliking the feeling it was giving her.

> *I never ever enjoyed taking drugs. It was just the way things had went and the people I was with and just hanging out. (Paula)*

However, for some women it was the fitting in with a circle of friends combined with the desirable effects of the drugs that reinforced their substance use and led to its escalation. Karen was introduced to substances by an older friend and this is how she described this experience:

> *(...) first of all it was cans of beer, then it was bottles of wine, and then it was a tablet. That's how it started. I remember first time I took a tablet… barbiturates… so I could not recall… and I took it and I had half a can of lager and I was gone, I can always remember that first time, aye. And that's how that led me to drinking alcohol and taking tablets. (...) I just wanted to be like them. But I think… maybe the abuse has a bit to do with it, you know to try and block it oot. Definitely.* (Karen)

It appears that once Karen recognised that substances were helping her deal with the sexual abuse she was experiencing, this desire to "*be like*" her peers, to belong and be accepted by the group quickly changed into a coping strategy. It is as though the trauma of abuse transformed what could have been a teenage experimentation into excessive substance use and eventually an addiction.

A very different way in which trauma and the role models affected the pattern of substance use was described by Becky. As a result of trauma of her sister getting murdered, Becky consciously shifted from experimenting with drugs "*maybe a bit too much*" but "*the same as any other kid at that point*" to heroin use:

> *See ma sister that got murdered, she had been on heroin and I think that's another reason maybe that I wanted to try it cause I wanted to know why she took it. Like what… what… want… I don't know what I wanted… I think I wanted a connection with ma sister, that she was gone and she wasn't there anymore and I was trying anything to feel that connection with her*
> (Becky)

Becky "*hated*" her sister being on heroin but she was very close to her and viewed her as a "*role model*". And despite witnessing the negative consequences of her heroin habit, the desperate desire to reconnect with her sister led Becky to actively seek and use this drug. Interestingly, Becky differs from other women in that she was marginalised and rejected by her circle of friends after starting to use heroin.

The pattern of "*fitting in*" was also a common occurrence when it came to engagement in criminal activities, captured by Charlotte's descriptions of her first experiences of shoplifting:

> *(...) me and ma pals docked school and went to … we shoplifted in the town. That was stupid but as I said you're young and … that only happened once or twice that wasnae like a major occurrence. (Charlotte)*

For Charlotte, shoplifting was clearly an isolated experience and it seemed more like an adventure and a bonding activity rather than a conscious criminal behaviour. However, some women seemed to have engaged in it regularly when they were growing up. When asked about shoplifting Ashley said:

And... you're a... everybody kinda done it, you know what I mean. The kinda crew I run aboot with, we were... kinda all doing it, you know. I wasnae just the black sheep of the pack, everybody'd kinda done it. (Ashley)

Ashley described herself as part of a "*pack*" or a "*crew*", suggesting it was more of an organised criminal activity that herself and her friends were involved in. For Ashley, shoplifting could also be interpreted as a bonding experience, which gave her a sense of belonging to the group.

Paula seemed to be affected by the negative role models on a slightly different level, where she created an extreme image of herself that she was striving to achieve through excessive behaviours such as substance use or criminal activities:

(...) cause you grow up and you meet people and you look up to people, right. So I used to have these kinda people that I would kind of look up to. But they were all bad people, right. But I used to think "oh, he's mad or she's mad or I would like to be like that", right? And… people would say things and make oot that they are this or they're that. So then I would go "right, ok, that's great, we'll do that" and then I would go and do it. (Paula)

It seems that the delinquent characteristics that Paula was constantly exposed to not only became acceptable but also highly desirable. However, the purpose of imitating or displaying them could be seen as a desperate measure to gaining respect and approval, rather than simply fitting in with her peers. This could be a result of failing to achieve this sense of recognition in her home environment, where she was constantly being abused, put down and humiliated.

Margaret was an exception from this pattern of bonding or fitting in with peers and throughout the interview she never described anyone as a friend or pal. Instead, she used a neutral word of "people", almost as if she was completely emotionally detached from others. Margaret did not use substances when she was younger, and felt she "*learned how to drink*" after being introduced to alcohol by a new partner.

When I left ma first husband when I was 25-26, I was effectively homeless and I met up with this other guy and he offered me a drink. I refused it because I didnae drink but eventually I took it. Unknown to me that he was an alcoholic which I later found oot. Erm…. But that was the start of it. (Margaret)

This adjustment to a partner's lifestyle seemed a common occurrence among the participants. Charlotte tried heroin independently to find out why her

boyfriend was *"taking it all the time*" but she eventually started taking it regularly after they moved in together.

> *(...) and I don't think I used it for a long… for about 6 months after that first time. But then when we were living together, cause it was there every day, I started taking it. (Charlotte)*

Laura on the other hand, adjusted to her partner's criminal lifestyle and joined him in selling drugs:

> *I started like getting into selling drugs when I met the second boyfriend and erm… I met him through drugs. Seeing him for ages and then ended up moving into a flat with him. And we were just selling drugs from there. (Laura)*

Apart from copying the behaviours of people around them, some women were also coaxed or corrupted into substance use or crime. Sarah's partner deceived and tricked her into thinking that she had a heroin habit:

> *(...) ma partner said to me: "if you take it for three days in a row, that's you, you get a habit and all that". So like that made me believe that I had a habit when I didnae really. So… Just so I buy more heroin. (Sarah)*

Paula on the other hand was corrupted by her aunt, who almost groomed her into prostitution from a very young age. She was sexualising her childhood by exposing her to pornography and sexual activities as well as teaching her that using her body to earn money was not only an acceptable but also a desirable activity. Paula's aunt eventually "*talked her into prostitution*" through almost brainwashing her into thinking that it is something she should strive for.

> *So when she used to talk aboot like… erm… making money, she would say to me "oh, if I was your age I would go and do this and I would go and make money because you're only young". You know, just all shite like that. So I though "well, that's a great idea, I'll do that". (Paula)*

Normalisation

Living in an abusive, violent or substance filled home and social environment meant that some women were constantly bombarded with dysfunctional models of behaviours. It appears that through lack of alternatives, these behavioural patterns were continuously reinforced and had a long lasting effect on women's perceptions of the world around them. Many women emphasised how different negative experiences became normalized and turned into something that they accepted as an unquestionable part of life:

When I was young, I didn't think to tell anybody that there was fights in ma house because to me, it wasnae a problem. You know what I mean, I didnae think to tell anybody ma mum was always drunk because I didnae know that that was wrong. (Paula)

This continuous exposure to violence meant that the notion of right and wrong was seriously disrupted and it seems that some women became desensitized to the effects of certain negative life events, such as exposure to violence and abuse. Therefore not only did they start viewing these experiences as "normal" but their psychological impact was also significantly diminished. For Paula, domestic abuse, which under other circumstances could have been a profoundly traumatic experience, seemed to become no more than a nuisance:

(...) a couple of times he's hit me and he'd grab me by the throat or do stuff like that. But it's never really been anything serious, you know. But I think he just does that to scare me, you know what I mean? Cause it's like for nothing. (Paula)

It seems that the abuse Paula experienced in her childhood had severely distorted her sense of the world as well as affected her threshold of acceptable behaviour. By saying that the violence was "for nothing", Paula almost seems to suggest that domestic violence could be justified when there is a good enough reason for it. She also seems to view her partner grabbing her by the throat as a mild form of violence, perhaps because she was growing up having to navigate an even more violent environment.

As the women were getting older and becoming increasingly exposed to the influences of their often delinquent social circles, they seemed to be absorbing, internalising and normalising certain attitudes and behaviours, such as substance use and criminal involvement. Charlotte described going through a process of normalisation of heroin use after she moved in with her heroin using boyfriend. By spending a lot of time with his social circle, Charlotte's proximity to heroin was gradually increasing, changing her perception of the drug:

So it just became the norm and... I think I just sort of… gave in to like... that type of… that type of life. I don't... I cannae quite like… I cannae quite say why I did start getting into it. I think it just led to like taking it every other day, then I'd go scoring with them so then I'd be in like the dealer's house. Just that sort of build-up. (Charlotte)

For many women, substance use became such a natural, deeply engrained behaviour and they were so used to always being under the influence of alcohol

or drugs, that they seemed to have almost forgotten what it felt like to be clean. Laura described her sense of elation the moment she realized that she was completely free of drugs:

> *(...) when I had first come off it I remember being in ma hoose one day and I was like lying on the couch and looking at the telly and I think to myself: "oh ma god, you're clean" and I get this belly flip and it was like a feeling I've never felt in my life. Because I've not been clean from I was like 15 or 16 so… I think that was an amazing feeling. (Laura)*

A similar pattern of normalisation seems to exist for violent behaviours, where constant exposure to fights meant that many women learned it was a natural and the only way of resolving conflict. Paula highlighted the extent to which her violent reactions became engrained and her perceived lack of alternative models of behaviour:

> *Yeah, like obviously if I grew up thinking it's alright to… to… to you know, people are fighting, it's alright to hit them, you know. That's a crime, really. But if you don't know it's a crime when you're young, you've not really got much hope (...). [But] I'm trying to get unused to it (...). That's how I've always dealt with things. And that's how I've seen everybody dealt with things. And it's like… it's hard to kinda get oot of that. (Paula)*

This constant association with individuals involved in illegal activities meant that many women also embraced other forms of crime such as shoplifting and burglary, which at the time did not seem as anything out of the ordinary. Charlotte was an exception from this pattern, perhaps because of her stable upbringing and positive role models, which equipped her with strong moral standards. Talking about her experience of shoplifting, she said:

> *I just didnae like it, I didnae... like the fact folk thinking I was shoplifting or stealing out their shop or like... even the police like... coming to lift you and that. Mhm. It's just... I don't know. I didnae like it. (Charlotte)*

Through spending a lot of time in institutions, some women also became very accustomed to being in care homes or secure units. For Paula, who seems to be at the extreme end of the spectrum of normalisation, institutions became an inseparable part of life, which she felt limited control over. Instead of being a deterrent to her delinquent behaviour, her sense of inevitability of institutions made her indifferent to the consequences of her actions and sometimes even fuelled more extreme behaviours.

So like… (...) because I was smashing the place up [children's home], I knew they were gonna kick me oot. So I set the place on fire… You know, it was like… it was just kinda… right I'm gonna… I'm gonna be paying for it anyway so I might as well make the most of it, you know what I mean. (Paula)

Ultimately, for Paula institutions became the only place of safety and security – miles away from the violent and abusive outside world. Her continual involvement with the highly structured environment of the care and criminal justice systems seemed to have inhibited her ability to function in the outside world and she became completely institutionalised:

I find it hard to… kinda be outside erm… you know. Cause I'm quite comfortable in here [prison] and I was really comfortable when I was in there [secure units] erm… and I didnae really want to leave. It was the only kinda security that I had with all the people round aboot me (...). And it's like a safety there that I didnae have at home and… and then when I left there I was like pfff… what do I do now, do you know what I mean. (Paula)

However, it has also become clear from women's accounts that exposure to positive role models at different stages in their lives could have a positive effect on them, changing their attitudes to what "normal" behaviour, experience or relationship is. As a child, Ashley was temporarily removed from her chaotic family home and placed in foster care following her parent's eviction. This is how Ashley described the contrast between the two environments:

(...) we went to church every Sunday with these people and they had me in dancing and there was never any alcohol or anything aboot that hoose, you know (laughs). The foster dad worked and foster mother was housewife you know. And it was a bit... bit of... going from that... back to ma parents. At the weekends it's all the drinking, alcohol and partying and fighting and singing... this was all... I was only nine... nine, ten, eleven. (Ashley)

There is a sense that experiencing an alternative, positive home environment changed Ashely's perception of what a family life should or could look like. It might be because of this that at the age of 15 Ashley asked the social work to place her in a care home as she "*just wasnae coping with things that were going on roundaboot".*

In summary, this theme highlighted the perceived impact of women's experiences and environment on their sense of self and the wider world. It emphasised their reflections on the effects of genetics, upbringing, negative experiences and stigma on their sense of self, and consequently behaviour.

Exposure to negative role models, fitting in with a delinquent social group or adjusting to a partner's lifestyle were all common experiences. Abuse, adversities and negative attitudes were often normalised and internalised leading to a disrupted sense of self and the world, which in turn affected behaviour. The potential impact of positive role models on women's perceptions, attitudes and behaviours was also highlighted.

4.2.3 Dysregulation of the emotion management system

Emotion dysregulation or "affect dysregulation" has previously been defined as "an inability to regulate and/or tolerate negative emotional states" (Briere and Rickards, 2007, pp. 497). This can include emotional instability, difficulties with inhibiting the expression of negative emotions and controlling impulses and inability to manage or terminate states of dysphoria (Kerig and Becker, 2010; Briere and Rickards, 2007).

This theme captures the dysregulation of emotion management system that for majority of women was triggered by traumatic life events. It also focuses on women's attempts to manage their emotions through "blocking out" reality with drugs and alcohol as well as trying to push problems and negative feelings out of consciousness without the use of substances.

Trauma as a trigger

For many women, the adversities or abuse they experienced in childhood triggered emotional dysregulation and gave rise to strong negative feelings, such as anger or indifference. These in turn seemed to drive out of control behaviours, which women described as "*going mad*", "*going daft*" or "*going wild*" and which were manifested through excessive substance use, aggression or offending behaviours.

For Margaret, a series of rejections - first by her parents, then the aunt she stayed with and eventually the education system, seemed to have triggered a lot of anger which appeared to be at the core of what she described as her "*difficult*" behaviour:

> *When I was 15, you could be asked to stay on for what they called 0-Levels in those days, till you were 16. And because I was in care they wouldn't allow it. So… I was pretty angry about that. There was a lot of anger along the way as well. (Margaret)*

Karen made a direct link between her out of control behaviour and sexual abuse that she was experiencing at the time.

> *I was just wild… Pure wild (...). And they said I was beyond parental control. That's why I was removed [taken to "List D" school]. I was wild! Didn't do what I was told. I used to sniff glue as well. And… had glue hanging aboot me... and ma mum going… But I just didnae care. You know what I mean. And I think it's all to do with this [sexual abuse], definitely. (Karen)*

Through describing her behaviour as "*wild*", she seems to suggest that she was unable to control it and was acting in an impulsive rather than conscious way. This uncontrollable behaviour could also be interpreted as an externalisation of the emotional turmoil triggered by her experiences of abuse, which she was struggling to cope with.

Additionally, Karen's behaviour seemed to be driven by a deep sense of indifference, also triggered by the trauma, and this was a recurrent theme among women who were acting in an "out of control" way. This is evident in Becky's account, where she identified the trauma of her sister getting murdered as a clear trigger for emotional and behavioural change:

> *I lost it then and that's when I went doonhill (...). I had been taking heroin and handfuls like 50, 60, 70 Valium at time and just not caring, jumping aboot, oot ma face, not bothered, breaking into houses, doing anything, I didnae really care anymore, I was pass caring (...). I was just totally oot of control, like really, really rebelled against ma mum (...). I definitely got worse after ma sister got murdered but… I don't know like… I had been already… like running away but nothing to compare to… compare to what I was doing after she had been murdered. So I don't know if it was due to the fact that she had been murdered a bit and maybe… I don't know… don't know, I haven't got a clue. (Becky)*

At the age of 14, Becky seemed to have lost any sense of meaning and motivation, acting in an almost self-destructive way, with no regard for consequences. However, she also recognised that the trauma caused a shift from what seemed like a rebellion to a more serious substance use and criminal involvement, escalating rather than triggering her delinquency. It is the extremity of her behaviour that Becky associates with the trauma, and stopping midsentence at the end of this extract might suggest other significant experiences which she feels triggered her initial rebellion but which she did not want to share with the interviewer.

Although Paula's out of control, violent behaviours also seemed to be driven by indifference and ager stemming from traumas, her emotional dysregulation appears to have affected her at a much deeper level. Rather than a temporary disturbance, it seems to be permanently integrated into her response mechanisms. Paula highlighted her inability to control herself and "*getting worked up*" or "*getting into a state*" in situations where she feels she is treated unfairly or when she feels threatened. She recognized her exaggeration and overreaction to potential threats and linked that to her high levels of anxiety and inability to control emotions without drugs:

> *(...) I think most of ma crimes are fighting or assaults. Mhm. Just because if I get into an argument with somebody erm… the minute I feel threatened, I'll just attack. You know, it's like… Even… I don't even mean it… it's like… like somebody kinda starts getting in ma face or points at me… I… I… I don't even… I don't even answer, I can't even… I can't even argue, I'll just start a fight, you know what I mean. And I don't like that so I try and avoid getting into even arguments. (Paula)*

Paula's clear desire to control her reactions combined with the perceived inability to do so could suggest a developmental disturbance to the emotion regulation and response systems. The continuous and persistent nature of the abuses she experienced meant that she had to be constantly vigilant and on high alert. This could have prevented her emotion management system from a healthy development, and consequently led to irreversible changes affecting her adult life. It is as if she was losing control over her brain and body and her inability to control her aggressive responses was leading to her regular involvement in the justice system.

Interestingly, the initial trauma of sexual abuse experienced by Karen also seemed to have had a long lasting effect, in that the emotional dysregulation appeared to magnify with every abusive experience throughout her life. After many years of enduring domestic violence from different partners, she eventually reached a breaking point, snapped and stabbed her last partner with an intention to "*hurt him*". However, the unintended consequences of her actions meant that she was sentenced for murder and completely lost control of her life:

> *I'm like that… no man is gonna hurt me again. It's not happening, I'm not taking this. And it just so happened that was him that got caught up in it (...). I'm no being treated like shit. I've had enough of it through ma life. Aye I*

meant to stab him. But not to murder him. Just the knife pierced his heart… just… and he died. (Karen)

Despite such different sources to women's emotional dysregulation and out of control behaviours following trauma, what seems to connect their experiences is the apparent attempt to vent the negative emotions they were struggling to cope with, such as helplessness or anger at the abuser or the situation. Karen talked about "*giving some abuse*" to the neighbour who was sexually abusing her and Paula often shouted to her parents that she "*hated everybody*" and "*how horrible they were*" to her:

When I was drunk I kinda… kept saying it, you know taking a lot of anger out about the way I was being treated and stuff. (Paula)

For many women, this pattern of out of control behaviours driven by indifference was repeated in their adult lives. Karen clearly identified the trauma of losing custody of her children as a trigger for starting using heroin and other drugs in an out of control, self-destructive way – "*that was it... (...) I tried anything and everything*". It is almost as if she lost her only motivation and was looking for a way to ease her pain.

Interestingly, although Ashley and Laura did not act in an out of control way in their teens, it was the traumatic experiences in their adult lives that triggered similar behaviours. After leaving her abusive husband, Ashely started going to clubs and misusing substances every week while Laura was trying to deal with the overwhelming emotions caused by the death of her mother through binge drinking and venting anger though aggression.

Well from I was 23 till I was 26 I was just wild. Because ma ma just died and I'd get into fights (Laura)

Avoidance - "blocking out" reality with substances

It seems that many of the interviewed women lacked effective coping strategies for dealing with the negative emotions, including those triggered by the trauma. While at times women's substance use might seem like an erratic, out of control behaviour, it usually became more than a simple response to traumatic or negative experiences. It was a very important coping strategy, the only strategy they knew or that was available to them at the time. Many women were using substances to avoid thinking about their everyday reality or to avoid negative

emotions associated with traumatic experiences. In the extract below, Laura highlights her sense of deficiency in coping strategies and lack of alternative ways of dealing with grief:

> *Well with the major things that's happened to me like with ma face [violent assault] and ma ma and ma da [bereavements], that's the first thing I've turned to it's the substances to… to get me through day to day. Erm… I don't know how I'd have dealt with it without the drugs or the drink. (Laura)*

For many women substances were the initial response to managing traumatic or negative experiences and the desirable effect of "blocking out" reality meant that it quickly became an established coping strategy.

> *And I think the drugs and the drinking sort of blocked that [sexual abuse] oot, hey? Cause it's a hard thing to live with, especially at that age. (Karen)*

> *Well it can block oot your problems for a wee while. Erm… Just make you feel better. (Sarah)*

Given the lack of alternatives, alcohol and drugs seem to be a powerful and very effective short-term solution to coping with overwhelming, negative emotions. It appeared to work through altering women's conscious awareness and getting them "*into a state*" or "*into oblivion*". This mechanism allowed them to temporarily transfer themselves to a different state of consciousness, where they were able to forget and not think about what was going on in their lives:

> *Then after I started taking drugs, I didn't even really like drinking. I just… when I was drinking, I just drank to get really drunk. I wasnae drinking because I liked drinking. I was drinking to get into a state. (Sarah)*

Sarah seemed to be so desperate to forget what was happening in her life, that she would subject herself to the unenjoyable experience of drinking just to escape her everyday reality. This conscious choice of excessive or binge drinking as a way of dealing with reality is also evident in Laura's account below:

> *Alcohol dependency kicked in when I was 23, when ma mum died. Even though that's what killed her, it kinda was the only thing that would make me forget that she wasnae coming back. You can take all the drugs in the world but at the back of your mind you're still compos mentis enough to know she's no coming back. Whereas if you drink yourself into an oblivion, you're just clueless. (Laura)*

However, Becky had a different experience of drug use to cope with bereavement, where heroin seemed to provide her with almost a physical space that she could escape to and not think about what was going on around her:

> *I don't know if it was the feeling it gave you, it made you feel like really good, really warm and like you're in a bubble, hot and secure like nobody could burst that bubble if that makes sense. And I think maybe I liked that, felt untouchable (...). You didn't think about things as much because you're in your own wee bubble. (Becky)*

Becky seemed to have managed to create almost like an alternative world or reality, which she could transport herself to with every hit of heroin. It appeared to provide her with deep feelings of security and a sense that she is "*untouchable*" from anything and anyone that she wanted to stay away from.

This need to "escape" or "run away" from reality to a different place seems to be a recurring theme and could be interpreted as a protective mechanism, employed by individuals when they are unable or not ready to face negative situations:

> *(...) cause a lot of the time you're using substances to forget or escape from the negative things in your life. It doesnae work, maybe short term but you know… that's kinda… If it makes you forget or makes you feel better about yourself, then… you know… you keep doing it. Cause it's hard to kinda wake up and accept, you know…* (Paula)

Although Paula acknowledged substance use as an ineffective long-term strategy, it seems that her desperation for even a temporary relief from a difficult situation, as well as lack of alternative coping strategies acted as motivation for continued substance use. The hesitations and pauses in this extract might suggest that Paula still had not dealt with her emotions and that she continues to struggle to fully embrace her recent "awakening".

Because substance use was effective as a temporary relief to the overwhelming negative feelings, for many women it became an established coping strategy that they used throughout their lives. After having children, Karen stopped using drugs but continued using alcohol to cope with the domestic abuse she was experiencing. Interestingly, she seemed to use it proportionately to the level of abuse:

> *The more he battered me, the more I drank. It's like a viscous circle. (Karen)*

Furthermore, after her children were taken into care, out of control drug use was the first things that Karen turned to to cope with her loss:

> *(...) obviously when I had ma kids I didn't take drugs (...) and then it was just anything. Valies, eckies, I had coke, injected coke, injected ecstasy once and then it was the heroin and pfff… (Karen)*

In the extract below, Charlotte explains why women tend to go back to substance use when they encounter life difficulties.

> *(...) it's not like you want to go back to drugs and you're fighting not to go back to drugs just... like... it's the easy option sometimes. Like if life's going pretty shit or something is not going too good, then we've learned to use drugs as our coping mechanism so... like that's what we'll always turn to. So it's just trying to find something else to use. (Charlotte)*

Apart from "blocking out" the reality, some women also highlighted self-medicating with drugs or alcohol in order to regulate their emotions, increase positive affect and help them deal with dad-to-day existence. These difficulties to cope were often stemming from mental health problems that a lot of the women experienced, including anxiety and depression:

> *I took that [heroin] because I was… I think I was really depressed at the time… erm… and it just made me feel better (...). [And] I liked the speed because erm… it just made me feel as if I could cope better… with life (...). Look after the weans and clean the hoose and do everything that was needing done. (Sarah)*

This false sense of being able to "cope better" with life, often left women struggling to manage problems without alcohol, drugs or prescribed medication, usually because of becoming dependent or over-reliant on substances:

> *I would self-medicate, so I never had anxiety or if I did have it, I didnae know about it because I was self-medicating. (Laura)*

Avoidance - "locking away" problems

Apart from using substances, many women tried to ignore or forget about their problems through attempting to push them out of consciousness. It is almost as though they tried to create an imaginary physical space in their minds, where the negative memories and feelings would be shut away. They described this process of mental detachment as "*locking things away in a wee box*", "*putting lids on things*", "*building a brick wall, a barrier up*" or "*burying things*":

I suppose I build things up, I wouldnae talk about things, I just build things up (...). I just put a lid on everything, any traumas or... like ma son died, ma brother died, ma dad died... (Ashley)

Ashley's unwillingness to talk to anyone about her problems meant that her emotional difficulties were never dealt with and this, although for different reasons, seemed to be a common occurrence among the interviewed women. For instance, Sarah could not rely on her father to support her emotionally because her feelings never seemed to be taken into account:

(...) in our hoose you couldnae speak about emotions or anything like that cause that's just not the kind of person ma dad is. He cannae speak about anything, like what he says is right and he will not listen to anybody else. (Sarah)

Laura on the other hand was hiding her feelings from everyone, fearing the consequences of having to deal with them:

Cause you know like they're going to make you face things that you've been burying for years that you're not wanting people to know. You're not even wanting to think about it and they need to drag that out of you so… it can be quite upsetting at times. (Laura)

Nevertheless, similar to substance use coping, women's conscious efforts to try and "bury" and avoid the negative emotions was yet another ineffective strategy, as highlighted in the extract below:

It's [sexual abuse] locked away now in a wee box and… I don't think aboot it much. Sometimes something will come on the telly or… someday somebody says something about that topic and it comes back. I think that will always happen. I tried Open Secret but that wasnae for me. I think it was too late in life… (...). Because for me, it's been locked away for years… and it doesnae affect ma life now (...). Or maybe it does but I don't think… (Karen)

Karen is clear about not wanting to talk about things from the past but it is also apparent that she has never been able to deal with the childhood sexual abuse she experienced and its consequences still affect her. By "locking away" the sexual abuse, it is almost as though she was trying to pretend that it never happened but despite her best efforts, the unavoidable cues in everyday life continue to act as constant reminders of what she experienced.

Margaret seemed to accept the impossibility of forgetting the traumatic experiences and when talking about how hard the separation from her siblings had "hit her", she said:

I try not to think aboot it, trying not to but sometimes it's not easy. You cannae just… forget. It's not possible. (Margaret)

Charlotte was the only woman who seemed to feel that she has managed to disregard and forget almost all the negative memories about her relationship:

(...) it's actually that long ago I cannae remember much. I think I've just... just... I don't know. Disregarded all the memories. Just... we would just fight about stupid things about money or... I don't even know. I'm... imagining it was about money, I really couldnae say what we would fight about. (Charlotte)

Nevertheless, this could also be because although her experiences were certainly negative, they were not necessarily traumatic and did not seem to leave a long-term mark on her emotional wellbeing. Similarly, despite experiences of childhood neglect and father's alcoholism, Margaret seemed to avoid talking about the negative memories:

I just know ma father was a happy-go-lucky type. He was always singing, I never saw violence in the household and there was never any violence towards us. So I suppose that was a good thing. (Margaret)

During the interview, Margaret did not seem comfortable talking about her experiences of neglect, and was continually refocusing onto the positive aspects of her childhood, such as the lack of violence. This could be interpreted as another avoidant coping strategy to ensure that after so many adversities, she does not have a wholly negative image of her father or childhood.

However, it has to be noted that once women stopped using substances, the generally avoidant tendencies were often replaced by coping strategies which would help them face their problems or emotions, such as acceptance of negative experiences, talking about problems or asking for help:

Erm... if I need help or... I will ask for it. If something is bothering me, I will speak to somebody. Years ago I was deep... I wouldnae speak or seek help or trying just to deal with things maself. (Ashley)

In summary, this theme highlighted the experience of trauma as a trigger for emotional dysregulation, which often resulted in out of control behaviours,

including excessive substance use and offending. These behaviours tended to be driven by the feelings of indifference and anger, and could be seen as tools for venting these emotions. Lacking support or coping skills to deal with traumatic experiences and associated negative emotions, women started using avoidant coping strategies. These included blocking feelings out with drugs and alcohol and trying to push things out of consciousness without the use of substances but these did not seem to be effective in the long term. However, once women stopped using drugs and alcohol, they tended to develop alternative, positive coping strategies such as asking for and accepting other's support.

4.2.4 "Ma life was spiralling oot of control rapidly"

This theme aims to capture the idea that once women started misusing substances or engaging in offending behaviour, they entered a downward spiral which was escalating their involvement in these behaviours. This included losing control over substance use through addiction and losing control over behaviour and life as consequences of misusing substances. It also captures the interconnections among substance misuse, criminal engagement and negative life experiences in what seems like a vicious cycle of vulnerabilities.

Losing control over substance use

Most women who were drug dependent described how their experimentation and "*trying*" heroin rapidly turned into an addiction. Laura emphasised the gradual "*snowballing*" of her drug use until she was not able to "*turn back*":

> *Started off like weekly and then it would be twice a week, three times a week and before you know it, it's daily. And you need it. (Laura)*

The process of developing alcohol dependence seemed equally quick, as described by Margaret:

> *I was about 25 when I had ma first drink and it crept up on me quite… quite quickly. I got dependent on alcohol very very quick. It wasn't a slow process, it was very very quick I was addicted to alcohol. (Margaret)*

In contrast to all other women, Margaret started using substances in her adult life but even then the addiction appeared to almost take her by surprise, which is emphasised by the repeated use of the words "*very very quick*". This seems

to be a common theme as many women appeared naïve to the risk of developing substance dependence or getting "*hooked*":

> *You never think it's gonna happen to you, you'll never get the habit and you'll be awrite, you'll be able to control it. Doesnae work that way. And that was me. (Laura)*

Laura seems to have felt that she was somehow different to the heroin users around her and later she described how her attitude towards heroin changed once she developed a habit:

> *You like the way they made you feel but then that passes the minute that you know you're dependent and you need them drugs, they become a burden and a necessity. So you don't enjoy it anymore because you're just taking them to make yourself feel normal, to take the pain away so you're not getting that feeling that you once got when you started taking them. (Laura)*

This "necessity" to take heroin in order to feel "normal" and not suffer the effects of withdrawal led most women to commit crimes, such as prostitution, theft or shoplifting in order to feed their addiction:

> *I had an addiction, heroin addiction so I'd just go shoplifting to get drugs, money for drugs. (Becky)*

There is a sense that Becky perceived committing crime to obtain money for heroin as a natural, almost inevitable consequence of addiction. Interestingly, Karen was the only woman who claimed to have never committed a crime to get money for heroin, suggesting that she retained some level of control over her life. There also seems to be a sense of pride about her ability to manage money, which could be indicative of her values and negative attitude towards crime:

> *I got ma dole money and I got ma thousand pound when they gave me that hoose (...). Aye I managed awrite… I never ever borrowed money, got a tick or anything. I always had money. (Karen)*

Although all of the interviewed women stopped using substances when they came to prison or before, most of them expressed an overwhelming sense of uncertainty over their future substance use. Charlotte, who experienced a relapse in the past, was anxious about "*going back on that spiral, just going down and down"* after which things "*crumbled*" and eventually "*crashed*" after she was charged for selling drugs:

(...) for the rest of your life you're gonna have to constantly fight with this... thing in your head. (Charlotte)

This sense of vulnerability, worry and uncertainty about the future as well as the need for staying alert to this "*thing in your head*" seems to be mirrored by Margaret:

Also in view of what … the offence, I've got to stay motivated because if I let ma guard doon and if I take another drink, I don't know what could happen. Anything. So that's why I know I can't drink again, I don't want to be getting into situations where there is drink. (Margaret)

Losing control over behaviour due to substances

Substance misuse meant that women not only lost control over their use, but it also diminished their ability to control their behaviour and eventually their lives. Attempts to deal with emotions associated with negative and traumatic life experiences through substance use gave them a false sense of control. However, the reality was that for many women their "*problems got bigger*" and their lives were "*spiralling oot of control rapidly".* When asked about the negative consequences of substance use Paula said:

(...) no being in control because you're no. Might think you are but you're no… You're no. Cause if you werenae taking them you wouldnae… I wouldnae be doing stuff that I was doing in the first place. If I wasnae taking drugs. (Paula)

The most immediate consequence of substance misuse seemed to be that is altered women's perceptions of themselves and the world, which in turn had a big impact on their behaviour. Charlotte felt that drugs "*totally change your personality*" and "*turn you into a horrible person*" and described a situation when she grabbed her mother by the throat. She explained:

I've never hurt ma mum, ever. Never ever I would lay a finger on ma mum but yet taking Valium that day... (Charlotte)

This sudden change seemed a common occurrence and many women associated using drugs or alcohol with becoming "*violent*" or "*nasty*" and this increased aggression was often vented through fights:

I've been in fights but it's probably me that started them because I was quite vicious when I was on drugs and drink. (Laura)

Ashley highlighted how alcohol could unexpectedly evoke contrasting reactions in her:

> *Usually happy go lucky, aye but I could be... I could be... some... just took somebody to say the wrong thing and I could be the opposite, you know... I could be violent. Maybe lost the heed and not know I'm doing it (...). Blackoots. (Ashley)*

There is a deep sense of unpredictability and impulsivity, to the point of a complete loss of ability to not only control but also remember own actions. One explanation for this change in behaviour could be that many women described experiencing increased confidence when using substances. This substance induced change in personality described by some as becoming "*cocky*" or "*more braver*" had far reaching consequences for Karen, who felt that alcohol contributed to her stabbing her abusive partner and unintentionally causing his death:

> *I know if I hadn't been drinking, I'd have never stabbed him. I would have never done it sober, definitely no (...). [Alcohol] Gives you a bit of bravado (...). It gives you confidence to do things you wouldnae normally do (...). Cause I was quite shy, I am. (Karen)*

It is almost as if alcohol temporarily changed her character and for the first time she stood up for herself. Unfortunately, the unintended consequences of her actions led to her being charged with murder and losing control over her life.

The complete immersion in substance misuse caused by addiction meant that many women did not seem to be able to see "*how bad it is*" and to what extent drugs and alcohol were controlling their lives. For instance, Charlotte described how drugs changed her perspective on shoplifting by obstructing her deeply engrained moral judgements and values:

> *You would never do that in a million years, you know it's wrong but when you're on heroin you kinda … I don't know. You convince yourself that it's alright. You can... You sort of convince yourself into doing things that you would never do normally... that goes against what you believe in and what you know to be right.* (Charlotte)

Becky's out of control drug use also diminished her ability to empathise with other people's perspectives, making her indifferent to the damage caused to the victims of her burglaries:

I had never actually took a step back and… not being so busy taking drugs and doing this or doing that that I could actually look at people's point of view (...). I could never had been able to do that before because I was always wasted or oot of ma face, totally nutted (Becky)

For many women drugs and alcohol became the top priority and their perceived control over an individual is highlighted by Charlotte:

I think because obviously the drugs are that powerful, the drugs just take... take over everything else so much and just come before everything. (Charlotte)

This seemed to be the case for Margaret, who was so consumed by her addiction that it drove her to leaving her children and "*drifting*" through life in pursuit of "*a drink*":

And the alcohol, that was like top priority before anything else. Nothing else mattered as long as I had a drink. (Margaret)

Not only did addiction seem to overtake women's lives but it almost altered their sense of time, where they appeared to exist in limbo, unable to actively control it. Paula described the negative impact substances had on her:

They didnae help me sort out things that were needed sorted oot, just kinda… it was like things just stopped. It's like I've just woke up, years later like… "what am I doing"? (Paula)

This also meant that women did not seem to have any sense of purpose or direction and Margaret described her life as "*escalating into chaos*" after she started drinking, leading to many charges for breaches of the peace:

Just shouting and bawling or whatever… I couldn't… at the time I wouldn't have known what I was shouting … shouting at anything. But must have been bad for them to charge you, arrest you and charge you. So alcohol affected everything. Right across the board. (Margaret)

Such chaotic behaviours and engaging with people with similar lifestyle, meant that women often found themselves in vulnerable situations. Both Margaret and Laura were attacked by their flatmates and unintentionally killed them in an act of self-defence. This is how Laura described what happened:

He's fell and when I've kinda like jumped on him … his abdomen raptured and erm... (...). So the ambulance and the paramedics came and the police have asked us to go and give them a statement. And then they came in later next morning and told me that he had died and erm… I was charged with murder. (Laura)

Although substances led to loss of control over actions in all of the women, Paula was an exception to this pattern. While she felt she was "*lashing out*" when using alcohol, drugs had the opposite effect on her:

> *See when I was using drugs, I was fine. It's when I'm not using drugs [laughs] my brain is thinking too much, I don't know. I never got into trouble when I was on drugs, you know (...). I was calm and I didnae lash oot or you know, I could kinda control maself (...). Because ma emotions were kinda pushed down, I never had to like experie… express maself. (Paula)*

Vicious cycle of vulnerabilities

Once women were involved in substance use or criminal behaviours, it seemed to result in a vicious cycle of vulnerabilities, which fuelled more crime, substance use and traumatic or negative life events. Substance dependence often led women that had positive relationships with their family to start isolating themselves, which in turn made them increasingly detached and marginalised from their relatives:

> *I couldnae be arsed to be listening to ma mum and dad go on and on and on about how bad I looked and what I was doing so I would just no bother going to see them (...). They [family] do a lot of stuff together and I missed out on a lot of it just through taking drugs. Like family occasions, birthdays and... just… I was too interested in taking drugs. (Charlotte)*

Some women also faced social rejection by family and friends as a consequence of their addiction. Margaret highlighted how she was marginalised by her social circle due to her chaotic behaviour:

> *Oh a lot of people didnae want to sit with me… Because of ma behaviour… When I was drinking. I couldnae understand why, I didn't really think I was that bad but well… I must have been. (Margaret)*

Substance also affected women's intimate relationships, which they often described as being based on drugs rather than romantic commitment:

> *I don't think you can really have a real relationship when you're on drugs or alcohol because… it's …. (thinking). It just wasnae right cause you get drunk and end up fighting and you're taking drugs and you're like … I was having to go out and shoplift for money for both of us and look after the weans so it just made me like resent …ma partner. (Sarah)*

This inability to develop and maintain positive relationship as a consequence of addiction meant that many women were surrounded mainly by individuals involved in substance misuse and offending, which made them vulnerable to

passive involvement in crime. Becky described a situation where she was charged after a robbery committed by her male acquaintance:

> *I was just a stand… I wasnae even … nothing to do with it, I was just there, if you know what I mean, I didnae have a knife, I didnae say nothing to the guy, I was just there and that was it. An accessory, that's all I was (Becky)*

Nevertheless, despite different underpinning mechanisms, women expressed an overwhelming sense of an inevitable, almost intrinsic connection between substance misuse and crime:

> *Any kind of substance, no matter what kind of substance it is, if you are on that long term, you're gonna have to turn to crime of some sort. Because that's just what it does to you (...). Whether it be shoplifting or drug dealing or… murder, it's all substance related. (Laura)*

For some women, substances were a clear trigger for criminal involvement. Although Margaret committed one crime when she was younger, it was the "*learning how to drink*" after she left her abusive husband that she associated with her repeated criminal involvement. Similarly, Charlotte highlighted:

> *I think if I never took substances, the crime wouldnae have been there. It's the substance that's been the biggest issue. Like I wouldnae... I didnae just commit crime for the sake of committing... there... it was the drugs that was behind it all. If I was clean, I would never have sell drugs, I would never have shoplifted. (Charlotte)*

The crime however, was not always a direct consequence to substance misuse. Ashley felt that she started shoplifting to "*survive*" and provide for her child:

> *I started shoplifting to kinda... get money. Ma son's dad wasnae coming across with the wages you know. And I started stealing to put fucking bread and milk on ma table (Ashley)*

However, regardless of whether the initial involvement with shoplifting was directly linked to addiction or not, it appeared to escalate with time. It is as if it spiralled out of control, becoming what seemed like another addiction which women would engage in compulsively:

> *(...) it got to the stage when I was just shoplifting all the time (...). Because I had got maself into a pattern of doing that every day anyway so… Greed (...).Taking stuff even if I didn't need it, just for the sake of taking it. (Sarah)*

Apart from crime making women vulnerable to further criminal involvement, it also exposed them to many risks and made them vulnerable to negative life

experiences. Becky described how her attempts to feed her heroin habit through crime made her vulnerable to being a victim of violence:

> *Breaking into a house to get money for your drugs, then somebody catches you breaking into the house, and they hit you and then, that's you've got another enemy on your cards. (Becky)*

Laura highlighted that selling drugs escalated her addiction and made her vulnerable to the risk of overdose:

> *(..) you've got all the drugs that you need so that tolerance is going up and up and up and up and you're just taking them through the day not thinking about overdose or anything like that. (Laura)*

However, for many women crime had much more profound, irreversible consequences that affected the rest of their lives. When asked about crime, Paula explained:

> *You just end up… you know, it's kinda… it wastes your life, really. You know it's… Because once it's done, you cannae take it back. But at the time you think… ah… who cares. But… it's no always that simple, you know what I mean? (Paula)*

There is a sense of regret for the past actions, which once driven by impulse or indifference, remain irreversible. All women who were charged with murder or culpable homicide seemed to deeply regret their crime and were psychologically affected by what happened:

> *I feel bad (crying), I feel... I'm disgusted with what I've done you know. I've left... her youngest kid was only three and that... that hurted me you know. I've left three weans now without a mother cause their fucking father is an arsehole (crying). I've killed their mother, you know. (Ashley)*

The consequences of Ashley's crime left her traumatised and she was very emotional when describing the wider impact of her actions. For Karen, the trauma was so profound that she was diagnosed with posttraumatic stress disorder:

> *I had quite a lot of flashbacks (...). [Of] Him. Stabbing him. It was weird… Erm… I don't get them now (...). It wasnea nice. Like that … pfff… like it was just there, right in front of you. It was horrible. (Karen)*

Her crime has also led to emotional dysregulation and a deep sense of indifference, which in turn contributed to her heroin relapse and using substances in an out of control, self-destructive way when she was out on bail:

And I was just like that… fuck it. That was ma attitude. What have I got to lose? OD'd twice, by accident like but aye. I just wasnae caring. (Karen)

Another common theme among women was a sense of irreversible loss as a consequence of substance misuse or crime, which is highlighted by Sarah:

I came in to prison and I lost ma freedom, ma kids, ma hoose, ma man, everything. In the space of like a few months. So… it was hard [broke down in tears] (...). It's hard… [crying and wiping tears] …. It's just hard knowing that you've lost everything. (Sarah)

Sarah was stripped of everything that was important to her, and the realisation of having nothing left was causing her a very visibly unbearable psychological pain. As a consequence of her crime, she suffered a profound emotional dysregulation or perhaps even trauma and it was particularly difficult for her to talk about the possibility of her permanently losing custody of her children.

Interestingly however, for many women coming to prison seemed to be a turning point which had the potential to reverse this downward spiral of trauma, substance misuse, offending and vulnerabilities. Laura described her sentence as a "*blessing*", which she needed in order to make changes in her life, and many women commented on the positive impact of rehabilitation programmes on their confidence, attitudes and sense of empowerment:

(...) when you look at your self-confidence and self-esteem and all that and you no getting put down by someone saying you cannae do this, you cannae do that. Aye I can! Aye. (Karen)

However, for many women the most powerful source of change seemed to be motherhood, which not only altered their outlook on life but also gave them the focus and motivation to stop their offending and substance use. Becky highlighted how getting pregnant altered the course of her life:

(...) when I had ma kid that was a blessing in disguise. Even though I was on drugs and stuff like that… he did, he made me change. He saved me, I think he saved me. Cause he changed ma way of thinking and… all that stuff. Gave me a purpose in life as well. (Becky)

In summary, this theme highlighted the downward spiral of negative life events, substance misuse and offending, with women gradually losing control over their alcohol and drug use, behaviour and life through what seemed like a vicious cycle of vulnerabilities. It highlighted the interconnections among trauma, substance misuse and offending, with women turning to crime to feed

their addiction, committing crimes or becoming marginalised from friends and family as a consequence of losing control over their actions under the influence of substances, losing control over own offending as well as substance misuse and crime making them vulnerable to traumatic and negative life experiences.

4.3 Model of the interrelationship among trauma, substance misuse and offending

Although not the original aim of this research, the themes which emerged from the IPA analysis revealed a strong pattern of a cyclical and multidirectional interrelationship among trauma, substance misuse and offending, which has been represented graphically in a preliminary model in Figure 4.3 below.

In general, interviewed women's accounts revealed that external factors of social and living environment can lead to criminal and substance misuse behaviours either directly or indirectly through emotional dysregulation/trauma and disrupted sense of self and the world. On the other hand, substance misuse and offending can affect the social and living environment, lead to disruptions of the internal world as well as directly affect one another. Finally, changes in the internal world can affect external environment, creating multidirectional cycle of trauma, substance misuse and offending.

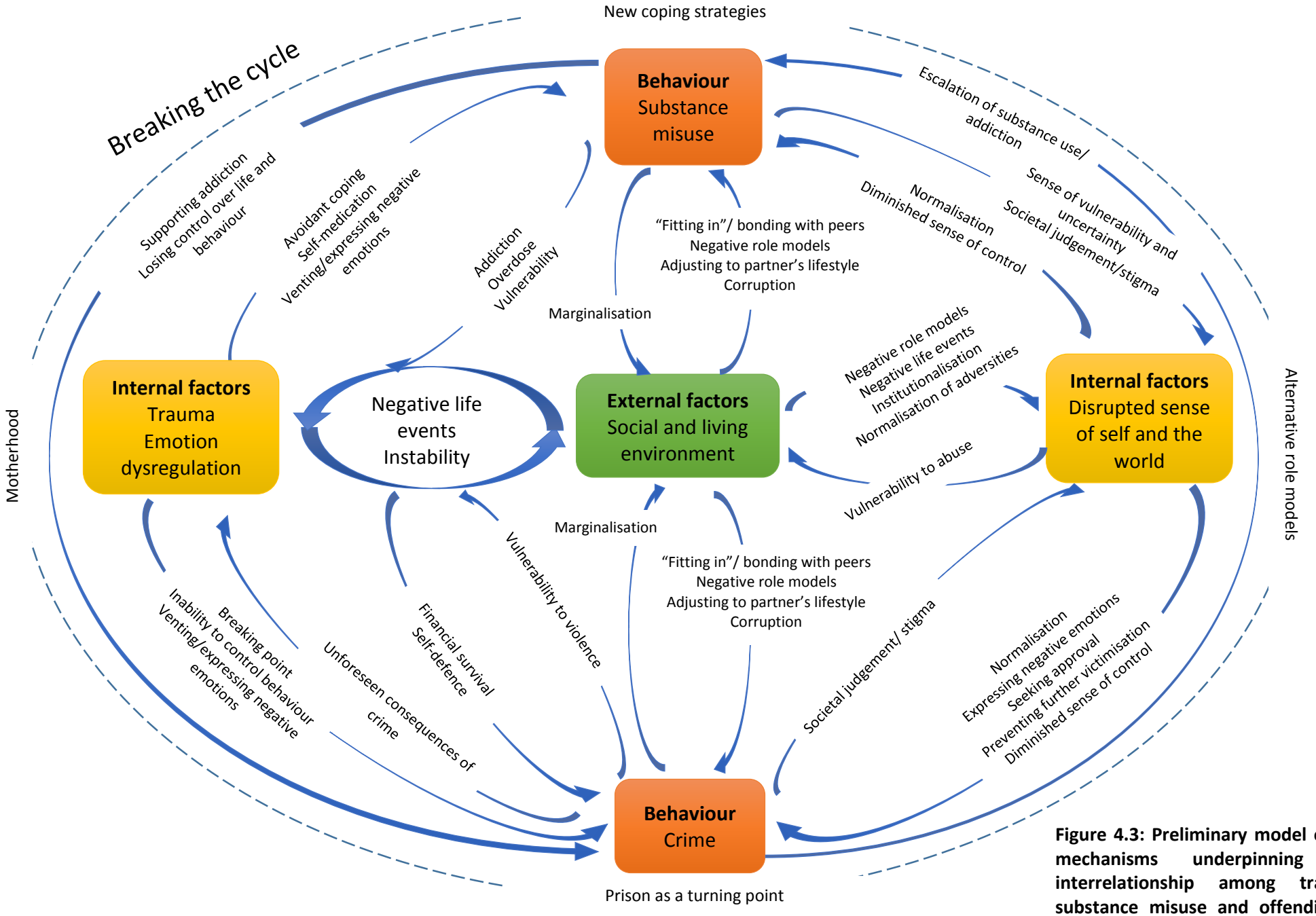


Figure 4.3: Preliminary model of the mechanisms underpinning the interrelationship among trauma, substance misuse and offending in incarcerated women.

CHAPTER 5: DISCUSSION

5.1 Introduction

Studies simultaneously exploring the mechanisms underpinning the interrelationship among trauma, substance misuse and offending in females are scarce. Existing research tends to be based on populations of adolescent delinquents, predefined chronological order of events and is rarely conducted outside of the US. Furthermore, this area of research is dominated by quantitative studies, where the underlying mechanisms are not explored in depth, and where substance misuse is usually defined as a mental health issue or a criminal offence rather than introduced as an independent factor.

The current study was an attempt to address these gaps in literature, in order to develop a deeper understanding of the interrelationship among trauma, substance misuse and offending in eight Scottish incarcerated women. IPA approach supported by a Life History Calendar was adopted to explore women's experiences of trauma, substance misuse and criminal involvement, the perceived relationships among them and the chronological order in which they occurred.

In this chapter, the findings from the Life History Calendar and IPA analysis are discussed in relation to existing literature, with first part focusing on the chronological order of trauma, substance misuse and offending. This is followed by a discussion of the mechanisms which emerged from the IPA analysis as underpinning the interrelationship among the experiences of interest. Finally, this chapter highlights the strengths and limitations of the current study.

5.2 Chronological order of trauma, substance misuse and offending

Analysis of the individual Life History Calendars revealed a strong variability in the chronological order of experiences of trauma, substance misuse and criminal involvement among the interviewed women. Participants reported that these occurred in many sequential orders and followed each other in all directions.

Although the majority of previous studies on female offending focus on childhood victimisation as the underlying cause to substance misuse and

subsequent offending (e.g. Herrenkohl et al., 2003; McClellan et al., 1997; Asberg and Renk, 2012; Bowles et al., 2012; Bender, 2010), only two interviewed women reported following this order. The current study makes a significant contribution by highlighting alternative patterns, which received minimal or no consideration in previous literature. These include (1) committing crime following childhood trauma but not starting to misuse substances until adulthood, (2) misusing substances before committing first crimes, which is followed by experiences of trauma and (3) concurrent engagement in substance misuse and offending followed by trauma. Such variability suggests that alternative chronological orders of events might be equally common, and their investigation is crucial for gaining a deeper understanding of the underpinning mechanisms. This is particularly important since despite some experiences following one another, there was not always a causal link between them at the time of the first occurrence.

5.3 Mechanisms underpinning the interrelationship among trauma, substance misuse and offending

Each participant had a distinct, individual story and they used the interview process to actively reflect on and give meaning to their experiences. The IPA analysis resulted in the emergence of four main themes and eleven related subthemes, which illustrated both shared and contrasting experiences related to trauma, substance misuse and offending from the perspective of these eight Scottish incarcerated women. In turn, these experiences captured the mechanisms underpinning the interrelationship among the three factors of interest, as well as the wider context within which they emerged and operated and these are discussed below.

5.3.1 Impact of negative life events and trauma on substance misuse and offending

5.3.1.1 The context – persistent negative life experiences and instability

The first theme, “living in a hostile environment”, captured the diverse experiences of victimisation and other adversities experienced by this sample of incarcerated women. This theme was more of a descriptive nature, but was nonetheless crucial for situating and contextualising the complex lives of the interviewed women, as these experiences are at the heart of everything that follows.

Given that history of trauma formed one of the inclusion criteria for participation in the current study, a high level of reported adversities was anticipated. Indeed, most women reported histories of childhood neglect and abuse in both their home and external environments. However, the interviews revealed that what connected the individual life stories was the repeated and continuing nature of these adverse experiences across the lifespan, with childhood abuse often followed by victimisation or witnessing violence in adulthood. The most powerful finding was that all women reporting childhood abuse became involved in controlling and abusive intimate relationships, with many enduring severe domestic violence. Such level of re-victimisation is consistent with previous research with general and prison populations, with victims of childhood neglect, sexual, physical and emotional abuse more likely to experience interpersonal violence in adolescence and adulthood (Cyr, McDuff and Wright, 2006; Wekerle et al., 2009; Widom, Czaja and Dutton, 2008). Among female prisoners specifically, self-reported experiences of neglect and abuse were found to not only continue but increase from 57.4% in childhood to 75.2% in adulthood (McClellan et al., 1997) and only two women in the current study diverged from this pattern and reported adulthood but not childhood adversities. Interestingly, they were also the only participants with either no history of domestic violence or only arguments with a controlling boyfriend which did not seem to leave any long term psychological impact.

Most of the interviewed women's lives were also characterised by repeated and persistent instability of relationships and living arrangements, which similarly to maltreatment, continued across their lifespan. Previous research suggests that as children, most incarcerated women experience disconnection and violation in their relationships through victimisation, parental loss, rejection or abandonment (Covington, 2007), suggesting it might be a contributing factor in their path to criminal involvement. Indeed, a European review by Wong, Slotboom and Bijleveld (2010) found lower levels of parental warmth, support and higher conflict with parents to increase the risk of female delinquency.

However, the majority of women in the current study reported positive and supportive relationships with their parents and only two participants experienced direct parental rejection or abandonment, suggesting that other

mechanisms might hold more significance for delinquency. For instance, children in substitute care (Ryan and Testa, 2005) and maltreated children with more experiences of transitions (Herrenkohl, Herrenkohl and Egolf, 2003) were previously found to be at an increased risk for delinquency. This seems to be supported by the official figures, which show that around 20% of incarcerated women compared to 2% in the general population report spending time in Local Authority institutions as children (Home Office, 1997; Scottish Prison Service, 2011). Indeed, most of the women in this study highlighted their placements in multiple institutions, either to help manage their "out of control" behaviours or due to family circumstances. However, as previously argued, risk factor paradigms ignore the wider complexities of women's lives and the meanings they give to their life experiences, which are both critical for developing an understanding of their choices (MacDonald and Schildrick, 2007; Corr, 2014). The current study adds to the body of research by demonstrating the psychological impact of institutions, and although three women reflected on them as the only places of security, for most separation and removal from their family environment was a deeply traumatic experience.

Overall, most of the interviewed women who reported childhood or adulthood trauma felt that it was connected to their substance misuse and offending, and this is a view which has previously been captured in qualitative research (Belknap and Holsinger, 2006; Richie, 2001; Buchanan et al., 2011; Bowles et al., 2012). However, to the researcher's knowledge, the current study was the first attempt to explore the mechanisms driving these relationships by focusing on the perceived impact of trauma on substance misuse and offending simultaneously. This approach led to the emergence of two main types of mechanisms - those related to trauma and emotion dysregulation and those associated with disrupted sense of self and the world as a result of negative life experiences, and they are discussed below.

5.3.1.2 Mechanisms related to trauma and emotion dysregulation

Women in this study tended to describe childhood trauma as triggering intense feelings of anger, anxiety and indifference, which is supported by previous research linking traumatic or abusive experiences to affect dysregulation, in both general and incarcerated female populations (Briere and Rickards, 2007; Walsh, DiLillo and Scalora, 2011). Affect dysregulation has

been defined as the inability to recognise, effectively regulate or tolerate negative emotional states and found to be associated with mood swings, difficulties in inhibiting the expression of intense emotions and inability to manage or terminate states of dysphoria (Briere and Rickards, 2007). Struggling to cope with these overwhelming feelings, women in this sample initially seemed to **vent or express negative emotions** through what they called “out of control”, “wild” or “mad” behaviours. These included excessive drug and alcohol use, aggression, extreme rebellion against the authority, shouting and arguing, getting into fights and property damage. As a result, many women were placed in institutions for young delinquents, leading to experiences of instability and traumatic separation from family, which tended to fuel more negative emotions, rebellious behaviours, substance use and delinquency.

These experiences seem to support the General Strain Theory, with individuals attempting to alleviate negative affect caused by trauma through externalising behaviours (Agnew, 1992; Zweig et al., 2012), as well as what Chaffin et al. (1997) called “angry coping”, which they found to be associated with emotional and behavioural problems. The present study further extends these findings by demonstrating that apart from strong feelings of anger, these out of control behaviours might also be fuelled by indifference and a lack of sense of purpose, which at the time made them careless of the consequences of their actions. However, these results might also be interpreted in relation to a pathway described by Ford et al. (2006), where childhood victimisation leads to emotion dysregulation and “survival coping”, resulting in severe problems in oppositional-defiance and aggression driven by the PTSD symptomatology (“victim coping”). Lipschitz, Morgan, & Southwick (2002, as cited in Kerig and Becker, 2010) further highlighted an overlap in arousal and avoidance symptoms of PTSD and DSM-IV disruptive behaviour disorders, including irritability, rage, numbness and a sense of foreshortened future. Nonetheless, studies offering an in-depth analysis of emotional dysregulation in the context of offending are scarce, tent to focus on male or mixed samples and fail to demonstrate how these emotional and behavioural problems resolve or continue to adolescence and adulthood.

The above results on venting emotions through out of control behaviours also complement the view that substance misuse and crime might emerge at the same time and have the same underlying causes (for a review see White and Gorman, 2000). However, two findings from this study indicate that the trauma-delinquency link might be more complex, with multiple underlying mechanisms. Firstly, while for some women trauma triggered their first engagement in delinquency, for Becky it escalated pre-existing, experimental substance use and offending into out of control, serious drug use and criminal involvement, suggesting that different mechanisms can drive delinquency at different times. Secondly, over time the underlying mechanisms might change as a response to varying circumstances and result in substance misuse and crime being driven by distinctive, rather than common trauma-related mechanisms.

For most women in this study, severe affect dysregulation and out of control behaviours tended to be a temporary state directly following a traumatic event, and most were able to inhibit and control their anger in adulthood. Paula seemed to be the only participant who diverged from this pattern and the repeated victimisation she was experiencing when growing up, could have been responsible for the long-term changes to her affect regulation. She reflected on exaggerating and impulsively reacting to perceived threats, which she identified as one of the main reasons for her repeated involvement with the justice system. These uncontrollable responses seem to be supported by existing research suggesting that physically maltreated children tend to be less accurate at recognising other's emotions, more likely to judge ambiguous emotions as angry and to automatically attend to angry faces and show delayed disengagement from them (Pollak et al., 2000; Shackman, Shackman and Pollak, 2007). Pollak (2008) further argued that for maltreated children, vigilantly scanning the social environment for hostile cues is a learned and adaptive behaviour, where they might expect violence and aggression as inevitable, detect and exaggerate subtle cues of anger in others and interpret social situations as threatening. During the interview, Paula emphasised her continued perceived **inability to control behaviour** in adulthood, particularly combined with feelings of anger or being treated unfairly, which could be indicative of a developmental dysregulation at a neurobiological level (e.g. Gollan, Lee and

Coccaro, 2005). However, existing studies investigating differences in emotional processing within the context of female offending decontextualise women's complex lives and focus on exploring markers of psychiatric disorders, such as psychopathy, antisocial personality or conduct disorders (e.g. Lorenz and Newman, 2002; Fairchild et al., 2010).

Struggling to cope with the intense, trauma-related emotions, most women in this study eventually employed **avoidant coping strategies** to try and "block out" reality with drugs or alcohol or consciously "lock away" painful memories without the use of substances. Previous research supports these findings, indicating that many victims of childhood abuse use avoidant coping as a response to maltreatment-related stress (e.g. Briere and Jordan, 2007; Schuck and Widom, 2001; Kaysen et al., 2007; Dehart, 2009), but the way in which this mechanism operates is rarely explored in any depth. Extending previous research, the results from the current study suggest that following the initial externalisation of emotions through excessive, out of control drug and alcohol use, many women adopted substances as an intentional, avoidant coping strategy, and began choosing specific substances to achieve desirable states of awareness and escape their painful reality. However, some women also highlighted **self-medicating** with drugs or prescription medication to increase positive affect, gain more energy and "help to cope better" with everyday responsibilities – a strategy that has previously been implicated (Cooper et al., 1995; Kubiak et al., 2006), but not widely explored in the context of female offending.

Furthermore, while most studies tend to focus on the development of substance use coping in adolescence, the results from the current research indicate that these strategies can also emerge in adulthood and follow various patterns. For instance Laura, who already had a heroin habit despite not reporting any prior trauma, only started using alcohol to self-medicate after experiencing bereavement in adulthood, and Charlotte and Margaret employed this strategy after developing an addiction. Many women also highlighted that eventually, using substances became a deeply engrained learned response, which was triggered by negative events.

There was a deep sense of lacking alternative, positive coping strategies and avoidance was often the only form of coping that the women knew or that was available to them. Kerig and Becker (2010) suggested that when parents of maltreated children fail to support them with developing adaptive coping strategies, they internalise or externalise their emotions instead, and the current study seems to both support and extend these findings. Many women reflected on lacking a supportive and reliable social network and they seemed to have learned to avoid talking about their experiences in order to escape having to face, accept and deal with trauma-related emotions and memories. Interestingly however, most women also acknowledged that avoidance was only effective as a short-term strategy, with emotions inevitably resurfacing.

Indeed, children who employ avoidant coping to deal with sexual abuse were previously found to show less behavioural problems (Chaffin et al., 1997), but in adulthood, avoidant coping seems to be related to negative behavioural and psychological outcomes, such as depressive and PTSD symptomatology (Sullivan et al., 2005) and personality disorders (Johnson, Sheahan and Chard, 2003). For Karen, avoidant substance use coping and supressing of negative emotions seemed to result in **reaching a breaking point** after a lifetime of abuse and she fatally stabbed one of her violent partners. In contrast to Becky, who was charged with culpable homicide after stabbing her partner in a direct act of self-defence, Karen highlighted how the emotional impact of childhood sexual abuse and later domestic violence experienced from multiple partners was magnifying until she snapped when she was in her 50s. Interestingly, apart from past heroin use, this was the only crime that Karen reported committing in her adult life. This seems to be supported by findings from O'Keefe (1997), who found that battered women incarcerated for homicide or a serious assault on their partner as compared to other crimes tended to be older, less likely to have served a prison sentence in the past and their abuse more severe and longer-lasting.

5.3.1.2 Mechanisms related to disrupted sense of self and the world

Another series of trauma-related mechanisms which emerged to drive the relationship with substance misuse and offending, were those related to disrupted sense of self and the world, where negative attitudes and values were externalised through crime and substance misuse.

Overall, when reflecting on their initial involvement in substance use and offending, many women did not mention traumatic experiences but rather imitating the behaviours of their peers in order to fit in and to not “stand out from the crowd”. While some felt it was experimenting, others suggested a more deliberate and organised involvement in delinquency, which seemed to have provided them with a sense of belonging to the group. Furthermore, lacking alternative models of behaviour, many women began to accept substance use and offending as “normal”, leading to a distorted sense of right and wrong. The only exception from this pattern was Charlotte, who always experienced a sense of guilt about shoplifting, which is most likely a consequence of being brought up in a stable family surrounded by positive role models.

These behaviours seem in line with the learning theories, which argue that behaviours are learned as a result of coming into contact with social norms and reinforced through rewards or punishments (Newburn, 2013). They also support the socialisation perspective, which emphasises the impact of social aspects, such as beliefs and peer influences, on shaping delinquent behaviours (Thornberry et al., 1994). However, these findings contradict the social selection model, which reverses the causal relationship between peers and delinquency and suggests that already delinquent adolescents seek out friends with similar beliefs and attitudes (Thornberry et al., 1994).

Although the above theoretical perspectives could explain some of the women’s involvement in delinquency, they fail to consider the potential impact of traumatic life events on substance use, criminal involvement and peer interaction. For instance, at the time of experiencing a traumatic loss, Becky was already using drugs and committing minor offences but this tragic event seemed to escalate her excessive, but still experimental drug use. As a direct result of developing a heroin habit, she was rejected by her social circle but found a new, heroin-using group that accepted her. This seems to support Thornberry’s interactional model of the relationship between peers and delinquency, who arguing against the unidirectional perspectives proposed that these social forces and behaviours impact on one another reciprocally over the life course (Thornberry, 1987; Thornberry et al., 1994).

However, the findings from the current study highlight the limitations of this model as it fails to acknowledge the broader context of individuals' lives. By ignoring the potential impact of traumatic experiences not only on substance use and criminal involvement but also the social groups that individuals associate with, the interactional model does not offer a full account of individuals' delinquency.

In line with this pattern, Herrenkohn et al. (2003) found childhood maltreatment to be related to violent attitudes, which in turn not only predicted violent behaviours but also involvement with delinquent peers. In the current study, Paula reflected on her **normalisation of violent attitudes**, where she learned to view it as a natural and the only way of resolving interpersonal conflict, and at the time of the interview she was serving a sentence for stabbing someone that threatened her. This supports findings from Batchelor (2007), who concluded that through constant exposure to violence, some women learn that violence is not only acceptable but also necessary. Furthermore, after experiences of victimisation and rejection at home, Paula reflected on **seeking approval**, respect and recognition from her social group through striving to excel at delinquent and criminal activities and to be recognised as fearsome and "mad". This complements the limited Scottish research, which suggests that women growing up in a violent environment learn that establishing respect and not being perceived as weak is a natural code of conduct (Batchelor, 2005).

Batchelor (2007) further argued against portraying young women convicted for violent crimes as victims of gender oppression, and demonstrated that in their narratives they often resist this status. Indeed, Paula expressed her determination not to be perceived as a "victim", which could be the reason behind her strong propensity for retaliation against people who try to hurt her. However, it could also be a defence mechanisms developed through experiencing persistent abuse in an attempt to **prevent further victimisation** in adult life. This seems to extend and provide an alternative explanation to the findings from Shahinfar, Kupersmidt and Matza (2001), who concluded that victimised adolescents demonstrate negative social goals, such as desire for revenge and domination. In contrast, Karen described herself as a "victim" following her murder charge, which supports the traditional depiction of female offenders but this could also be interpreted as a defence mechanism against

the perceived unfair societal judgement. Therefore, it appears that female offenders' sense of self might be affected by the nature of their crime, whether the crime is acceptable or strongly condemned in their social environment and the reactions of the wider society. This seems to support Covington's (2007) argument, who suggests that women's sense of self and self-worth is based on connecting with other people, but studies empirically exploring incarcerated women's sense of self and its impact on offending are scarce.

For a few women, victimisation led to substance use or crime through the mechanism of **corruption**, supporting previous qualitative findings from DeHart (2004). This included being groomed into prostitution by a family member from an early age, being deceived into heroin use or becoming unwillingly engaged in selling drugs by a partner. Indeed, it has previously been suggested that many women become involved in selling or using drugs following a relationship with a drug using man (Chesney-Lind and Pasko, 2004; Covington, 2007) and that women are more likely than men to be introduced to heroin by their partner (Shand et al., 2011). The current research extends the existing literature by demonstrating that all of the women were in relationships with partners who used drugs and/or were involved in crime and many highlighted voluntarily adjusting to their partner's lifestyles by joining them in heroin use, selling drugs or other illegal activities.

Women's sense of the world also seemed to be affected as a result of negative or traumatic life experiences through the mechanism of normalisation. For instance, **institutionalisation,** or normalisation of institutions such as secure units, and accepting them as an almost inseparable part of life appeared to have left some individuals unable to cope outside of this structured environment, and sometimes fuelled more delinquent behaviours. Furthermore, many women **normalised the adversities** they were experiencing, such as domestic violence or neglect. This meant that they would no longer perceive or recognise certain behaviours or attitudes as abusive or abnormal, which made them vulnerable to experiencing further abuse, driving the vicious cycle of traumatic experiences. For instance Paula became desensitised to experiencing violence to the point where its psychological impact was diminished and she seemed to accept it as an unquestionable part of life. Although this mechanism has previously been highlighted by Vickers and Wilcox (2011), to the author's

knowledge there is no previous research empirically exploring this issue with incarcerated women.

5.3.2 Impact of substance misuse on negative life events, trauma and offending

Although relatively effective as a short-term coping strategy, women felt that over time substance misuse directly led to crime and more traumatic and negative life events and instability. Furthermore, the interviews revealed women's overwhelming sense of an almost inevitable connection between substance misuse and offending, and many identified it as the beginning of their criminal involvement. Previous research found that in contrast to male adolescent offenders, females tend to attribute their crimes solely to alcohol consumption (Newbury and Dingwall, 2013), and the current study extends these results by identifying some of the mechanism underlying this connection.

Many women described **losing control over their behaviour**, personality and moral judgement when under the influence of substances and the interviews revealed a strong sense of association between substance use and violent, unpredictable behaviours and changeable mood. This increased aggression coupled with newfound bravery meant that women engaged in many fights, and behaviours which they felt were out of their character. This appears to support the "psychopharmacological violence" from Goldstein's (1985) tripartite model of drugs and crime, which suggests that the effects of intoxication may lead to individuals behaving in an excitable, irrational or violent manner. Interestingly, Paula showed the opposite pattern to other women and she was only able to control her violent impulses when using drugs, which decreased her anxiety and had a calming effect on her. This strategy was also highlighted by Goldstein (1985), who argued that individuals with the propensity towards violence might self-medicate with substances in order to control their impulsive violent behaviours.

Surprisingly, despite associating with substance using peers and partners, many women were naïve to the risks of heroin and alcohol misuse and reflected on how quickly and unexpectedly their addiction developed. Some also considered themselves different and more resistant to addiction than others and this "optimistic bias" is a widely established addiction-related

phenomenon. For instance, Arnett (2000) found that adolescent smokers tended to doubt that the harmful effects of smoking will affect them personally and a staggering 60% felt that they could quit smoking after a few years if they wished to (Arnett, 2000). However, as the addiction progressed, women's attitude towards substances changed from a positive and voluntary coping mechanism or experimentation, into a burden and necessity. Having to increase doses to achieve the same effect, feel "normal" and avoid painful withdrawal, substance use took over their lives and became the top priority.

As a result, many women reflected on using shoplifting, burglary, theft and prostitution as a means to obtaining money to buy drugs or alcohol, and Karen was the only woman who reported having never committed a crime to purchase substances. Committing crime to financially **support addiction** is the only mechanism regularly mentioned in existing literature when discussing the relationship between substance misuse and offending (e.g. Bowles et al., 2012; White and Gorman, 2000). For instance, the economic-compulsive violence from Goldstein's tripartite model suggests that drug users in particular might engage in economically driven crime in order to purchase drugs (Goldstein, 1987). However, he highlights that in these scenarios the violence itself is usually a result of contextual circumstances, such as perpetrator's nervousness, the use of weapons or the victim's reaction. The results do not however provide evidence for the "systemic violence" from Goldstein's tripartite model, which refers to violence intrinsically linked to drug distribution and use, such as disputes over territory.

The current study makes a significant contribution to the limited understanding of the relationship between substance use and offending by revealing alternative mechanisms, which are rarely discussed in the context of female offending.

Addiction altered women's sense of time and they seemed to **lose control over their lives**, suspended in a state of limbo or mindlessly "drifting" through life. This lack of sense of direction or purpose, combined with a limited ability to control one's actions meant that many women engaged in chaotic behaviours, usually with people with a similar lifestyle. This not only meant risking being arrested for breach of the peace or getting caught up in crime, but

also **exposing oneself to vulnerable situations** when engaging in drunken arguments or fights. Under such circumstances, Laura and Margaret were attacked by their flatmates and unintentionally killed them in acts of self-defence. This seems to extend the results from Andreuccetti et al. (2009), who found that over 40% of homicide victims in a city in Brazil had alcohol in their bloodstream, suggesting a strong link between alcohol consumption and vulnerability to violent victimisation. Furthermore, this pattern resembles the young female violent offender type identified by Batchelor (2005), where the individual is a heavy substance misuser, whose crimes tend to relate to fights which get "out of control", with the victim receiving a severe injury and which are usually committed under the influence of substances. However, the current study demonstrates that this criminal pattern can extend beyond young adulthood and also affect older women.

There was also a strong relationship between substance misuse and negative or traumatic life events mediated by the **impact of addiction**, such as losing contact with family, societal rejection as a result of chaotic behaviours while using substances and the inability to build and maintain positive intimate relationships not based on substances. As a consequence, these experiences could lead to more emotional dysregulation and avoidant coping, continuing the cycle of trauma, substance use and offending. Similarly, women's self-concept seemed to be affected by **judgemental and stigmatising** reactions of the wider society towards their substance misuse, impacting on their confidence, self-esteem and identity. This seems to support the labelling theory (Lemert, 1951, as cited in Lilly et al., 2011), where individuals accept the stigmatising societal labelling and stereotyping, which deepens their delinquency as a result of what seems like a self-fulfilling prophecy.

For most women, addiction had a long lasting effect and even after becoming clean, many expressed their **sense of anxiety, vulnerability to relapse and uncertainty** about the future. These psychological consequences of dependency made some women nervous about being able to stay focused and avoid using drugs or alcohol in fear it could start the vicious cycle of substance misuse again. Interestingly, this mirrors neurobiological findings, which suggest long-term vulnerability to relapse (Koob and Simon, 2009).

5.3.3 Impact of offending on negative life events, trauma and substance misuse

Although the least prominent, there were also a number of mechanisms which emerged as mediating the impact of offending on trauma and substance misuse – an area which has not been afforded much attention in previous studies. Some women reported **escalation of their substance use or addiction,** and accidentally overdosing following their involvement in selling drugs and gaining an unlimited access to substances. Crime also seemed to make women further **vulnerable to violence** and situations where they would be threatened or risked assault, for example when caught committing burglary. Additionally, for many women in this study crime led to severe trauma, with flashbacks and symptoms of PTSD. This occurred when women's actions led to **unforeseen and unexpected consequences,** such as unintentionally taking somebody's life, and it is a mechanisms which does not seem to be commonly explored in existing literature. Furthermore, the sense of irreversible loss as a result of imprisonment could also lead to psychological instability, depression and other mental health problems, as highlighted in the study by Douglas, Plugge and Fitzpatrick (2009). This included separation from children, losing sentimental possessions as well as social rejection by friends, family and marginalisation from the wider society. Such negative, unexpected consequences of crime usually led to further emotional dysregulation fuelling more substance misuse and crime.

5.4 Breaking the cycle of trauma, substance misuse and offending

Although beyond the scope of the current study, it is important to briefly highlight a number of factors which emerged as potential mechanisms for breaking the cycle of trauma, substance misuse and crime in this sample of incarcerated women. Firstly, some women reflected on developing new coping strategies in place of avoidance and self-medication. One of such strategies involved social support, which has previously been demonstrated to act as a protective factor against substance misuse in female adolescents involved in the criminal justice system (Robertons et al., 2010) and therefore offers potential for developing preventative measures to female offending.

Secondly, exposure to alternative role models seemed to challenge women's normalised, disrupted view of the world. For instance, Ashley's

placement in foster care gave her a feeling of stability and evoked reflections on the violence and substance misuse that she witnessed in her family home. Furthermore, her lack of adult offending (apart from the index offence) could be interpreted in relation to a study by DeGue and Widom (2009), who found that maltreated females who were placed in foster care once, were one third less likely to have a history of adult arrest as compared to those that were not placed in such institution.

The third mechanism, which also seemed to be the most powerful turning point and motivator for change was motherhood, and some women reflected on how becoming a mother changed their focus and outlook on life. This extends the findings from a study by Kreager, Matsueda and Erosheva (2010) who found the transition to motherhood to be significantly associated with desistance from delinquency and substance use in women in disadvantaged neighbourhoods.

Finally, many women reflected on their imprisonment as a turning point, where they stopped misusing substances and benefited from prison-based rehabilitation programmes. Nonetheless, these findings need to be interested with caution as it has previously been highlighted that sentencers might treat custody as a way of helping vulnerable women to receive support (Prison Reform Trust, 2014). This might lead to women being frequently sentenced for minor offences, contributing to even more disruption and instability in their lives (Corston, 2007) and the only women in this study who viewed imprisonment as a positive turning point were those serving long sentences for homicide crimes, which might have given them the time to benefit from the available support.

5.5 Integrative approach to the chronological order and the mechanisms underpinning the interrelationship among trauma, substance misuse and crime

The themes which emerged from the IPA analysis revealed a pattern of connections among trauma, substance misuse and offending, resulting in the emergence of a preliminary model of this interrelationship. Although from a methodological stance, findings from IPA analysis cannot be claimed as generalisable to the whole population of incarcerated women, to the author's knowledge, this is the first attempt to graphically capture this interrelationship.

A number of aspects of this model are particularly worth noting. Firstly, the cyclic and multidirectional nature of the relationships is striking, as is the potential for breaking this cycle at any stage. Although this multi-directionality of the relationships among trauma, substance misuse and offending is evidenced in existing literature (e.g. El-Bassel et al., 2005; Resnick et al., 2012; Gatti et al., 2013), the current study was the first attempt to simultaneously explore the sequential order of all three experiences. As a result, it makes a major contribution to knowledge by offering insight into the mechanisms through which they might continue influencing one another in all directions.

The second important aspect of this model is that by concurrently exploring incarcerated women's perceptions of how trauma, substance misuse and offending were connected, it was not only possible to highlight the differences but also similarities among mechanisms underpinning multiple relationships. This is particularly important given the variability in chronological order of events and suggests that certain mechanisms affect multiple outcomes. For instance, both substance misuse and offending were found to share some common mechanisms, which were implicated to play a role in these behaviours in previous research, but were never simultaneously explored. These included association with delinquent peers (e.g. MacDonald and Shildrick; 2007; Massetti et al., 2011; Mason et al., 2007), adjusting to a partner's lifestyle (e.g. Chesney-Lind and Pasko, 2004; Covington, 2007; Buchanan et al., 2011), corruption (e.g. DeHart, 2004), venting negative emotions (e.g. Chaffin et al., 1997) and others.

Finally, this model reveals the multifaceted nature of the relationships among trauma, substance misuse and offending, with multiple mechanisms driving this cycle simultaneously. This demonstrates that the existing pathway models of women's involvement in crime (e.g. Salisbury and Van Voohris, 2008; Daly, 1992, as cited in Simpson et al., 2008) are greatly simplified and not able to fully explain the relationships among trauma, substance misuse and offending in the incarcerated women's lives. For instance, although Karen's crime of murder seems to fit the "battered" women pathway (Simpson et al., 2008), the in-depth exploration of her life history revealed other mechanisms connected to her experiences of childhood sexual abuse, including "venting negative emotions", "avoidant coping", "self-medication" and "losing control over behaviour". These mechanisms not only drove other patterns of adolescent

offending, but also contributed to the crime she committed decades later as a result of reaching a “breaking point”.

Additionally, the majority of theoretical perspectives and studies which address the mechanisms resulting in women committing crimes tend to focus on the pathways leading from childhood victimisation to offending. These include the cycle of violence perspective (Widom, 1989; Widom and Maxfield, 2001; Lansford et al., 2009; Topitzes et al., 2012), the self-medication hypothesis (Hien et al., 2005; Schuck and Widom, 2001; Kaysen et al., 2007), the survival and victim coping (Ford et al., 2006), the General Strain Theory (Agnew, 1992) and other direct and indirect pathways from childhood victimisation to offending (e.g. DeHart, 2008).

The current study complements and significantly extends the above perspectives by proposing a more global and complete picture of the nature of the interrelationship among trauma, substance misuse and offending in incarcerated females. It further highlights a wide range of additional multidirectional pathways and mechanisms driving the relationships among the life experiences of interest, including normalisation, self-defence or preventing being victimised. Furthermore, it seems to be one of the first studies to introduce substance misuse as an independent experience as opposed to a mediating, self-medication mechanism or an outcome such as a crime or a mental health problem. As a result, it allowed for the emergence of mechanisms which seemed to directly drive its relationship with crime – “escalation of substance use/addiction”, “supporting addiction” and “losing control over behaviour”, which to date received minimal attention in existing literature on female offending (e.g. Newbury and Dingwall, 2013).

5.6 Methodological considerations

5.6.1 Strengths of the current study

The current study claims originality, as to the author’s knowledge, it represents the first attempt to simultaneously explore the chronological order and interrelationship among trauma, substance misuse and offending in incarcerated women both nationally and internationally. As a result, this study was able to offer the first preliminary model of the nature of this

interrelationship, which emerged from an in-depth analysis of lived experiences of eight Scottish incarcerated women.

Existing studies tend to quantitatively explore two of these experiences in isolation and rarely investigate the nature of this relationship across the life span. The current study makes a substantial contribution to the body of research on female offending by adopting a qualitative methodology supported by the Life History Calendar tool, which enabled developing a wider understanding of the context of women's life experiences across the lifespan, as well as moving beyond the recorded crimes or the index offence. This approach revealed that many of the pathways to crime described in existing literature appear simplified as they do not take into account unrecorded instances of crime or other life experiences potentially contributing to substance misuse and offending.

Furthermore, an exploratory IPA approach adopted in this study meant that the researcher did not assume the directionality of the relationships or the mechanisms underpinning these connections, which allowed for a wide range of mechanism to emerge. Recruiting individuals who experienced traumatic events at any point in their lives as opposed to limiting it to childhood trauma additionally gave voice to the often overlooked population of incarcerated women who only experienced adulthood adversities. This contributed to a deeper understanding of the multi-directionality of the links among trauma, substance misuse and offending and the mechanisms which underpin these connections.

One of the major gaps in existing literature is that most studies are conducted in the US, where African American and Hispanic women are overrepresented in the prison population and therefore form a large proportion of the research samples. Although findings from such studies might not be transferrable to the UK or Scotland due to cultural differences, UK-based studies on the relationship among trauma, substance misuse and offending are scarce. The current study was an attempt to bridge this gap in existing literature by giving voice to Scottish incarcerated women.

Smith et al. (2009) recommended between three and six participants as optimal for a student IPA research. However, given the sensitive nature of the

current research and potential difficulties with disclosure of traumatic or negative experiences, the sample size of eight women was deemed appropriate. Unlike some existing studies (e.g. DeHart, 2008) which used handwritten field notes, the interviews in the current study were voice recorded and transcribed verbatim. This resulted in an accurate record of women's answers and enabled a more in-depth analysis and interpretation of the experiences they described.

5.6.2 Limitations and areas for consideration

Although the findings from this study provide insight into incarcerated women's perceptions of the nature of the relationship among trauma, substance misuse and offending, certain limitations should also be acknowledged. Given lack of direct access to this population, participants had to be recruited through the prison psychologists who acted as gatekeepers, limiting the researcher's control over the recruitment process. One of the inclusion criteria, a successful completion of a prison-based offender program, also meant that some of the views regarding the relationship among trauma, substance misuse and offending could have developed as a result of the intervention and did not represent independent reflections. However, based on the discussions with the staff and comment from the participants, it appears that women were simply encouraged to think about their lives and draw independent conclusions with regards to the links among trauma, substance misuse and offending.

All data was collected as retrospective self-reports and therefore the timing of events in particular might not be accurate. This research attempted to minimise this risk by using the Life History Calendar tool, which has been shown in previous studies to be a valid and reliable method for gathering data on temporal ordering of co-occurring events in criminological research (Sutton, 2010; Sutton et al., 2010). However, retrospective self-report data also means that causal relationships cannot be established and the results are only a reflection of women's perception of the relationships among the events.

Due to time constraints and an increased risk of withdrawal, both the Life History Calendar and the qualitative interview were conducted in the same session. Although this offered continuity in storytelling, it also resulted in certain experiences being explored in less detail. Five out of eight women in this study

were serving sentences for murder or culpable homicide and therefore these results mostly reflect experiences of women who committed homicide. Nonetheless, the past criminal involvements of the participants reflected a wide range of offences, including shoplifting, breach of the peace, assaults, robberies, selling drugs etc. and this study focused on all instances of reported criminal involvement rather than the index offence that women were currently incarcerated for.

5.7 Summary

In summary, this chapter provided an in-depth discussion of the complex, cyclical and multidirectional interrelationship among trauma, substance misuse and offending in eight Scottish incarcerated women, which emerged from the Life History Calendar and IPA analyses, as well as strengths and limitations of the current study. Below, some final conclusions and recommendations arising from these findings are outlined.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This research has several implications for education, policy and practice in relation to the nature of the interrelationship among trauma, substance misuse and offending. Following a brief summary of the main findings, this chapter discusses these implications as well recommendations for future research.

6.2 Summary of findings

This study was developed to explore the nature of the interrelationship among trauma, substance misuse and offending from the perspective of Scottish, incarcerated women. What emerged, was a complex, cyclical, multi-layered and multi-directional relationship underpinned by multiple mechanisms.

Although existing studies tend to focus on the impact of trauma on later substance use and subsequent offending in incarcerate women's lives, the current study revealed that these experiences can occur in any order and continue following one another in all direction, in a vicious cycle of trauma, substance misuse and offending. The four main themes which emerged as a result of IPA analysis provided a detailed insight into the nature of this interrelationship and revealed a number of underlying mechanisms connecting these experiences.

Whether experiencing childhood or adulthood trauma, it always led to a dysregulation of the emotion management system, which in turn led to both substance misuse and/or offending. Most of the interviewed women reflected on venting the trauma-related negative emotions through out of control behaviours, such as excessive drinking and/or destructive crimes. Furthermore, they tended to employ substance use as an avoidant coping strategy to try and block out the negative affect. However, as a result of intoxication most women reported losing control over their actions and committing crimes such as breach of the peace or getting into fights and eventually losing control over their lives through developing an addiction. Consequently, they developed an extremely chaotic lifestyle, engaging with other addicts and exposing themselves to vulnerable situations. Under such circumstances, some were attacked by acquaintances and unintentionally killed them in acts of self-defence, which not only led to their incarceration but also further emotional dysregulation as a result of unforeseen

consequences of their actions. Another way that women felt substance misuse was connected to crime was through supporting the habit through illegal means, such as shoplifting or selling drugs.

Trauma and emotional dysregulation could also lead to crime as a result of magnification of its effects through continuing abuse until reaching a breaking point, after which one woman fatally stabbed her abusive partner. Another participant highlighted the deeply engrained developmental changes to her emotion recognition and regulation system, which made her unable to control her actions and impulsively attacking anyone that she felt could pose a potential threat. Women's negative and traumatic experiences also resulted in a disrupted sense of self and the world, through normalisation of victimisation, negative attitudes towards violence and substance use, institutionalisation which could result in further trauma, substance misuse and crime, continuing this vicious cycle. However, the interviews also revealed very different patterns, with women's substance misuse initiated through experimentation rather than trauma, which led to voluntary involvement in selling drugs and escalation of drug use through having an unlimited access as well as vulnerability to becoming a victim of crime. Based on these findings, recommendations for education, policy and practice as well as suggestions for future research are outlined below.

6.3 Recommendations for education, policy and practice

IPA methodology does not claim generalisability of the findings and it was the aim of this study to present an in-depth analysis of experiences of trauma, substance misuse and offending from the perspective of a small group of Scottish incarcerated women. However, despite the results highlighting diverse, individual experiences, a key general finding of a complex, multidirectional and cyclical interrelationship underpinned by some common mechanisms is believed to carry significant implications for practice, education and social policy, including prevention and intervention of trauma, substance misuse and offending.

6.3.1 Preventing the "vicious cycle"

The influence of negative role models and lack of alternatives, normalisation of negative attitudes and behaviours and lack of coping strategies

to deal with emotional dysregulation caused by trauma were some of the key mechanism which most commonly started the cycle of trauma, substance misuse and offending. These often resulted in associations with delinquent peers as well as antisocial and out of control behaviours. As a result, women experienced repeated placements in institutions, such as care homes, secure units and other establishments for young offenders, leading to long periods of instability and exacerbating their delinquent behaviours. Based on the findings from the current study, the following recommendations are made in respect of preventing the vicious cycle of trauma, substance misuse and offending in females:

1. Emotional health education focusing on managing emotions, adaptive and maladaptive coping skills and available supports should be introduced as part of a statutory education program
2. Greater awareness of trauma symptoms and their relationship to behavioural problems and delinquency should be developed among professionals working with young people (including teachers, police officers, healthcare professionals etc.), for instance as part of professional development and provision of support
3. If necessary for adolescent girls to be placed in institutions due to child protection issues or their "out of control" behaviour, it should offer individuals stability, education, boundaries and support to manage their emotional dysregulation. If feasible, foster care should be chosen as a preferred placement, where individuals can be exposed to alternative role models and family life.

6.3.2 Intervention – breaking the "vicious cycle"

Although both American and Scottish criminal justice systems are argued to be male-orientated (Covington and Bloom, 2003; Barry and McIvor, 2008), the need for a gender-sensitive approach has been acknowledged in relation to the Scottish Prison Service (Corston, 2007; Scottish Government, 2012c). Substance misuse- and trauma-centred interventions are already being implemented in the Cornton Vale prison where the current research took place and the interviewed women reflected on the perceived benefits of participating in such programmes. Speaking to only eight incarcerated women revealed the

huge amount of abuse, neglect, vulnerability and violence they experienced as well as their substance misuse and often repeated criminal involvement.

However, what emerged is that simply punishing women for their crimes will not provide a solution to female offending. Instead, individuals should be supported to break this vicious cycle of trauma, substance misuse and offending and some key recommendations should be implemented:

1. Continuous development of trauma- and substance misuse- informed interventions for female offenders, targeting the mechanisms underpinning the interrelationship among trauma, substance misuse and offending
2. Development of an emotional health program for female offenders with histories of trauma, focusing on the dysregulation of emotion management system and developing adaptive coping strategies
3. Replacing prison-based punishment with more community-based sentences for women who do not pose a threat to the public and providing an intense trauma and addiction focused interventions
4. Providing intense support to expectant mothers as this has been found to be a critical window of opportunity for changing women's outlook on life and breaking the cycle of trauma, substance misuse and offending
5. Utilising restorative justice to address women's attitudes to the use of violence and other delinquent attitudes
6. Conducting further qualitative research with incarcerated women, exploring their perceived needs for rehabilitation and breaking the cycle of trauma, substance misuse and offending in their lives.

6.4 Recommendations for future research

Both nationally and internationally, the current study represents the first attempt to simultaneously explore the chronological order and the mechanism underpinning the interrelationship among trauma, substance misuse and offending across the lifespan of incarcerated women. Therefore, there is a lot of potential for further research in this area addressing limitations of the current study, further exploring and testing the mechanisms which emerged, developing interventions targeting these mechanisms as well as improving the proposed preliminary model.

Although the study's design revealed a number of mechanisms connecting the experiences of interest, the exploratory nature of this research means that further studies using both qualitative and quantitative methodologies are required to be able to generalise these results to a wider population of incarcerated females, such as the impact of emotion dysregulation and disrupted sense of self and the world on substance misuse, offending and negative or traumatic life events.

The understanding of the multi-directionality of trauma, substance misuse and offending is limited and although it is starting to gain interest in the wider literature (e.g. Begle et al., 2011; Smith and Ecob, 2007), to the researcher's knowledge there are currently no studies simultaneously exploring the chronological order of all three experiences in female offenders. Future studies should utilise the Life History Calendar tool as well as longitudinal methodology to investigate the temporal order of these events in incarcerated women as well as establish causal relationships among various experiences. Furthermore, the variability of the order of occurrence of the experiences of interest and the mechanisms underpinning the relationships among them, strongly support the importance of including substance misuse as an independent factor in future studies.

It was beyond the scope of the current research to explore the mechanisms of change or desistance from crime in any depth. It is recommended that the mechanisms which emerged as well as further mechanism which could potentially break the vicious cycle of trauma, substance misuse and offending should be investigated in future studies. Research focusing on early interventions as well as rehabilitation of female offenders utilising the mechanisms underpinning the relationship among trauma, substance misuse and offending should also be developed.

6.5 Final summary

This research aimed to provide a deep understanding of the nature of the interrelationship among trauma, substance misuse and offending, which were found to occur in any chronological order and continue following one another in all directions. The preliminary model which emerged as a result, demonstrated the complex, cyclical, multidirectional and multi-layered interrelationship among

these experiences, which is underpinned by a range of mechanisms. Most importantly however, the current study gave a voice to a marginalised, often misrepresented group of women, many of whom were determined to have their story heard. By talking so openly about the most intimate and often painful parts of their lives, they provided a deep insight into their circumstances and I hope that their stories will contribute to breaking this vicious cycle of trauma, substance misuse and offending that so many incarcerated women experience.

REFERENCES

Adams, S., Leukefeld, C. G., & Peden, A. R. (2008). Substance Abuse Treatment for Women Offenders: A Research Review. *Journal of Addictions Nursing, 19(2),* 61–75.

Afifi, T. O., Henriksen, C. A., Candidate, M. A. P., Asmundson, G. J. G., & Sareen, J. (2012). Childhood Maltreatment and Substance Use Disorders Among Men and Women in a Nationally Representative Sample. *The Canadian Journal of Psychiatry, 57*(11), 677–686.

Agnew, R. (1992). Foundation for a General Strain Theory of Crime and Delinquency. *Criminology*, *30*(1), 47–88.

Andreuccetti, G., de Carvalho, H. B., de Carvalho Ponce, J., de Carvalho, D. G., Kahn, T., Muñoz, D. R., & Leyton, V. (2009). Alcohol consumption in homicide victims in the city of São Paulo. *Addiction, 104*(12), 1998–2006.

Arnett, J. J. (2000). Optimisitic bias in adolescent and adult smokers and nonsmokers. *Science, 25*(4), 625–632.

Asberg, K., & Renk, K. (2012). Substance use coping as a mediator of the relationship between trauma symptoms and substance use consequences among incarcerated females with childhood sexual abuse histories. *Substance use & misuse, 47(7*), 799–808.

Barry, M. & McIvor, G. (2008). Chaotic lives: a profile of women in the criminal justice system in Lothian and Borders. CJA Lothian & Borders. Available http://strathprints.strath.ac.uk/18646/1/strathprints018646.pdf Accessed 25/02/15

Batchelor, S. A. (2005). "Prove me the bam!": victimization and agency in the lives of young women who commit violent offences. *Probation Journal* 52(4), 358–375.

Batchelor, S. A. (2007). "Getting Mad Wi'it". Risk-Seeking By Young Women. In K. Hannah-Moffat & P. O'Malley (Eds.), *Gendered risks*. New York: Routledge-Cavendish.

Begle, A. M., Hanson, R. F., Danielson, C. K., McCart, M. R., McCart, M.R., Ruggiero, K. J., Amstadter, A. B. et al. (2011). Longitudinal pathways of victimization, substance use, and delinquency: findings from the National Survey of Adolescents. *Addictive Behaviors, 36*(7), 682–9.

Belknap, J., & Holsinger, K. (2006). The Gendered Nature of Risk Factors for Delinquency. *Feminist Criminology,* 1(1), 48–71.

Bender, K. (2010). Why do some maltreated youth become juvenile offenders? *Children and Youth Services Review*, *32*(3), 466–473.

Bennett, T., Holloway, K., & Farrington, D. (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior*, *13*(2), 107–118.

Bloom, B., Owen, B., & Covington, S. (2004). Women Offenders and the Gendered Effects of Public Policy. *Review of Policy Research*, *21*(1), 31–48.

Bowles, M. A., DeHart, D., & Webb, J. R. (2012). Family Influences on Female Offenders' Substance Use: The Role of Adverse Childhood Events among Incarcerated Women. *Journal of Family Violence*, *27*(7), 681–686.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2). pp. 77-101

Briere, J., & Jordan, C. E. (2009). Childhood maltreatment, intervening variables, and adult psychological difficulties in women: an overview. *Trauma, Violence & Abuse, 10*(4), 375–88.

Briere, J., & Rickards, S. (2007). Self-Awareness, Affect Regulation, and Relatedness: Differential Sequels of Childhood Versus Adult Victimisation Experiences. *Journal of Nervous and Mental Disease, 195*(6), 497–503.

The British Psychological Society (2010). Code of Human Research Ethics.

Broidy, L. & Agnew, R. (1997). Gender and Crime: A General Strain Theory Perspective. *Journal of Research in Crime and Delinquency,* 34(3), 275–306.

Buchanan, M., Murphy, K., Martin, M. S., Buxton, J., Granger-Brown, A., Hanson, D., Hislop, G., et al. (2011). Understanding Incarcerated Women's Perspectives on Substance Use: Catalysts, Reasons for Use, Consequences, and Desire for Change. *Journal for Offender Rehabilitation, 50 (2)*, 81-100.

Bureau of Justice Statistics (2002). Prisoners in 2002, NCJ 200248, July 2003.

Carbone-López, K., Kruttschnitt, C., & Macmillan, R. (2006). Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. *Public Health Reports*, *121*(4), 382–92.

Cauffman, E., Feldman, S., Waterman, J., & Steiner, H. (1998). Posttraumatic Stress Disorder Among Female Juvenile Offenders. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*(11), 1209-16.

Chaffin, M., Wherry, J. N., & Dykman, R. (1997). School Age Children's Coping With Sexual Abuse : Abuse Stresses And Symptoms Associated With Four Coping Strategies. *Child Abuse and Neglect*, *21*(2), 227–240.

Charmaz, K. (2003). "Grounded theory". In: Smith, J.A. (ed.), *Qualitative psychology: A practical guide to research methods*, pp. 81-110. London: Sage.

Chesney-Lind, M. and Pasko, L. (2004) The Female Offender: Girls, Women, and Crime, 2nd Edition. Thousand Oaks, CA: SAGE

Cooper, M. L., Frone, M. R., Russell, M., & Mudar, P. (1995). Drinking to Regulate Positive and Negative Emotions: A Motivational Model of Alcohol Use. *Journal of Personality and Social Psychology, 69*(5), 990-1005.

Corr, M. (2014). Young people's early offending: The context of trained leisure careers. *Young, 22*(2), 113-133.

Corston, J (2007). A Review of Women with Particular Vulnerabilities in the Criminal Justice System. The Corston Report. London: Home Office

Covington, S. (2007). The Relational Theory of Women's Psychological Development: Implications for the Criminal Justice System. In R. Zaplin (Ed.), *Female Offenders: Critical Perspective and Effective Interventions* (pp. 113-131). Gaithersburg, MD: Aspen.

Covington, S. S., & Bloom, B. E. (2003). Gendered Justice : Women in the Criminal Justice System. In B.E. Bloom (Ed.) *Gendered Justice: Addressing Female Offenders*. Durham, NC: Carolina Academic Press.

Cyr, M., McDuff, P., & Wright, J. (2006). Prevalence and predictors of dating violence among adolescent female victims of child sexual abuse. *Journal of Interpersonal Violence*, *21*(8), 1000–17.

Darke, S. (2012). Pathways to heroin dependence : time to re-appraise self-medication. *Addiction, 108*, 659–667.

Data Protection Act 1998. (1998) London: Stationery Office

DeGue, S., & Spatz Widom, C. (2009). Does out-of-home placement mediate the relationship between child maltreatment and adult criminality? *Child Maltreatment, 14*(4), 344–55.

DeHart, D. D. (2008). Pathways to prison: impact of victimization in the lives of incarcerated women. *Violence against women, 14(12*), 1362–81.

Dehart, D. D. (2009). Poly-victimization Among Girls in the Juvenile Justice System: Manifestations and Associations to Delinquency. U.S. Department of Justice.

Dehart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life History Models of Female Offending: The Roles of Serious Mental Illness and Trauma in Women's Pathways to Jail. *Psychology of Women Quarterly, 38(*1), 138-51.

Douglas, N., Plugge, E., & Fitzpatrick, R. (2009). The impact of imprisonment on health: what do women prisoners say? *Journal of Epidemiology and Community Health, 63*(9), 749–54.

El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship Between Drug Abuse and Intimate Partner Violence: A longitudinal study among women receiving methadone. *American Journal of Public Health, 95 (3),* 465-470.

Ellickson, P. L., & McGuigan, K. A. (2000). Early predictors of adolescent violence. *American Journal of Public Health*, *90*(4), 566–72.

Elliot, Fisher, & Rennie (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.

Elliott, R., & Timulak, L. (2005). Descriptive and interpretive approaches to qualitative research. In J. Miles & P. Gilbert (eds.), *A Handbook of Research Methods in Clinical and Health Psychology* (pp. 147-159). Oxford, UK: Oxford University Press.

Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*, *13*(2), 131–140.

Fairchild, G., Stobbe, Y., van Goozen,S. H. M., Calder, A. J., & Goodyer, I. M. (2010). Facial expression recognition, fear conditioning, and startle modulation in female subjects with conduct disorder. *Biological Psychiatry, 68*, 272-279.

Farabee, D., Joshi, V., & Anglin, M. D. (2001). Addiction Careers and Criminal Specialization. *Crime & Delinquency, 47(2),* 196–220.

Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: a systematic review. *Addiction*, *101*(2), 181–91.

Fleming, J., Mullen, P. E., Sibthorpe, B., Attewell, R., & Bammer, G. (1998). The relationship between childhood sexual abuse and alcohol abuse in women-a case-control study. *Addiction*, *93*(12), 1787–98.

Ford, B. Y. J. D., Chapman, J., Mack, J. M., & Pearson, G. (2006). Pathways from Traumatic Child Victimization to Delinquency : Implications for Juvenile and Permanency Court Proceedings and Decisions. *Juvenile and Family Court Journal, 57*(1), 13–26.

Freedman, D., Thornton, A., Camburn, D., Alwin, D., & Young-DeMarco, L. (1988). The life history calendar: A technique for collecting retrospective data. *Sociological Methodology 18*, 37–68.

Gaarder, E., & Belknap, J. (2002). Tenuous borders: girls transferred to adult court. *Criminology, 40*(3), 481-518.

Gatti, U., Soellner, R., Schadee, H. M. A., Verde, A., & Rocca, G. (2013). Effects of Delinquency on Alcohol use Among Juveniles in Europe: Results from the ISRD-2 Study. *European Journal on Criminal Policy and Research*, *19*(2), 153–170.

Gilchrist, G., Taylor, A., Goldberg, D., Mackie, C., Denovan, A., & Green, S. T. (2001). Behavioural and Lifestyle Study of Women Using a Drop-In Centre for Female Street Sex Workers in Glasgow, Scotland: A 10 Year Comparative Study. *Addiction Research & Theory*, *9*(1), 43–58.

Gilfus, M. E. (1992). From Victims to Survivors to Offenders: Women's Routes of Entry and Immersion into Street Crime. *Women & Criminal Justice, 4 (1),* 63-89.

Glaze, L.E. & Kaeble, D. (2014). Correctional Populations in the United States, 2013. Bureau of Justice Statistics. http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5177 Accessed on 25/02/15

Goldstein, P.J. (1985). The Drugs/Violence Nexus: A Tripartite Conceptual Framework. *Journal of Drug Issues*, 15(4), 493-506.

Goldstein, P.J. (1987). Impact of Drug-Related Violence. *Public Health Reports*, 102(6), 625-627.

Gollan, J. K., Lee, R., & Coccano, E. F. (2005). Developmental psychopathology and neurobiology of aggression. *Development and Psychopathology, 17,* 1151-1171.

Grayson, C. E., & Nolen-Hoeksema, S. (2005). Motives to drink as mediators between childhood sexual assault and alcohol problems in adult women. *Journal of Traumatic Stress*, *18*(2), 137–45.

Green, B. L., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma Exposure, Mental Health Functioning and Program Needs of Women in Jail. *Crime & Delinquency*, *51*(1), 133–151.

Gutierres, S. E., & Van Puymbroeck, C. (2006). Childhood and adult violence in the lives of women who misuse substances. *Aggression and Violent Behavior*, *11*(5), 497–513.

Herrenkohl, E. C., Herrenkohl, R. C., & Egolf, B. P. (2003). The Psychosocial Consequences of Living Environment Instability on Maltreated Children. *American Journal of Orthopsychiatry, 73*(4), 367-380.

Herrenkohl, T. I., Huang, B., Tajima, E. a., & Whitney, S. D. (2003). Examining the Link between Child Abuse and Youth Violence: An Analysis of Mediating Mechanisms. *Journal of Interpersonal Violence*, *18*(10), 1189–1208.

Hien, D., Cohen, L., & Campbell, A. (2005). Is traumatic stress a vulnerability factor for women with substance use disorders? *Clinical Psychology Review, 25*(6), 813–823.

Hill, T. D., Nielsen, A. L., & Angel, R. J. (2009). Relationship Violence and Frequency of Intoxication Among Low-Income Urban Women. *Substance Use and Misuse, 44, 684-701.*

Home Office (1997). A Thematic Review by HM Inspectorate of Prisons for England and Wales. London: Home Office

Hough, M. (1996). Drugs misuse and the criminal justice system : a review of the literature. London: Home Office.

Ireland, T. O., Smith, C. A., & Thornberry, T. P. (2002). Developmental Issues in the Impact of Child Maltreatment on Later Delinquency and Drug Use. *Criminology, 40(2*), 359–400.

Jasinski, J. L., Williams, L. M., & Siegel, J. (2000). Childhood physical and sexual abuse as risk factors for heavy drinking among African-American women: a prospective study. *Child Abuse & Neglect*, *24*(8), 1061–71.

Johnson, D. M., Sheahan, T. C., & Chard, K. M. (2003). Personality disorders, coping strategies, and posttraumatic stress disorder in women with histories of childhood sexual abuse. *Journal of Child Sexual Abuse, 12*(2), 19–39.

Katz, R. S. (2000). Explaining girls' and women's crime and desistance in the context of their victimization experiences. *Violence Against Women*, 6, 633–660.

Kaysen, D., Dillworth, T. M., Simpson, T., Waldrop, A., Mary, E., Resick, P. A., & Carolina, S. (2008). Domestic Violence and Alcohol Use: Trauma-related Symptoms and Motives for Drinking. *Addictive Behaviors, 32*(6), 1272–83.

Kerig, P. K., & Becker, S. P. (2010). From internalizing to externalizing: Theoretical models of the processes linking PTSD to juvenile delinquency. In S. J. Egan (Ed.), *Post-traumatic stress disorder (PTSD): Causes, symptoms and treatment*. Hauppauge, NY: Nova Science Publishers.

Koob, G. F., & Simon, E. J. (2009). The Neurobiology of Addiction: Where We Have Been and Where We Are Going. *Journal of Drug Issues, 39*(1), 115-132.

Kreager, D. a., Matsueda, R. L., & Erosheva, E. a. (2010). Motherhood and criminal desistance in disadvantaged neighborhoods. *Criminology, 48,* 221–258.

Kubiak, S. P., Arfken, C. L., Boyd, C., & Cortina, L. M. (2006). More severe violence exposure associated with poly-pharmaceutical use. *The American Journal of Addictions, 15*(6), 457–61.

Lansford, J. E., Miller-Johnson, S., Berlin, L. J., Dodge, K. A., Bates, J.E. & Pettit, G. S. (2009). Early Physical Abuse and later violent delinquency: A Prospective Longitudinal Study, *Child Maltreatment, 12*(3), 233–245.

Lewis, C. F. (2011). Substance use and violent behavior in women with antisocial personality disorder. *Behavioral Sciences & the Law, 29(5),* 667–76.

Lilly, J.R., Cullen, F.T. & Ball, R.A. (2011). Criminological Theory. Context and Consequences. (5th ed.) London: SAGE Publications.

Liriano, S. and Ramsay, M. (2003). 'Prisoners' Drug Use Before Prison and the Links with Crime'. In: M. Ramsay (ed). *Prisoners Drug Use and Treatment: Seven Research Studies.* Home Office Research Study, 267 (pp 6-22). London: Home Office.

Littleton, H., & Ullman, S. E. (2013). PTSD Symptomatology and Hazardous Drinking as Risk Factors for Sexual Assault Revictimization: Examination in European American and African American Women. *Journal of Traumatic Stress,* 26, 345–353.

Lorenz, A. R., & Newman, J. P. (2002). Deficient response modulation and emotion processing in low-anxious Caucasian psychopathic offenders: Results from a lexical decision task. *Emotion, 2*, 91-104.

Lynch, S., DeHart, D., Belknap, J., & Green, B. (2012). Women's pathways to jail: The roles and intersections of serious mental illness & trauma. Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance.

MacDonald, R., & Shildrick, T. (2007). Street Corner Society: Leisure Careers, Youth (Sub)culture and Social Exclusion. *Leisure Studies, 26(*3), 339–355.

Marsh, I., Melville, G., Morgan, K., Norris, G. and Walkington, Z. (2006). Theories of crime. New York: Routledge.

Mason, W. A., Hitchings, J. E., McMahon, R. J., & Spoth, R. L. (2007). A test of three alternative hypotheses regarding the effects of early delinquency on adolescent psychosocial functioning and substance involvement. *Journal of Abnormal Child Psychology*, *35*(5), 831–43.

Massetti, G. M., Vivolo, A. M., Brookmeyer, K., Degue, S., Holland, K. M., Holt, M. K., & Matjasko, J. L. (2011). Preventing youth violence perpetration among girls. *Journal of Women's Health, 20*(10), 1415–28.

McCartan, L. M., & Gunnison, E. (2010). Individual and relationship factors that differentiate female offenders with and without a sexual abuse history. *Journal of Interpersonal Violence, 25(8),* 1449–69.

McCoy, H. V., Messiah, S. E., & Yu, Z. (2001). Perpetrators, Victims, and Observers of Violence: Chronic and Non-Chronic Drug Users. *Journal of Interpersonal Violence*, *16*(9), 890–909.

McIvor, G. & Burman, M. (2011) Understanding the Drivers of Female Imprisonment in Scotland, Report no: 02/2011. Glasgow: The Scottish Centre for Crime & Justice Research.

McKeganey, N., Neale, J., & Robertson, M. (2005). Physical and sexual abuse among drug users contacting drug treatment services in Scotland. *Drugs: education, prevention and policy, 12*(3), 223–232.

McClellan, D. S., Farabee, D., & Crouch, B. M. (1997). Early victimization, drug use, and criminality: a comparison of male and female prisoners. *Criminal Justice and Behaviour, 24(4),* 455-76.

McMurran, M. (2003). Editorial. Alcohol and crime. *Criminal Behaviour and Mental Health,* 13, 1–4.

Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American journal of public health, 96(10)*, 1842–8.

Messina, N., Grella, C., Burdon, W., & Prendergast, M. (2007). Childhood Adverse Events and Current Traumatic Distress: A Comparison of Men and Women Drug-Dependent Prisoners. *Criminal Justice and Behavior*, *34*(11), 1385–1401.

Ministry of Justice (2010). Statistics on Women and the Criminal Justice System. Available https://www.gov.uk/government/publications/women-in-the-criminal-justice-system-2009-10 Accessed 25/02/15

Mullings, J. L., Hartley, D. J., & Marquart, J. W. (2004). Exploring the Relationship Between Alcohol Use, Childhood Maltreatment, and Treatment Needs Among Female Prisoners. *Substance Use & Misuse, 39(2),* 277–305.

Nayak, M. B., Lown, E. A., Bond, J. C., & Greenfield, T. K. (2012). Lifetime victimization and past year alcohol use in a U.S. population sample of men and women drinkers. *Drug and Alcohol Dependence*, *123*, 213–9.

Newburn, T. (2013). Criminology 2nd ed. Abingdon: Routledge.

Newbury, A., & Dingwall, G. (2013). "It lets out all my demons": Female young offenders' perceptions about the impact of alcohol on their offending behaviour. *International Journal of Law, Crime and Justice*, *41*(4), 277–291.

Nordstrom, B. R., & Dackis, C. A. (2010). Drugs and crime. *Journal of Psychiatry and Law*, *68*(8), 1540–3.

O'Keefe, M. (1997). Incarcerated Battered Women: A Comparison of Battered Women Who Killed Their Abusers and Those Incarcerated for Other Offences. *Journal of Family Violence, 12*(1), 1-19.

Plant, M., Miller, P., & Plant, M. (2004). Childhood and adult sexual abuse: relationships with alcohol and other psychoactive drug use. *Child Abuse Review, 13*(3), 200–214.

Pollak, S. D., Cicchetti, D., Hornung, K., & Reed, A. (2000). Recognizing emotion in faces: developmental effects of child abuse and neglect. *Developmental Psychology*, *36*(5), 679–688.

Pollak, S. D. (2008). Mechanisms Linking Early Experience and the Emergence of Emotions. *Current Directions in Psychological Science, 17*(6), 370 – 375.

Prison Reform Trust (2014). Transforming Lives. Reducing women's imprisonment. London: Soroptimist International

Raj, A., Clarke, J. G., Silverman, J. G., Rose, J., Rosengard, C., Hebert, M., & Stein, M. (2006). Violence against women associated with arrests for sex trade but not drug charges. *International Journal of Law and Psychiatry*, *29*(3), 204–11.

Resnick, H. S., Walsh, K., McCauley, J. L., Schumacher, J. a, Kilpatrick, D. G., & Acierno, R. E. (2012). Assault related substance use as a predictor of substance use over time within a sample of recent victims of sexual assault. *Addictive Behaviors*, *37*(8), 914–21.

Richie, B. E. (2001). Challenges Incarcerated women face as they return to their communities: findings from life history interviews. *Crime and Delinquency, 47(3*), 368-389

Robertson, A. A, Xu, X., & Stripling, A. (2010). Adverse events and substance use among female adolescent offenders: effects of coping and family support. *Substance Use & Misuse*, *45*(3), 451–72.

Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review, 27*(3), 227–249.

Salgado, D. M., Quinlan, K. J., & Zlotnick, C (2007). The Relationship of Lifetime Polysubstance Dependence to Trauma Exposure, Symptomatology, and Psychosocial Functioning in Incarcerated Women with Comorbid PTSD and Substance Use Disorder. *Journal of Trauma & Dissociation, 8(2),* 9-26.

Salisbury, E. J., & Van Voorhis, P. (2009). Gendered Pathways: A Quantitative Investigation of Women Probationers' Paths to Incarceration. *Criminal Justice and Behavior*, *36*(6), 541–566.

Schuck, A. M., & Widom, C. S. (2001). Childhood victimization and alcohol symptoms in females: causal inferences and hypothesized mediators. *Child Abuse & Neglect*, *25*, 1069–92.

The Scottish Government (2012a). Statistical Bulletin Crime and Justice Series: Prison Statistics and Population Projections Scotland 2011-12. Available http://www.gov.scot/Publications/2012/06/6972 Accessed 25/02/15

The Scottish Government (2012b). The Scottish Government Response to the commission on Women Offenders. Available http://www.gov.scot/Resource/0039/00395486.pdf Accessed 25/02/15

The Scottish Government (2012c). The Commission on Women Offenders: Final Report 2012. Available http://www.gov.scot/Resource/0039/00391828.pdf Accessed 25/02/15

The Scottish Government (2012d). Prison statistics and population projections Scotland: 2011-12. Available http://www.gov.scot/Resource/0039/00396363.pdf accessed 25/02/215

Scottish Prison Service (2011). 13th Prisoner Survey: Female Offenders. Available http://www.sps.gov.uk/Publications/Publication-4015.aspx Accessed 20/07/13

Shackman, J. E., Shackman, A. J., & Pollak, S. D. (2007). Physical abuse amplifies attention to threat and increases anxiety in children. *Emotion*, *7*(4), 838–852.

Shaw, Rachel L. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative research in psychology*, 7 (3), pp. 233-243.

Shahinfar, A., Kupersmidt, J. B., & Matza, L. S. (2001). The relation between exposure to violence and social information processing among incarcerated adolescents. *Journal of Abnormal Psychology*, 110, 136-141.

Shand, F. L., Degenhardt, L., Slade, T., & Nelson, E. C. (2011). Sex differences amongst dependent heroin users: histories, clinical characteristics and predictors of other substance dependence. *Addictive Behaviors*, *36*(1-2), 27–36.

Shdaimah, C. S., & Wiechelt, S. A. (2013). Crime and compassion: Women in prostitution at the intersection of criminality and victimization. *International Review of Victimology, 19*(1), 23-35.

Simpson, S. S., Yahner, J. L., & Dugan, L. (2008). Understanding Women's Pathways to Jail: Analysing the Lives of Incarcerated Women. *Australian and New Zealand Journal of Criminology*, *41*(1), 84–108.

Slocum, L. A., Simpson, S. S., & Smith, D. A. (2005). Strained lives and crime: examining intra-individual variation in strain and offending in a sample of incarcerated women. *Criminology, 43(4)*, 1067–1110.

Smith, J.A. (2008). Introduction. In J.A. Smith (Ed.), *Qualitative Psychology – a practical guide to research methods* (pp. 1-3). London: Sage.

Smith, D. J., & Ecob, R. (2007). An investigation into causal links between victimization and offending in adolescents. *The British Journal of Sociology, 58*(4), 633–59.

Smith, J.A., Flowers, P., & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory Method and Research. London: Sage.

Smith, J.A. & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J.A. Smith (Ed.), *Qualitative Psychology – a practical guide to research methods* (pp.53-80). London: Sage

Steffensmeier, D., & Schwartz, J. (2003). Contemporary explanations of women's crime. In B. R. Price & N. Sokoloff (Eds.), *The criminal justice system and women*. New York: McGraw-Hill, 113–126.

Stenbacka, M., & Stattin, H. (2007). Adolescent use of illicit drugs and adult offending: a Swedish longitudinal study. *Drug and Alcohol Review, 26(4)*, 397–403.

Sullivan, T. P., Meese, K. J., Swan, S. C., Mazure, C. M., & Snow, D. L. (2005). Precursors and correlates of women's violence: Child abuse traumatization, victimization of women, avoidance coping, and psychological symptoms. *Psychology of Women Quarterly*, *29*(2005), 290–301.

Sutton, J. E. (2010). A review of the life-events calendar method for criminological research. *Journal of Criminal Justice, 38(5*), 1038–44.

Sutton, J. E., Bellair, P. E., Kowalski, B. R., Light, R., & Hutcherson, D. T. (2011). Reliability and Validity of Prisoner Self-Reports Gathered Using the Life Event Calendar Method. *Journal of Quantitative Criminology, 27(2),* 151–171.

Taylor, A. (2008). Substance Use and Abuse: Women's Criminal Reoffending in New Zealand. *Affilia: Journal of Women and Social Work, 23*(2), 167–178.

Thomson, R, Bell, R, Henderson, S, Holland, S, McGrellis, S. & Sharpe, S (2002) *Critical moments: choice, chance and opportunity in young*

people's narratives of transition to adulthood. Sociology, 6 (2). pp. 335-354.

Thornberry. T.P. (1987). Toward an Interactional Theory of Delinquency. *Criminology*, 25(4), 863-892.

Thornberry, T.P., Lizotte, A.J., Krohn, M.D., Farnworth, M., & Jang, S.J. (1994). Delinquent Peers, Beliefs, and Delinquent Behaviour: A Longitudinal Test of Interactional Theory. *Criminology*, 32(1), 47-83.

Topitzes, J., Mersky, J. P., & Reynolds, A. J. (2012). From child maltreatment to violent offending: an examination of mixed-gender and gender-specific models. *Journal of Interpersonal Violence*, *27*(12), 2322–47.

Ullman, S. E., Relyea, M., Peter-Hagene, L., & Vasquez, A. L. (2013). Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims. *Addictive Behaviors*, *38*(6), 2219–23.

Vickers, S., & Wilcox, P. (2011). Abuse, women and the criminal justice system. *Criminal Justice Matters 85 (1)*, 14–16.

Vold, G. B., Bernard, T. J, Snipes, J. B. (2002). Theoretical criminology. New York: Oxford University Press.

Walsh, K., Dilillo, D., & Scalora, M. J. (2012). The Cumulative Impact of Sexual Revictimization on Emotion Regulation Difficulties: An Examination of Female Inmates, *Violence Against Women, 17(*8), 1103-1118.

Ward, C. L., Martin, E., Theron, C., & Distiller, G. B. (2007). Factors affecting resilience in children exposed to violence. *South African Journal of Psychology, 37*(1), 165–187.

Wekerle, C., Leung, E., Wall, A.-M., MacMillan, H., Boyle, M., Trocme, N., & Waechter, R. (2009). The contribution of childhood emotional abuse to teen dating violence among child protective services-involved youth. *Child Abuse & Neglect, 33(*1), 45–58.

White, H.R., Gorman, D.M. (2000). Dynamics of the drug-crime relationship. In: LaFree, G. (Ed.), *Criminal Justice 2000 the Nature of Crime: Continuity and Change*. US Department of Justice: Washington, DC, pp. 151–218.

Widom, C.S. (1989). The Cycle of Violence. *Science, 244*(26), 160–166.

Widom, S. (2000). Childhood Victimization: Early Adversity, Later Psychopathology. *National Institute of Justice Journal*, *1*, 2–9.

Widom, C. P., & Ames, M. A. (1994). Criminal consequences of childhood sexual victimization. *Child Abuse & Neglect*, *18*(4), 303–18.

Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect, 32*(8), 785–96.

Widom, C. S., & Maxfield, M. G. (2001). An Update on the “Cycle of Violence”. Washington, DC: National Institute of Justice.

Widom, C. S., & White, H. R. (1997). Problem behaviours in abused and neglected children grown up: prevalence and co-occurrence of substance abuse, crime and violence. *Criminal Behaviour and Mental Health*, *7*(4), 287–310.

Wilson, H. W., Stover, C. S., & Berkowitz, S. J. (2009). Research review: The relationship between childhood violence exposure and juvenile antisocial behavior: a meta-analytic review. *The Journal of Child Psychology and Psychiatry, 50*(7), 769–79.

Wong, T. M. L., Slotboom, a.-M., & Bijleveld, C. C. J. H. (2010). Risk factors for delinquency in adolescent and young adult females: A European review. European Journal of *Criminology, 7*(4), 266–284.

Yacoubian Jr, G. S., Urbach, B. J., Larsen, K. L., Johnson, R. J., & PetersJ r, R. J. (2001). A Comparison of Drug Use between Prostitutes and Other Female Arrestees. *Journal of Alcohol and Drug Education, 46,* 12–26.

Yoshihama, M., Gillespie, B., Hammock, A. C., Belli, R. F., & Tolman, R. M. (2005). Does the Life History Calendar Method Facilitate the Recall of Intimate Partner Violence? Comparison of Two Methods of Data Collection. *Social Work Research, 29(*3), 151–163.

Zweig, J. M., Yahner, J., & Rossman, S. B. (2012). Does recent physical and sexual victimization affect further substance use for adult drug-involved offenders? *Journal of Interpersonal Violence*, *27*(12), 2348–72.

APPENDIX 1: Research Ethics Application Form

Edinburgh Napier University
Faculty of Health, Life & Social Sciences
Research Ethics and Governance Committee
Application Form for Project Approval

This application form must be completed by all Edinburgh Napier staff and students conducting research which involves the gathering and processing of primary data concerning human participants, and where the outcomes will be disseminated beyond the individual who originally collected or processed the information.
Researchers/institutions external to Edinburgh Napier should complete and submit the relevant sections of this application form and, if already obtained, submit the letter of approval to proceed with this project (with a copy of the application form) provided by another Research Ethics and Governance Committee

SECTION ONE: GENERAL

1. Applicant

Full Name and Title: Anna Sierka

School (if applicable): School of Life, Sport and Social Sciences

Postal Address (home): [redacted]

Email Address: 08005344@live.napier.co.uk

Contact Telephone Number: [redacted]

Affiliation (please tick): ☐ Edinburgh Napier Staff

☐√ Edinburgh Napier Student (fill out details below)

Matriculation Number: 08005344

Name of Programme: Masters by Research

Level of Study: UG1 UG2 UG3 UG4 MA/MSc MPhil/PhD

☐ Non-Edinburgh Napier external applicant

2. Title of research project

The mechanisms underpinning relationships amongst interpersonal trauma, substance use and offending in Scottish incarcerated women.

3. Start and end dates of research project

July 2013– February 2014

4. Details (amount and source) of any financial support from outside Edinburgh Napier University.

5. Other researchers involved, together with role (e.g. PI / Director of Studies/ Supervisor) and affiliation (e.g. School of Nursing Midwifery & Social Care, Edinburgh Napier University)

Dr Elizabeth Aston (Director of Studies, School of Life, Sport and Social Sciences)

Prof. Thanos Karatzias (Supervisor, Faculty of Health, Life and Social Sciences)

Mr Adam Mahoney (Forensic Psychologist, Scottish Prison Service, HMP & YOI Cornton Vale)

6. Name of Independent Advisor (where applicable)

Andy Gibbs (Senior Lecturer, School of Nursing, Midwifery and Social Care)

SECTION 2: DETAILS OF PROJECT

7. Aims and research questions of the project *(maximum 5)*

1) To map the chronological order of interpersonal trauma, substance use and offending behaviours in the lives of a sample of Scottish, incarcerated women.

2) To explore the mechanisms underpinning the relationships amongst interpersonal trauma, substance use and offending behaviours in the lives of these women.

8. Background of research project *(300 words maximum)*

The population of incarcerated females has been shown to have high levels of co-occurring problems, particularly histories of interpersonal trauma, substance use and mental health problems (Bloom et al., 2004; Green et al., 2005). Quantitative studies describe the relationship amongst these factors but fail to provide insight into the underlying mechanisms or the chronological order in which these events occur (e.g. Asberg and Renk, 2012; Mullings, Hartley and Marquart, 2004; Messina and Grella, 2006; Ireland, Smith and Thornberry, 2002). A common theoretical perspective is that these mechanisms involve mental health problems which developed as a result of victimization and using substances to cope with their consequences, which leads to addiction and eventually incarceration (Salgado, Quinlan and Zlotnick, 2007, McClellan, Farabee and Crouch, 1997). However, this perspective is rarely systematically tested and there is evidence suggesting that the link between victimization and offending is bidirectional (Smith and Ecob, 2007).

Generally, incarcerated females associate their experiences of victimization with substance use (e.g. Buchanan et al., 2011) and involvement in illegal activities (Belknap and Holsinger, 2006; Richie, 2001). However, the chronological order and the mechanisms underpinning all three factors, particularly the role of substance use in offending and how it is maintained following victimization are rarely examined. Only four such studies were found and their finding suggest a number of mechanisms such as self-medicating with substances to cope with the consequences of victimization, mental health (Lynch et al., 2012), corruption by a caregiver leading to substance use or offending (DeHart, 2009), developing externalizing and internalizing behaviours or involvement in offending to support addiction (DeHart, 2008). Chronologically, women were found to experiment with substance before offending but the shift to intravenous drugs usually followed illegal activities (Gilfus, 1992). However, these studies either fail to report on the order of events (DeHart, 2008) or only briefly describe the mechanisms (DeHart, 2009; Lynch et al., 2012) and the only study focusing on both (Gilfus, 1992) is outdated, with poorly described methodology and does not systematically explore chronological order of events. Furthermore, these studies use American samples and the results might not be transferrable due to cultural differences and a much smaller proportion of non-White individuals in the Scottish prisons (Batchelor, 2005). The current research will address the gaps in existing literature and describe the chronological order of interpersonal trauma, substance use and offending in the lives of Scottish incarcerated women as well as use their perspective in an attempt to explore the mechanisms underpinning the relationship amongst these factors. To the researcher's knowledge, this will be the first study to address this using a Scottish sample.

References

Asberg, K., & Renk, K. (2012). Substance use coping as a mediator of the relationship between trauma symptoms and substance use consequences among incarcerated females with childhood sexual abuse histories. *Substance use & misuse, 47(7*), 799–808.

Batchelor, S. A. (2005). "Prove me the bam!": victimization and agency in the lives of young women who commit violent offences. *Probation Journal* 52(4), 358–375.

Belknap, J., & Holsinger, K. (2006). The Gendered Nature of Risk Factors for Delinquency. *Feminist Criminology,* 1(1), 48–71.

Buchanan, M., Murphy, K., Martin, M. S., Buxton, J., Granger-brown, A., Hanson, D., Hislop, G., et al. (2011). Understanding Incarcerated Women's Perspectives on Substance Use: Catalysts, Reasons for Use, Consequences, and Desire for Change. *Journal for Offender Rehabilitation, 50 (2)*, 81-100.

DeHart, D. D. (2008). Pathways to prison: impact of victimization in the lives of incarcerated women. *Violence against women, 14(12*), 1362–81.

Dehart, D. D. (2009). Poly-victimization Among Girls in the Juvenile Justice System: Manifestations and Associations to Delinquency. U.S. Department of Justice.

Gilfus, M. E. (1992). From Victims to Survivors to Offenders: Women's Routes of Entry and Immersion into Street Crime. *Women & Criminal Justice, 4 (1),* 63-89.

Green, B. L., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma Exposure, Mental Health Functioning, and Program Needs of Women in Jail. *Crime & Delinquency, 51(1)*, 133–151

Ireland, T. O., Smith, C. A., & Thornberry, T. P. (2002). Developmental Issues in the Impact of Child Maltreatment on Later Delinquency and Drug Use. *Criminology, 40(2*), 359–400.

Lynch, S. M., Dehart, D. D., Belknap, J., & Green, B. L. (2012). Women's pathways to jail: The roles & intersections of serious mental illness & trauma. Bureau of Justice Assistance.

McClellan, D. S., Farabee, D., & Crouch, B. M. (1997). Early victimization, drug use, and criminality: a comparison of male and female prisoners. *Criminal Justice and Behaviour, 24(4),* 455-76.

Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American journal of public health, 96(10)*, 1842–8.

Mullings, J. L., Hartley, D. J., & Marquart, J. W. (2004). Exploring the Relationship Between Alcohol Use, Childhood Maltreatment, and Treatment Needs Among Female Prisoners. *Substance Use & Misuse, 39(2),* 277–305.

Richie, B. E. (2001). Challenges Incarcerated women face as they return to their communities: findings from life history interviews. *Crime and Delinquency, 47(3*), 368-389

Salgado, D. M., Quinlan, K. J., & Zlotnick, C (2007). The Relationship of Lifetime Polysubstance Dependence to Trauma Exposure, Symptomatology, and Psychosocial Functioning in Incarcerated Women with Comorbid PTSD and Substance Use Disorder. *Journal of Trauma & Dissociation, 8(2),* 9-26.

Smith, D. J., & Ecob, R. (2007). An investigation into causal links between victimization and offending in adolescents. *The British journal of sociology, 58(4*), 633–59.

9. Brief outline of project and study method *(approx 500 words)*

Methodology and design

This study will employ a qualitative design to map the chronological order of interpersonal trauma, substance use and offending behaviours and explore the mechanisms underpinning the relationships amongst these three factors in 20 adult (aged at least18) female offenders incarcerated in HMP Cornton Vale. A purposive sample of women who have completed the prison-based Substance Related Offending Behaviour Programme (SROBP) will be selected in consultation with the HMP Cornton Vale Head of Psychology. Unless deemed too emotionally frail to participate, all those that have completed SROBP this year and last year will be contacted by the Head of Psychology, have the research verbally explained to them and be given a Participant Information Sheet (Appendix 1) to read in their own time. Women interested in participating will be asked to contact the Head of Psychology who will get in touch with the researcher and arrange a suitable time for the interviews. Data collection will be undertaken using the following tools:

1. A Life History Calendar (LHC) (Freedman et al., 1988), which has been shown to be a valid and reliable method for collecting retrospective biographical data in the prison population (Sutton, 2010; Sutton et al., 2011) will be used. It involves a calendar-like matrix, with rows denoting categories of life events and columns divided into time units. Memorable events are recorded first and they serve as reference points and visual cues for recalling less salient events (Freedman et al., 1988). For the purpose of this study it will be adapted to map the chronological order of substance use, interpersonal trauma and offending behaviours across the lifespan. A template LHC matrix is provided in Appendix 4.

2. In-depth, semi-structured interview constructed for the purpose of this study. It will use open-ended questions to explore substance use, interpersonal trauma and offending, the perceived impact of these experiences and the participants' perspective on the relationship amongst them. The interview will encourage interpretation and reflection on different life events and the proposed interview schedule is provided in Appendix 3.

Procedures and data collection

The prison staff will arrange for the researcher to meet the participants individually, in a private room in the recreation area of the prison. The researcher will go through the Information Sheet with each participant before they are asked to sign the Consent Form (Appendix 2). The participants will be advised to talk about their involvement in offending behaviour in general terms and not to disclose or discuss any details of specific crimes or substance use within the prison.

The researcher will explain the layout of the LHC and complete the matrix with the guidance of the participants but they will be asked not to provide any details of experiences at this stage. To ensure consistency in understanding of different types of trauma, plain English definitions for the subcategories included in the matrix will be provided both verbally and in writing (Appendix 5). Before continuing with the interview, participants will be offered a short break and reminded that they can refuse to answer any question or stop the interview at any stage without providing a reason.

The interview will be administered in a semi-structured manner, with the researcher further probing areas that arise and using the completed LHC to guide some of the questions. The whole interview will take approximately 2 hours and will be voice recorded with participants' consent. Following the interview, the participants will be given an opportunity to ask any questions the might have. If a participant becomes upset during the interview, the Head of Psychology will be informed and he will arrange appropriate care for the individual.

Data analysis

In the first part of the analysis, individual LHCs will be transformed into chronological timelines mapping the sequencing of events relating to interpersonal trauma, substance use and criminal behaviour. This is crucial for establishing the direction of the relationship between these factors and the subsequent exploration of the mechanisms underlying this relationship. This will be attempted in the second part of the analysis, where the transcribed interviews will be subjected to the Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009) capturing the experience and meaning as well as identifying the key themes in the narratives. The NVivo software will aid the storage and retrieval of the data.

Data storage and confidentiality

Any identifiable data (i.e. the consent forms and the one document which will link pseudonyms and real names) will be kept in a locked cabinet in the HMP Cornton Vale Psychology Department and will only be accessible to the researcher and the Head of Psychology. Each participant will be given a unique pseudonym and data will be anonymised at the point of transcription with any information that could potentially identify the participants being removed from the transcript. The original voice recordings will be transferred onto a password-protected computer and deleted from the audio-recording device. These files will be deleted from the computer once transcribed and the transcripts will be stored on a password-protected device that only the research team will have access to. All confidential research data will be dealt with in accordance with the Data Protection Act (1998) and the British Psychological Society Code of Human Research Ethics (2010) and will be destroyed within 12 months of the completion of the project. Data collected as part of this study will be confidential, except if a participant disclosed information indicating a serious risk to the participant or another individual or any plans for future criminal activities, in which case the researcher will inform the prison staff. All participants will be informed about this process in the Participant Information sheet and prior to the completion of the Consent Form.

Risk to the researcher

The researcher will carry a mobile phone at all times when travelling to and from HMP Cornton Vale and will notify someone of when she should be expected to return. The researcher has undergone the SPS Personal Protection Training, received an induction to the HMP Cornton Vale and was introduced to the safety protocols, which will be followed at all times.

This includes the location and use of emergency alarm buttons. The interviews will be conducted in a private room in a recreational area of the prison, where a prison officer is present at all times. The supervisors will be available to support the researcher should she wish to de-brief following the interviews.

References

Data Protection Act 1998. (1998) London: Stationery Office

Freedman, D., Thornton, A., Camburn, D., Alwin, D., & Young-DeMarco, L. (1988). The life history calendar: A technique for collecting retrospective data. *Sociological Methodology 18*, 37–68.

Smith, J.A., Flowers, P., & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory Method and Research. London: Sage.

Sutton, J. E. (2010). A review of the life-events calendar method for criminological research. *Journal of Criminal Justice, 38(5*), 1038–1044.

Sutton, J. E., Bellair, P. E., Kowalski, B. R., Light, R., & Hutcherson, D. T. (2011). Reliability and Validity of Prisoner Self-Reports Gathered Using the Life Event Calendar Method. *Journal of Quantitative Criminology, 27(2),* 151–171.

The British Psychological Society (2010). Code of Human Research Ethics.

SECTION 3: PARTICIPANTS

10. Nature and number of participants

	YES	NO	N / A
Edinburgh Napier University students			
Edinburgh Napier University Staff			
Members of the public			
Clinical population*			
People with mental health issues*			
People in custody*	20		
Children (under 18 years)*			
People with learning or communication difficulties*			
People engaged in illegal activities (e.g. drug-taking)*			
Other (please specify):*			

11. Inclusion and exclusion criteria

The inclusion criteria: successful completion of SROBP in the last 24 months, being able to give written consent, being over 18 years old, agreeing for the interview to be voice-recorded and transcribed, having a history of interpersonal trauma. Women who are deemed by the HMP Cornton Vale Head of Psychology to be too emotionally or physically frail or who do not agree for the interview to be voice recorded and transcribed will not be included in the study. In the unlikely event that a potential participant appears to be heavily under the influence of drugs or alcohol and is incoherent, an alternative time would be arranged for the interview to be conducted.

12. Recruitment of participants

Purposive sampling will be used to recruit 20 adult female offenders aged at least 18 who are incarcerated at HMP Cornton Vale and have successfully completed the prison-based SROBP. Between 10 and 12 women complete this programme each year and given its exploratory and reflective nature, it is anticipated that these individuals will already have reflected on their substance use, offending behaviours and the effects of negative life events and might find it easier to recall the timing of significant life experiences. All women who meet the inclusion criteria will be contacted by the Head of Psychology, have the research verbally explained to them and be given a Participant Information Sheet to read in their own time. Women interested in participating will be asked to contact the Head of Psychology who will get in touch with the researcher and arrange a suitable time for the interviews.

13. Consent and care of participants

		YES	NO	N / A
a	Will you describe the main procedures to participants in advance so that they are informed about what to expect in your study?	√		
b	Will you tell participants that their participation is voluntary?	√		
c	Will you obtain written informed consent for participation?	√		
d	If the research is observational (including tape and video), will you ask participants for their consent to being observed?			√
e	Will you tell participants that they may withdraw from the research at any time without penalty and for any reason?	√		
f	If using questionnaires or interviews, will you give participants the option of omitting questions they do not want to answer without penalty?	√		
g	Will confidentiality be agreed (i.e. that participants will not be identifiable in any records, presentations or reports (oral or written) of the research)?	√		
h	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	√		
i	Will you give participants a brief explanation of the purpose of the study at the end of their participation in it, and answer any questions?	√		

j	Will any payment or reward be made to participants, beyond reimbursement of out-of-pocket expenses?		√	
k	Will your project involve deliberately misleading participants in any way?		√	
l	Is the information gathered from participants of a sensitive or personal nature?	√		
m	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?	√		

(Additional information)

As explained above in order to ensure that participation is voluntary and involves informed consent potential participants will be advised of the nature of the research in both written and verbal format and will have plenty of time to consider whether they wish to volunteer to participate. When the researcher meets with those who have volunteered to participate they will also go through this information again and be given the opportunity to ask questions before a consent form is presented. The researcher will reiterate the voluntary nature of the research and that non-participation will not have any negative repercussions and will not affect the standard care and management in prison.

Whilst this research does not involve physical risk to participants, the sensitive nature of the topics covered might potentially upset the participants or cause distress. To minimise this risk, only participants who have successfully completed SROBP will be able to participate in the study. These individuals would have already reflected on their life histories and will be more self-aware with regards to the emotional impact of discussing traumatic experiences. The Participant Information Sheet will clearly explain the issues covered in the interview and individuals who are deemed too emotionally frail by the Head of Psychology will not be approached to participate in the study. Before the interview, participants will be reminded that they can refuse to answer any questions, stop the interview or withdraw their participation at any point without having to provide a reason.

The interview will be conducted in an empathetic manner and optional breaks will be offered throughout the interview. The researcher is a member of the Disclosure Scotland PVG Scheme and has experience of working with vulnerable people in a sensitive manner. Throughout the interview, the researcher will remind the participants that they can go into as much or as little detail as they feel comfortable with. In the event of a participant becoming distressed, the researcher will ask the participant if they wish to terminate the interview and contact the Head of Psychology who will arrange appropriate care for the individual. At the end of the interview all participants will be advised of appropriate support available to them within HMP Cornton Vale and this information will also be included on the Participant Information Sheet.

This project is supported by the HMP Cornton Vale Head of Psychology Adam Mahoney. He has been on the interview panel for this Masters by Research position, has met with the researcher, coordinated essential prison-based training and induction and will provide guidance and support throughout the project. A separate Research Access Application is also being submitted to the Scottish Prison Service.

SECTION 4: DECLARATION

14. I request ethical and governance approval for the research described in this application. I have read Edinburgh Napier University's policies and guidelines relating to ethics and governance in research, and those of relevant professional bodies (e.g. BPS, BSA, IFPA, SIR, NMC) and agree to abide by these.

15. Ethical implications:

A	I consider that this project has **no significant ethical implications** to be brought before the Ethics Committee.	
B	I consider that this project **may have ethical implications** to be brought before the Ethics Committee and /or it will be carried out with children or vulnerable populations.	√

Signed _____ Date _____

Printed Name _____

I am the Director of Studies or supervisor for this research. I have read this application and approve it. I do not consider that any part of the research process will cause physical and/or psychological harm to participants, or be detrimental to the reputation of Edinburgh Napier University

Signed _____ Date _____

Printed Name _____

Submit the completed and signed form **plus an electronic copy** to Hilary Sawers, Secretary to the Faculty Ethics Committee, 3.B.27 Sighthill Campus. ethics.fhlss@napier.ac.uk

Please ensure that you have attached copies of all relevant supporting documents as approval to proceed cannot be granted until these are received:

- information sheet for participants
- consent form for participants
- debriefing information
- any other supporting documents

SECTION 5: OUTCOME

To be signed by the Convenor or Co-Convenor of the Faculty of Health, Life and Social Sciences Research Ethics and Governance Committee: tick one box.

I grant ethics/governance approval for this research	
I do not grant ethics/governance approval for this research (*provide rationale below*)	

Signed _____ Date _____

Printed Name _____

Designation_____

To be completed by the Head of School (or nominee) as appropriate.

I find this application acceptable and give Access Approval to:

Students ☐

Staff ☐

Documents ☐

Signed _____ Date _____

Printed Name _____

Designation_____

Please complete this form and attach all necessary documentation and send to Hilary Sawers, the Secretary of the FHLSS Research Ethics and Governance Committee, Faculty of Health Life and Social Sciences, 3.B.27 Sighthill Campus. Telephone: 0131 455 2205 Email: ethics.fhlss@napier.ac.uk

APPENDIX 2: Life History Calendar Matrix

Born ……	**Age**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**...**	**22**	**23**	**24**	**25**
Home	Living arrangements														
	Family														
Substance use	Alcohol use														
	Alcohol Dependence														
	Drug use														
	Drug Dependence														
Negative life events															
Crime															
Imprisonment															

Born ……	**Age**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**...**	**47**	**48**	**49**	**Etc.**
Home	Living arrangements														
	Family														
Substance use	Alcohol use														
	Alcohol Dependence														
	Drug use														
	Drug Dependence														
Negative life events															
Crime															
Imprisonment															

APPENDIX 3: Definitions supporting the LHC

NEGLECT

Neglect means not getting the important things you need, not being looked after properly by your parents or carers and not having access to:

- Clean, warm clothes or shoes
- Comfort and affection
- Enough to eat and drink
- Protection and guidance to keep you away from dangerous situations
- Somewhere warm and comfortable to sleep
- Help when you're ill or you've been hurt
- Support with getting your education

PHYSICAL ABUSE

Physical abuse is when someone deliberately hurts or injures you. Physical abuse can happen as a single event or over a longer period of time and can cause pain, cuts, bruising or broken bones. Physical abuse can involve:

- Hitting and smacking
- Slapping
- Punching
- Pinching
- Kicking
- Shaking or suffocating
- Scalding or burning
- Hair pulling

EMOTIONAL ABUSE

Emotional abuse is when someone says or does something that makes you feel bad about yourself, scared, sad or upset.

In childhood emotional abuse could be:

- shouting at you, calling you names, putting you down, humiliating you
- saying or doing things that make you feel bad about yourself
- pushing you away or not showing you affection
- putting you in dangerous situations
- making you see things that are distressing, like domestic violence or drug/alcohol misuse
- stopping you from having friends

In adulthood, it could additionally be:

- Isolating you from friends and family, monitoring your phone calls
- Checking up on you, following you, not letting you go out alone
- Controlling what you can and cannot do
- Denying access to money or other basic resources

SEXUAL ABUSE / ASSAULT

Sexual abuse is when a person is pressurised, forced, tricked or coerced into taking part in any kind of sexual activity. This can include kissing, touching genitals or breasts, intercourse or oral sex. Sexual abuse can involve:

- being touched in a way you don't like without giving permission or consent
- being forced to have sex (rape)
- forced to look at sexual pictures or videos
- made or forced to do something sexual

DOMESTIC VIOLENCE

Domestic abuse means experiencing harm from a current or former partner or spouse and can involve:

- Physical violence
- Sexual violence
- Threatening to hurt you
- Financial abuse – not allowing somebody to spend their own money or not giving them money for basic things
- Stopping someone from going to work

PHYSICAL ASSAULT

Physical assault means someone attacking you or threatening to attack you with an intention of hurting you. This can include hitting, punching, kicking and it may or may not involve weapons.

WITNESSING VIOLENCE

Witnessing violence means seeing other people being hurt or assaulted. This can include:

- Witnessing domestic violence
- Witnessing physical abuse or assault, e.g. someone being beaten up or threatened
- Witnessing sexual abuse or assault
- Witnessing emotional abuse

DELINQUENT AND CRIMINAL ACTS

- Running away
- Assault
- Shoplifting
- Theft
- Burglary
- Drug-related crimes
- Property damage
- Prostitution

APPENDIX 4: Qualitative interview schedule

SUBSTANCE USE

1. I would like to begin the second part of the interview by asking you about your alcohol/drug use. Can you tell me a bit more about how you started using alcohol/drugs?
   Prompt: first experiments/who introduced/social context/why started using/why continued using/how did it make you feel/quantities
2. Can you tell me about some of the good and bad things about drinking/taking drugs?
   Prompt: the way they made you feel/confidence/social interaction/positive and negative experiences/dependence/effect on relationships/other negative consequences
3. Can you tell me the how alcohol/drug dependence has impacted, if at all, on your life?
   Prompt: intimate relationships/different points in life

INTERPERSONAL TRAUMA

4. In the Life History Calendar you reported some negative experiences that happened in your life. Would you feel comfortable telling me a bit more about them? For example, can you tell me more about the *[traumatic experience]* that you experienced?
   Prompt: perpetrator/frequency
5. Can you tell me more about how it affected you?
   Prompt: effect on mental health, e.g. depression/diagnosed mental health problem/different points in life/dealing with consequences/coping strategies/substances/support network
6. Do you think these experiences are in any way connected to your alcohol/drug use?
   Prompts: substance use as coping mechanism

OFFENDING

7. I would now like to find out more about your offending. But first, can you explain to me what you consider to be offending behaviour?
8. Can you tell me how you got involved in offending behaviours?
   Prompt: motives for getting involved/continuing criminal behaviours
9. Can you tell me about any positive and negative consequences of this way of life?
   Prompts: financial/social/ imprisonment/further victimization
10. Do you think these experiences are in any way connected to your alcohol/drug use and/or negative life experiences?
    Prompts: substance use as coping mechanism/coercion into crime/offences committed under the influence of alcohol
11. Is there anything else that you think has contributed to your offending?

FUTURE

12. What are your hopes for the future? Is there anything you would like to change?
    Prompts: offending behaviours/substance use/mental health/internal and external motivation to make changes/support and interventions
13. Is there anything else you would like to add that you feel is relevant but hasn't been covered?

APPENDIX 5: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Invitation

My name is Anna Sierka, I am a student at the Edinburgh Napier University and I would like to invite you to take part in my research project. Below you can find more details about what is involved. Please read this carefully before deciding whether or not you wish to take part.

Aims of the Project

This project is looking at any connections amongst negative life events, substance use and offending. I would like to hear your perspective on how you think experiences such as violence, abuse, drug and alcohol use and offending have affected your life.

What does the project involve?

1. Completing a "life history calendar" and recording the timing of alcohol and/or drug use, negative life events (e.g. childhood physical abuse, domestic violence) and offending history.
2. Taking part in an interview where you will be asked about:
   - Details of alcohol and/or drug use, negative life events, offending history and how these things have affected your life
   - Any link between alcohol/drug use, negative life events and involvement in offending

   I will NOT ask you about details of specific crimes or any substance use in prison.
3. Other information
   - The whole process will take up to 2 hours (including breaks) and will be voice recorded.
   - The interviews will take place in a private room in the recreational area of the prison.
   - There are no right or wrong answers; I'm only interested in what YOU think.

Who can take part?

You can take part if:

- you have completed SROBP (Substance Related Offending Behaviour Programme)
- you have a history of negative life experiences
- you are over 18 years old
- you can spare up to 2 hours of your time
- you agree for the interview to be voice recorded and transcribed

Do I have to take part?

No you do not have to take part - it is entirely up to you! Whether you take part or not will not influence your standard care and management in prison. If you choose to take part, we will arrange a suitable time to meet up and conduct the interview.

What will happen to the information you collect about me?

- All information and responses you provide will be confidential BUT if you disclose that you or someone else is at risk of serious harm or any plans for future criminal activities, this will be reported to the prison staff.
- If I quote something you have said in my project report or other publications, I will not use your real name and I will remove any personal details that could identify you.
- All data will be stored securely on a password-protected device which only the research team will have access to and will be destroyed 12 months after the end of the project.

What are my rights?

- Even if you agree to take part, you can change your mind at any point and withdraw from the interview or project without providing a reason. If you decide to do this, please contact me and all the information you provided will be destroyed.
- If you agree to take part you can refuse to answer any question without giving a reason.
- If you agree to take part in the study and would like emotional support following the interview, please contact the Psychology Manager Adam Mahoney.

What to do next

If you would like to participate you can contact me via the Psychology Manager Adam Mahoney and we will arrange a suitable time to meet up.

Thank you for taking the time to read this information

If you have any questions about the project please contact me on 08005344@live.napier.ac.uk or my supervisor Dr Liz Aston L.Aston@napier.co.uk, tel. 0131 455 3323. If you would like to speak to someone who is not involved in the research please contact the Independent Advisor: Andy Gibbs A.Gibbs@napier.ac.uk, tel. 0131 455 5301.

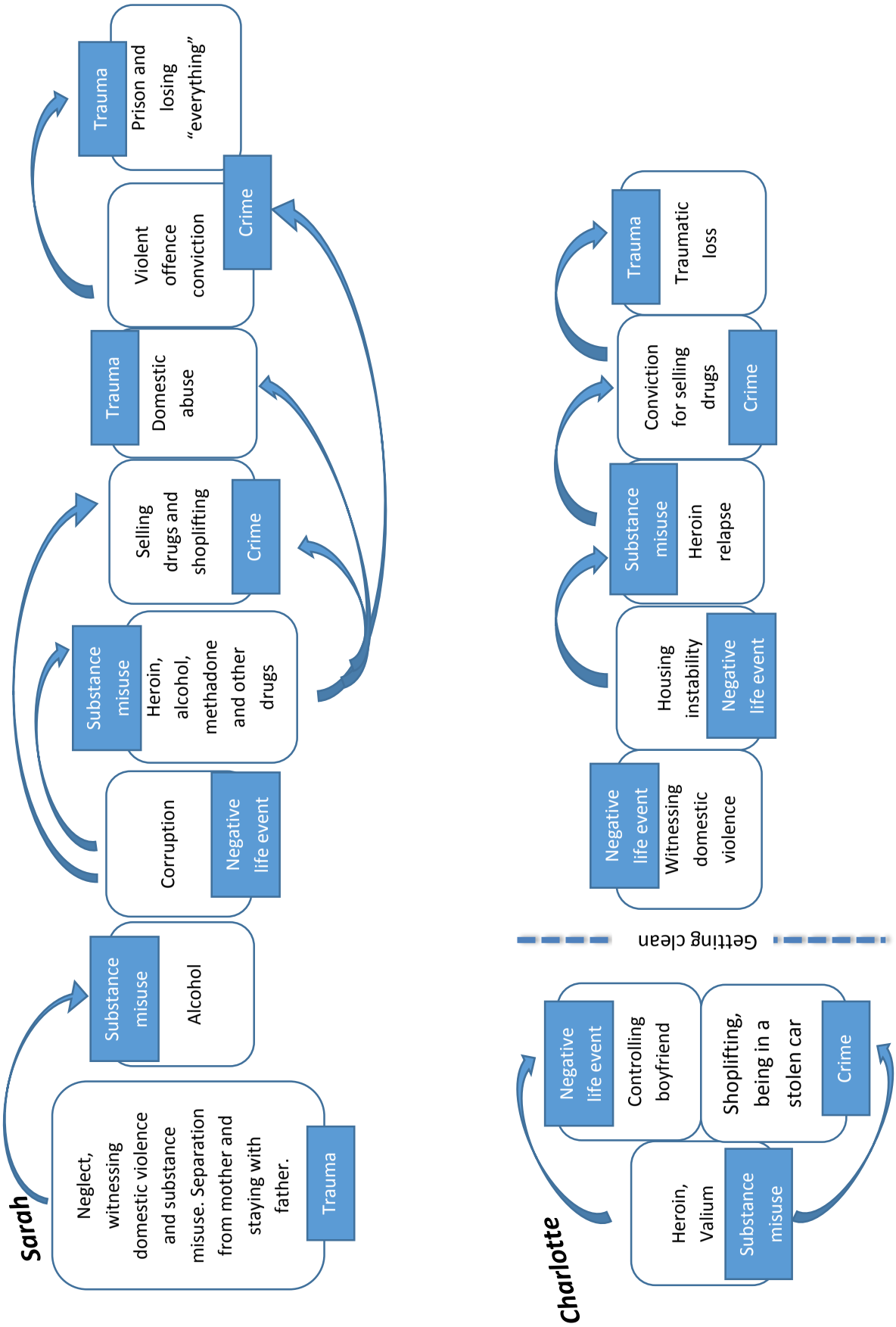
APPENDIX 6: Consent Form

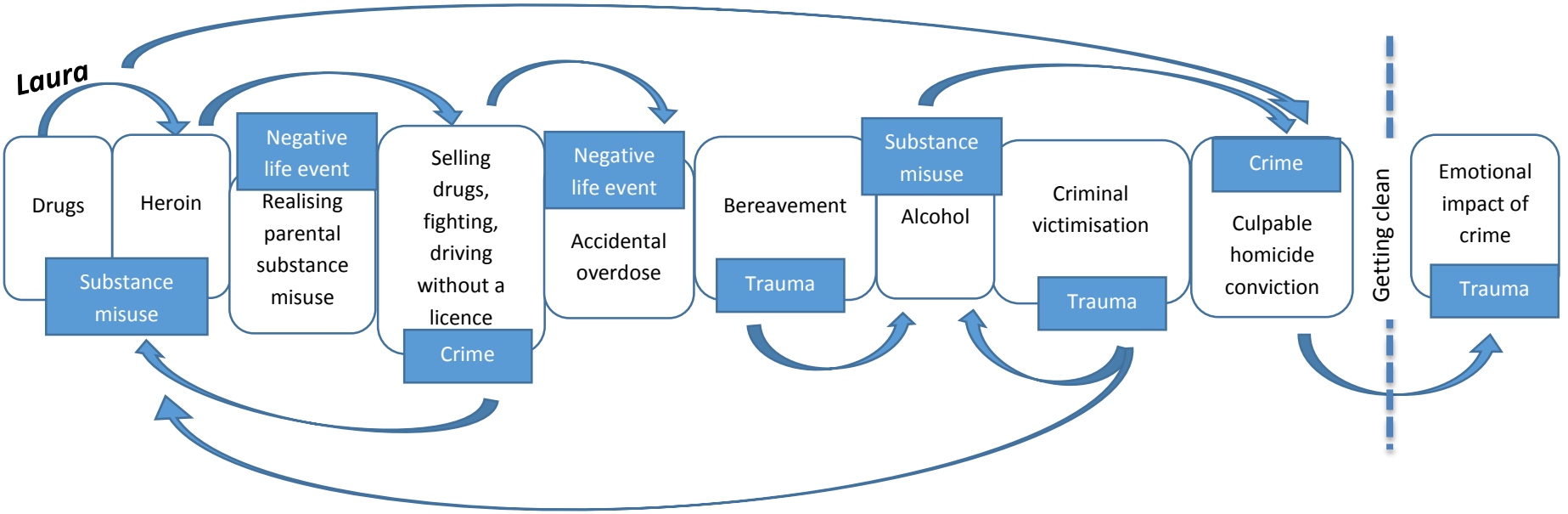
CONSENT FORM

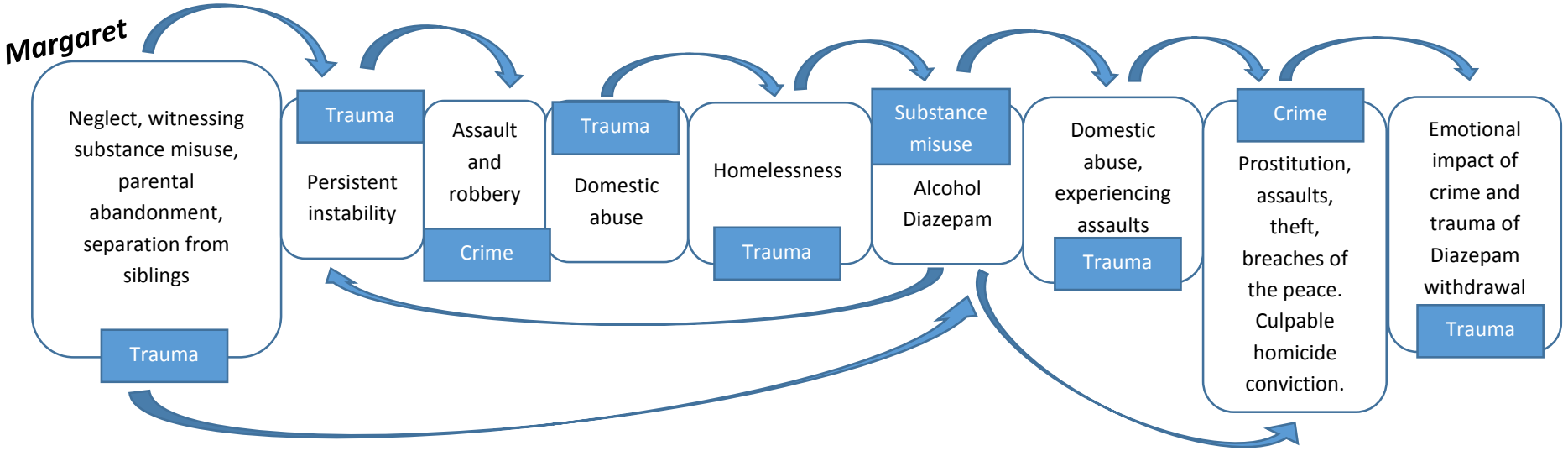
1. Have you read and understood the Participant Information Sheet?	Yes ☐ No ☐
2. Have you been given an opportunity to ask questions and discuss the project?	Yes ☐ No ☐
3. Do you understand that participation is voluntary?	Yes ☐ No ☐
4. Do you agree to participate in the project?	Yes ☐ No ☐
5. Do you understand that you are free to end the interview at any point or refuse to answer any question without providing a reason?	Yes ☐ No ☐
6. Do you understand that you can withdraw from taking part in the project up to two weeks after the interview?	Yes ☐ No ☐
7. Do you agree for the interview to be voice recorded and transcribed?	Yes ☐ No ☐
8. Do you understand that anything you say will be kept confidential? An exception will be if you disclose that you or someone else is at risk of serious harm, any details of current or any plans for future criminal activities, in which case this will be reported to the prison staff.	Yes ☐ No ☐
9. Do you understand that anonymised quotes of the information you provide will be used in project reports, publications and presentations?	Yes ☐ No ☐

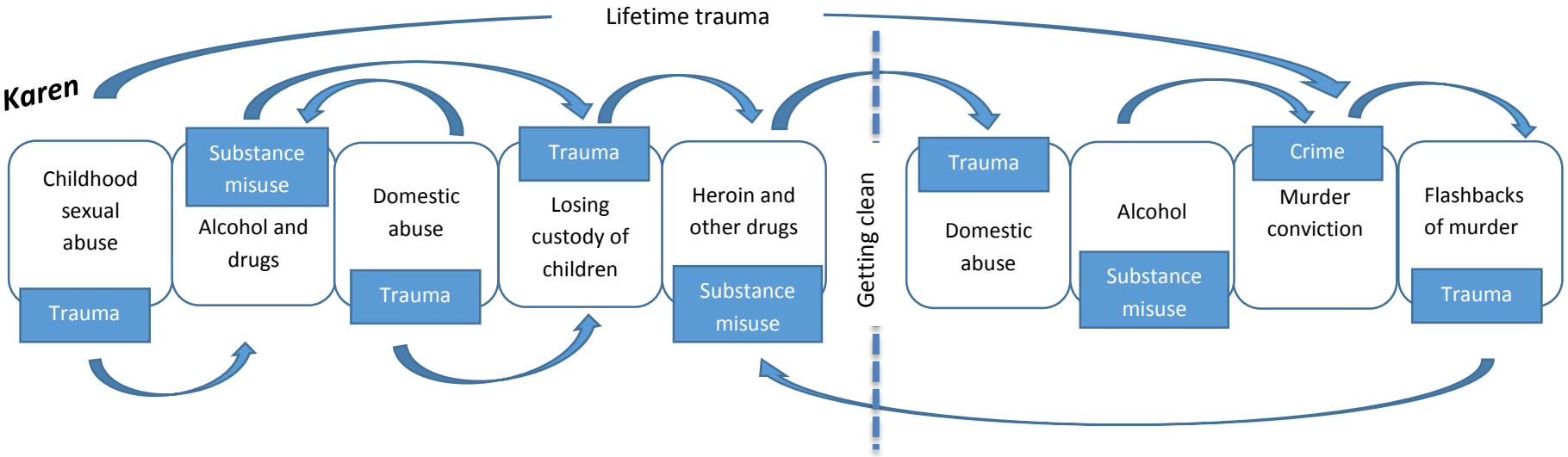
_____	_____	_____
Print name of participant	**Date**	**Signature**
_____	_____	_____
Print name of person taking consent	**Date**	**Signature**

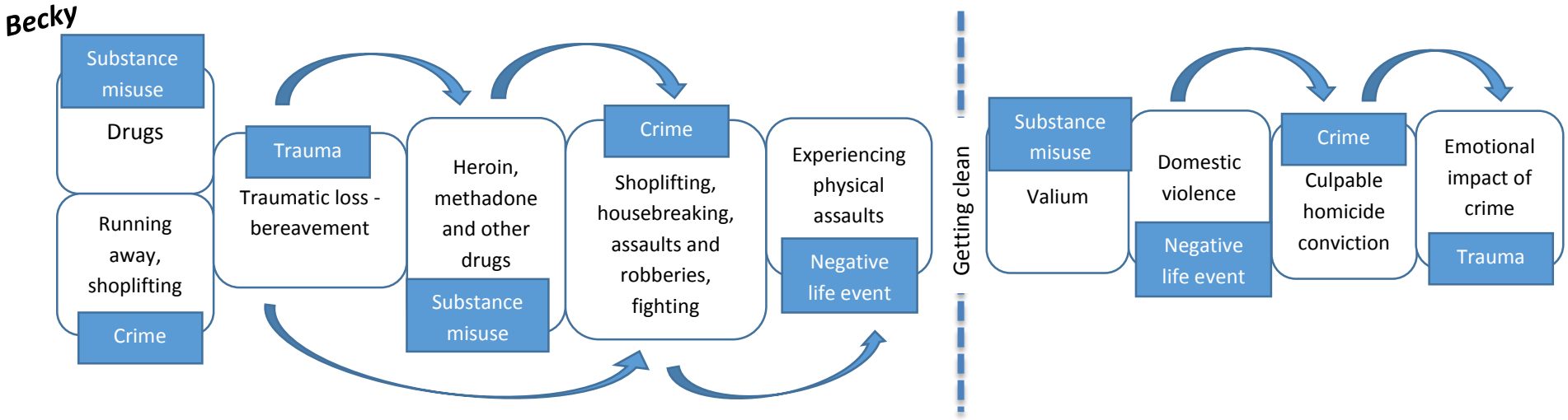
APPENDIX 7: Timelines of perceived causal relationships among experiences related to trauma, substance misuse and crime

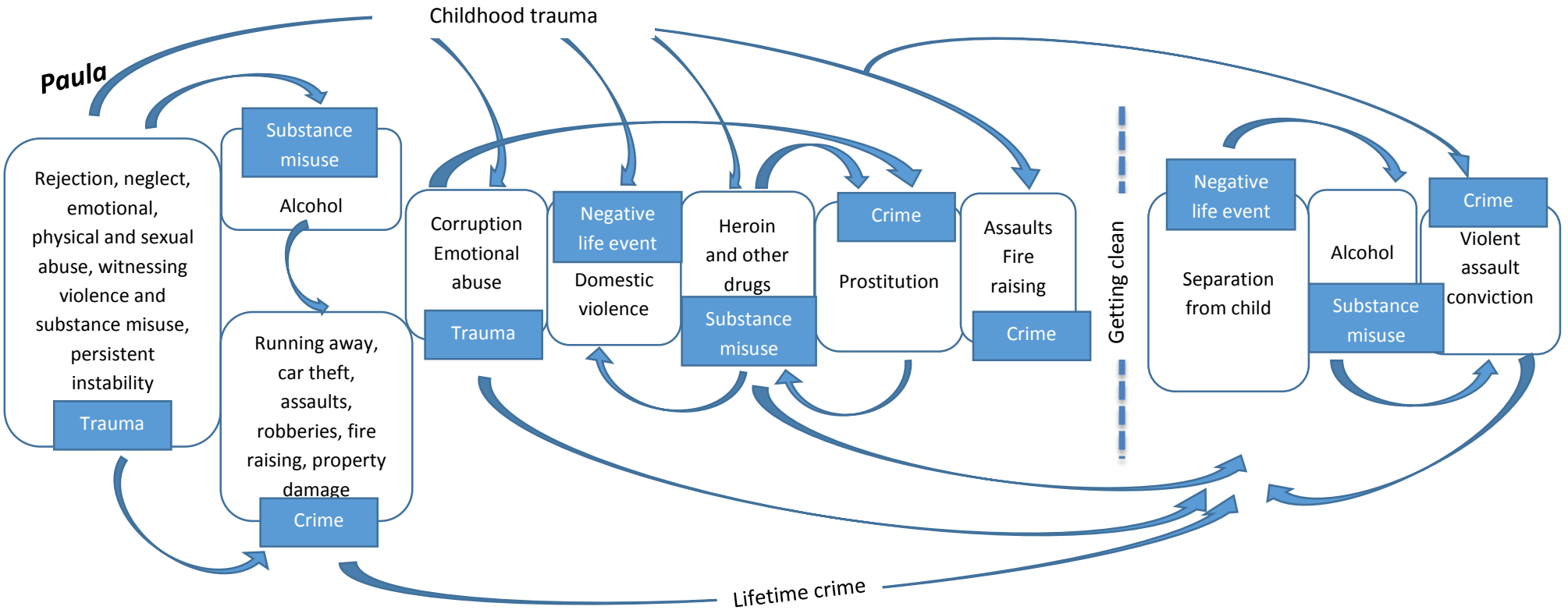


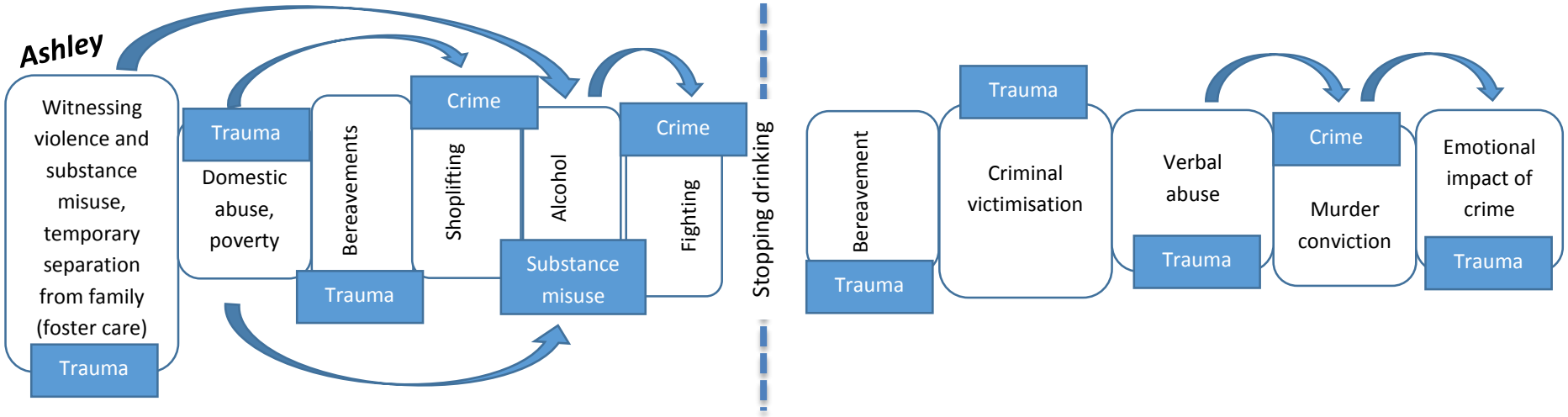

Laura
Drugs
Heroin
Substance misuse
Negative life event
Realising parental substance misuse
Selling drugs, fighting, driving without a licence
Crime
Negative life event
Accidental overdose
Bereavement
Trauma
Substance misuse
Alcohol
Criminal victimisation
Trauma
Crime
Culpable homicide conviction
Getting clean
Emotional impact of crime
Trauma


Margaret
Neglect, witnessing substance misuse, parental abandonment, separation from siblings
Trauma
Trauma
Persistent instability
Assault and robbery
Crime
Trauma
Domestic abuse
Homelessness
Trauma
Substance misuse
Alcohol
Diazepam
Domestic abuse, experiencing assaults
Trauma
Crime
Prostitution, assaults, theft, breaches of the peace. Culpable homicide conviction.
Emotional impact of crime and trauma of Diazepam withdrawal
Trauma


Lifetime trauma
Karen
Childhood sexual abuse
Trauma
Substance misuse
Alcohol and drugs
Domestic abuse
Trauma
Trauma
Losing custody of children
Heroin and other drugs
Substance misuse
Getting clean
Trauma
Domestic abuse
Alcohol
Substance misuse
Crime
Murder conviction
Flashbacks of murder
Trauma


Becky
Substance misuse
Drugs
Running away, shoplifting
Crime
Trauma
Traumatic loss - bereavement
Heroin, methadone and other drugs
Substance misuse
Crime
Shoplifting, housebreaking, assaults and robberies, fighting
Experiencing physical assaults
Negative life event
Getting clean
Substance misuse
Valium
Domestic violence
Negative life event
Crime
Culpable homicide conviction
Emotional impact of crime
Trauma


Paula
Childhood trauma
Rejection, neglect, emotional, physical and sexual abuse, witnessing violence and substance misuse, persistent instability
Trauma
Substance misuse
Alcohol
Running away, car theft, assaults, robberies, fire raising, property damage
Crime
Corruption
Emotional abuse
Trauma
Negative life event
Domestic violence
Heroin and other drugs
Substance misuse
Crime
Prostitution
Assaults
Fire raising
Crime
Getting clean
Negative life event
Separation from child
Alcohol
Substance misuse
Crime
Violent assault conviction
Lifetime crime


Ashley
Witnessing violence and substance misuse, temporary separation from family (foster care)
Trauma
Trauma
Domestic abuse, poverty
Bereavements
Trauma
Crime
Shoplifting
Alcohol
Substance misuse
Crime
Fighting
Stopping drinking
Bereavement
Trauma
Trauma
Criminal victimisation
Verbal abuse
Trauma
Crime
Murder conviction
Emotional impact of crime
Trauma

APPENDIX 8: Audit Trail of the IPA Analysis Process

IPA Analysis Step 1: Reading and re-reading

Initial comments for Paula

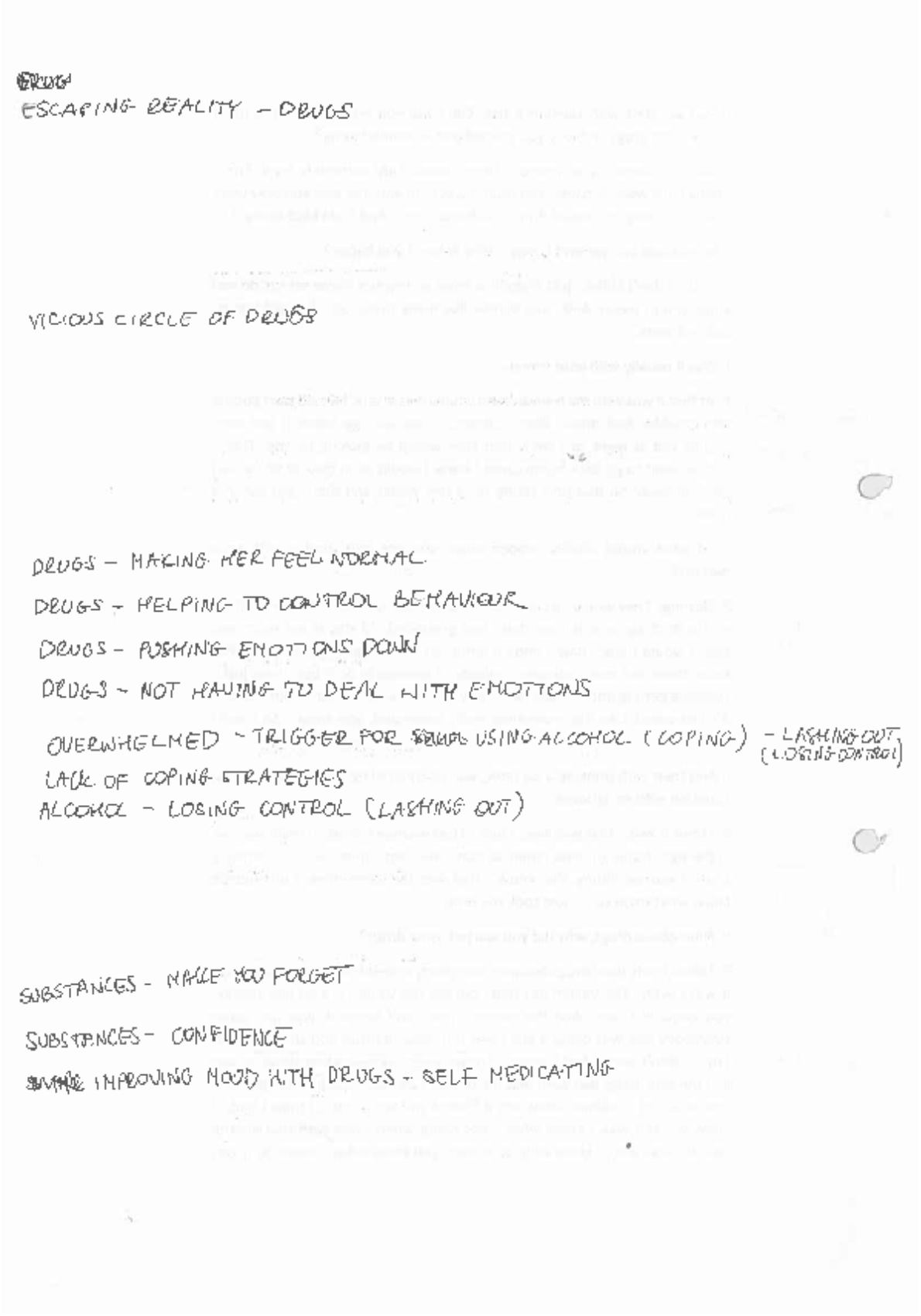
Striking observations and powerful memories:

- Paula appeared very strong and confident
- Seemed very open and happy to share her experience
- Strong sense of resentment towards her mother and aunt throughout the interview
- Laughed at many points during the interview when talking about very serious issues, e.g. getting "battered" by her brother => almost seems like there are no emotions in her tone of voice but obvious from the content that it's affected her. Defence mechanism? Coping strategy? Brick wall? Hard exterior?
- Tone of voice changes slightly when talking about sexual abuse/assault => did not want to talk about it
- Talking about taking a friend to aunt's house => seems to find it very funny, entertaining, laugh's at friend's reaction. She was so used to seeing and experiencing violence that it became normal?

Thoughts during the analysis:

- Using "crazy" and "madness" and "mess" to describe situations
- No escape from violence in childhood – at aunt's house and parent's house
- "couldn't really think straight without drugs" => for most people it's the other way round. Underlying mental health problem?
- Heroin – didn't give her the desirable effect as made her feel sick
- Someone always had control over her – mother, brother, aunt, partner, social services, prison/secure units
- Compares how her mother treated her in childhood to how she treats her own daughter => daughter helped her realise what's right and wrong
- "waking up"
- Talking a lot about trust and lies
- Fight or flight => she could never "flight" at home so now she's fighting back? Attacking before she gets hurt? Violence = taking control?
- When talking about domestic abuse: "cause it's like for nothing" => is there ever a justified reason for domestic violence? Violence normalised?
- Consequence of stopping drugs – in control of own life but not actions
- Growing up as an unwanted child
- She associates her violence with witnessing violence
- Fighting – deeply embedded in her brain as a natural reaction
- Proving yourself through crime – a sense of satisfaction. She didn't have any positive ways of proving herself. Committing crime to earn respect?
- Multiple reasons for committing crime or violent acts

IPA Analysis Step 2: Initial noting (excerpts from an interview with Paula)



like I didnae need to try and do anything or kinda face up to reality so it was easier just to keep going that way, you know what I mean.

I: So when you say that you didn't enjoy taking drugs, can you remember how they made you feel?

P: Well the heroin made me sick, every time, even if I could smell it, in the foil, I would just be sick. You know, everybody used to say "how do you even take that" but... But see when I was on Valium, it didnae make me sick, this is... this was where I went wrong. I would take Valium, if for some reason maybe the Valium settled ma stomach and then I could take heroin. But then when I had no Valium, I was left with a heroin habit. So I had to take the heroin, you know? And that was just... It was horrible. So...

I: How about mentally, how did alcohol, heroin and Valium made you feel mentally?

P: I don't remember a lot. I really don't remember a lot. Erm... I think it was just... they made feel all right. You know, the kinda... I think they made me feel normal. Obviously I wasnae but at the time I thought that that... you know when I was on drugs, that was me, I was alright. And I think in a way they did because I never got into trouble when I was on drugs, you know. I was calm and I didnae lash oot or you know, I could kinda control maself.

I: Why do you think that was?

P: Because ma emotions were kinda pushed down, I never had to like expene... express maself. I don't know. Something like that. You know... when you're on drugs you've not really have any emotions so you're not having to deal with them. I think that's... that's why I was alright when I was on the drugs. I had nae... I think there were a lot of things that I hadnae dealt with before I went on the drugs. And then... when I come off them and then I had all of that to deal with and then all this other shite with ma wee lassie, I just kinda went... pffff... I don't know how to deal with this. But I didnae want to go back and use drugs so it was like what to do? So I had a drink and then ended up lashing oot.

I: And can you remember any good things about taking drugs or using alcohol? Would you say there were any good things?

P: The only good thing was it makes you forget, you know. If you're maybe not want to... like... do stuff... or... and it gives you confidence, you know. Sometimes if you're not feeling good you can take a couple of Valium and you're alright. Erm... but there's no really, no really any good points... that... stand oot.

I: What about bad things?

P: Well... It makes you forget [laughs]. You know, now I think that's a bad thing. Erm... At the time it was a good thing but now it's kinda... I don't like that, I don't like not being able to remember stuff and know what I've done. Erm... I would rather know, even if it's bad, I'd still rather know. You know

TRIVIALIZING EXTREME VIOLENCE
PERCEIVING VIOLENCE AS ENTERTAINMENT

DESENSITIZATION TO VIOLENCE WITH AGE

PERCEIVING
WITNESSING VIOLENCE AS ENTERTAINMENT

WITNESSING PARENTS DRINKING
RESENTMENT TOWARDS MOTHER
WITNESSING DOMESTIC VIOLENCE

MOTHER HIDING THE ABUSE
MOTHER'S FAVOURITISM
MOTHER PERMITTING VIOLENCE - NOT PROTECTING FROM VIOLENCE
DAD PHYSICALLY PUNISHING BIG BROTHER FOR BEING VIOLENT

think she's dead", right. So she's all happy with herself. So ma auntie Sue is just [laughs], it was like something out of a film. She's jumped up to her, getting hold of her, "aaa aaaaaa" [laughs]. It was just madness. And they would roll about and pull each other's hair and bite each other's fingers. Which... was quite... I used to think it was dead funny. She'd go "don't you speak to me like that" [pointing with her finger] and she would bite her finger and she'd be kidding on that it's not sore, do you know what I mean. So ma granny or whatever one was biting because they would take turns each.

I: So were they mother and daughter?

P: Yes, it's ma mum's mum and sister [laughs]

I: So you said at the time you thought it was funny?

P: When I was really younger it used to kinda scare me or freak me oot. But as I got older, I used to just think it was funny. You know I really just thought it was funny. And I could... you could see ma granny winding ma auntie Sue up, you know. It's like ma auntie... ma granny knew exactly how to start... cause see as we got older as well, we would kinda split it up when they went too far but it would be like... we'd let ma granny get a couple of punches in [laughs] right? So if I was there, ma granny knew, right, we'll start on Sue so she'd start saying wee things and you knew it was coming, you know what I mean. You could see Sue sitting getting angry and getting built up, then it would just... It would just start. But ma granny was fly, the two of them are fly. Sometimes Sue would start just for no reason. But I have... I think it was quite funny.

I: And you said your parents were fighting sometimes as well?

P: Aye, that was mostly when they were drunk, they would fight. But ma ma was just staring her shite... I just don't know what her problem was. Erm... she just... she was just shouting and bawling for nothing. And then ma dad would kinda try and kinda thingme. Sometimes ma dad would get that so angry and he would throw plates and smash them aff the walls or something. Not to hit her, just to kinda... "shut the fuck up" you know. And... so that wasnae very nice either.

I: What was your dad's reaction to your brother being violent towards you and your younger brother?

P: I think there was once or twice that ma mum actually told him, right? See when ma dad had come in from work... right... this was all happening through the day. See by the time ma dad was coming from work, Frank was like sitting there like an angel. So... and you knew ma mum wasnae going tell ma dad, right. Cause she's no... one time she told him me dad battered Frank all aboot the hoose right. So see after that, ma ma never told ma dad again because she didnae want Frank getting battered. So she just let him... It could be we would be up in our room getting battered, screaming "mammy, mammy, help me, help me", ma ma shouting "Frankie stop it". He never stopped it,

NO BOUNDARIES AS AUNT'S - COULD DO WHAT SHE WANTED

SEXUALIZATION AT AN EARLY AGE
BEING ENCOURAGED TO WATCH SEXUAL ACTS / PORN
BEING EXPOSED TO SEXUAL ACTIVITIES / PORNOGRAPHY
UNAWARE IT WAS WRONG - NOT RECOGNIZING IT AS ABUSE AT THE TIME
TRIVIALIZATION OF SEXUAL ACTIVITIES

AUNT ~~COERCING~~ MANIPULATION HER INTO CRIME (PROSTITUTION)
AUNT NORMALIZING USING SEX FOR FINANCIAL GAIN
LEARNING THAT PROSTITUTION IS AN ACCEPTABLE AND DESIRABLE ACTIVITY (CRIME)

TALKED INTO CRIME / PROSTITUTION

EFFECTS OF VALIUM ON PROSTITUTING-

BEING USED BY AUNT / TAKEN ADVANTAGE OF
LYING ABOUT AGE
NORMALIZATION OF VERBAL AGGRESSION / EMOTIONAL ABUSE

MANIPULATING AUNT

CONTROLLING AUNT
IMPOSSIBLE TO PLEASE - EMOTIONAL ABUSE

MENTALLY UNSTABLE
UNPREDICTABLE AUNT

POSSIBILITY OF ARGUMENTS
ERUPTING AT ANY POINT

P: See we used to... we always used to let her... like I always used to take ma pal oot so we used to like go and stay with her. That's the pal that when I first took her oot she was like "oh ma god". But she kept coming out because she thought that Sue was great, cause Sue let us drink and smoke and she would take us oot late at night and she would let us stay oot late... she would let us do what we wanted, do you know what I mean. But... erm... see if she had a boyfriend in the hoose right, she'd take me and say "come and see this girls" and she would go and start wanking him and all that. "What, do you think that's a big one?" We were just about 12 and we were going "oh ma god, go on look, hi hi hi". We thought this was dead funny but it's no funny, do you know what I mean. Then she's put on porno films and say "what do yous think of that", you know just... pfff... naaa... She's just... aye.

I: And then you said she convinced you or talked you into prostitution?

P: Aye, aye. She used to say... from I was very young she used to say to me all the time about how if you... if you get a taxi and you cannae pay, you just pay the driver on the back seat and you know, take men with money, take them for everything that they've got, marry a man with money, go out with a guy for money erm... so like... it was kinda always there, the kinda money thing that she had. So when she used to talk about like... erm... making money, she would say to me "oh, if I was your age I would go and do this and I would go and make money because you're only young". You know, just all shite like that. So I though "well, that's a great idea, I'll do that". She's like "but where will you go?" So she looked up the... she looked up a couple of things in a phonebook right. But because I was only 17 they wouldnae take me, right [laughs]. So I said I'll just go... because I think I was on Valium at the time anyway... I said I'll just go into Glasgow, I'll be fine. She was like right, I'll pay for your taxi [laughs]. So she used to pay for ma taxi and I'd give her all ma money, I'd pay her mortgage when I came home. And then... when I was 18 I think I was allowed in... Well, I ended up going to like an escort place and saunas and stuff but I had to kid on that I was 18. So... but she would phone me there, see when I was there, she would phone me "you fucking bitch, don't you bother coming home, you're... you're... don't come back to ma house" and all that. And I was like... that's her started, you know.

I: Why did she do that?

P: I don't... I don't know. So see when I then said "right, I'll no be back", she'd phone greeting "oh, you'll need to come and see me, I'm sorry pet, I'm sorry". So I'd go and see her and she just wanted me in the hoose. Even though I was to go oot and make money. But when I was oot making money, she wanted me there. Cause she was lonely. You know what I mean... Just... and then I would be in me bed at night and she would come in, she'd start shouting and bawling "right, get your stuff and get to fuck". "Aye right then, ok, I'll go". "Oh no, don't go". So she was just ... manic. And... and I didnae know, I was just like fucking hell, just let me go to sleep.

I: You also said that you've overdosed with Paracetamol when you were 13?

23

IPA Analysis Step 4: Connections among themes (interview with Karen)

NEGATIVE LIFE EVENTS

Childhood negative life experiences

- Witnessing somebody overdose and die 6
- Being taken to a List D school 21
- Sexual abuse

Adulthood negative life experiences

- Domestic violence, abusive home in adulthood 3, 11
    - Controlling partners 3
    - “Getting beat up” 1
    - “Mental torture” 11
    - Escalation of domestic abuse with first partner 11
- Witnessing pointless acts of violence/animal cruelty 8

CONSEQUENCES OF NEGATIVE LIFE EVENTS (OUT OF CONTROL BEHAVIOUR)

Perception of sexual abuse as a “core problem” – trigger 6

Behavioural consequences

- Out of control drug taking after losing children 2, 14
- (Uncontrollable) drug use following sexual abuse 3, 6
- Drinking because of “getting battered” 1
- Acting “pure wild” because of sexual abuse 6
- Dealing with abuse through drinking and taking drugs 20
- Excessive use of substances after running away from List D school (indifference) 6

Psychological consequences – emotional dysregulation

- Suicidal thoughts due to emotional manipulation by partner 20
- Loss of motivation, indifference 2, 6
- Traumatic separation from family (institution) 6, 21
- Questioning other’s knowledge of sexual abuse 5, 7

DEALING WITH NEGATIVE LIFE EVENTS/ABUSE

Substance use as a way of coping

- Normalization of substance use as a reaction to negative experiences 20, 21
- Coping with being in List D school through drinking 21
- Lack of coping strategies alternative to substance use 22
- Perception that you need substances to cope 15, 17, 20, 22
- Different patterns of substance use in adolescence and adulthood – from experimenting to established coping strategy 16

Pushing things out of consciousness

- "blocking out" the abuse through binge drinking and drugs only temporary 16, 17
- Feeling of being "gone" at first drug use reinforcing the desirable effects of substances and further substance use (from weaker to stronger) 5
- "blocking out" sexual and domestic abuse 5, 21
- Controlling memories 5
- Fighting not to let sexual abuse into consciousness (contradiction: first says that it does but then that it doesn't affect her) 6, 7, 8
- Losing control – outburst to abuser's wife about sexual abuse 7, 8
- Sexual abuse "locked away in a wee box" 5
- Not wanting to talk about the abuse 6, 20

Managing emotions through self-medication 1

- Uppers and downers 1
- Dealing with the stabbing aftermath – self-medication and prescribed Valium 18

Vicious circles of negative life events and substance use

- Intensity of domestic abuse influencing the intensity of alcohol use 20
- Drinking proportionate to the level of physical domestic abuse 11, 20
- List D school and drinking 21
- Getting battered because of drinking 21

Coping with abuse - "You just get on with it" 20

Trying to draw attention through aggression towards the abuser 5

CONSEQUENCE OF SUBSTANCE MISUSE

- Traumatic consequences of alcohol misuse – losing children 20
- Unable to think clearly – clarity of thought after getting "clean clean" 14
- Substances affecting self-perception (bravado, confidence to do things) 17

IN AND OUT OF CONTROL

- Alcohol affecting the ability to control own actions (stabbing) 12, 15, 17, 21
- Regaining, taking control through stabbing 13
- Clean = in charge, in control of own actions 15
- Sense of powerlessness over domestic violence 11
- Losing control over what happens to her children – blaming ex 11
- Heroin addiction – "gets you" before you know it 15
- Heroin addiction - having to take heroin to feel normal (drugs in control of how she feels) 2, 14, 15
- Spiral of negative/traumatic events 6
- A "blur" of events following stabbing 18
- Losing control over own life through involvement in the justice system (being put in institutions) 7, 18
- Fear of the unexpected – involvement with the justice system 7, 18

BREAKING POINT

- Losing children as a trigger for indifference and drug use 1, 2
- Escalation of domestic abuse leading to stabbing – “I’m not having it” 3, 4, 12
- Restlessness and escalation of emotions before stabbing 12
- Magnification of lifetime trauma leading to stabbing 13
- Slashing wrists as a result of partner’s emotional manipulation 20
- “Had enough” of heroin addiction – getting clean 15

CONSEQUENCES OF STABBING

- Unexpected consequences – death and going to jail (losing control) 4, 13
- Crime as a traumatic experience leading to PTSD (flashbacks) 19
- Psychological impact of taking somebody’s life 13
- Self-destruction after crime – out-of control drugs use, indifference 18, 19
- Heroin use before and after stabbing: caring vs. self-destruction, apathy 14, 19
- Prison sentence transforming attitude to drugs 16
- Effect of prison on mental health 19
- Breakdown of relationship with mother – condemnation of stabbing 13, 17
- Reconnection/reunited/re-established contact with children through newspaper article about crime 9, 10

REJECTING AND PUNISHING PEOPLE THAT HURT OTHERS

- Retaliation for humiliation – resentment towards the victim 13
- Punishing bad, nasty behaviours 8, 9, 10, 11, 12

RELATIONSHIPS/FAMILY

- Strong sense of family ties 8, 9, 10, 17
- Empathy for the victim’s family 13
- Family as a personal motivator 10, 11
- Criminal involvement of family members 8, 9, 10

ENVIRONMENT WHEN GROWING UP

- Happy memories of childhood, non-violent and non-abusive home 1, 3, 8

SOCIETAL/OTHERS VS. SELF-JUDGEMENT

- Self-perception as a victim – sense of injustice as judged through stigma 10, 11, 13, 17, 18
- Self-perception of personality – a “quiet wee person” 12, 17
- Not a repeat offender 4
- Normalization of substance use – this is what you do, a part of life 20
- Sense of societal judgement, stigma (witnessing death and article) 6, 7, 10, 17

SOCIAL CONTEXT/ENVIRONMENT

- Introduced to heroin by boyfriend 15
- Context for substance use – hanging about with older friends 1, 5
- Fitting in as a motive for substance use in adolescence and adulthood 5, 15, 20
- Witnessing violence within social context in adulthood 3

IPA Analysis Steps 5 and 6: Searching for patterns across cases

Super-ordinate themes	Subthemes	
Living in a hostile environment	"It's just history repeating itself again and again"	Childhood victimisation Parental substance use Neglect Abuse as a pivotal moment Domestic violence Criminal victimisation
	Persistent instability	Disrupted and unstable relationships Unstable living arrangements
Making sense of self and the world	Disrupted sense of self	Nature vs. nurture Self as a victim Societal stigma and the self Abuse and the sense of self
	Influences of negative role models	"Everybody'd done it" Experimenting vs. coping Bonding and a sense of belonging Gaining respect Adjusting to a partner's lifestyle
	Normalization	Normalisation of abuse Distortion of right and wrong Normalisation of substance use Normalisation of violence Institutionalisation Impact of positive role models
Dysregulation of the emotion management system	Trauma as trigger	Temporary affect dysregulation "I was just wild... pure wild" Developmental disturbance to affect regulation Magnification of negative affect
	Avoidance – "blocking out" reality with substances	Lack of adaptive coping strategies "blocking out" reality Escaping reality Substances as a learned coping strategy Self-medication
	Avoidance – "locking away" problems	Pushing problems out of consciousness Avoiding talking about emotions Resurfacing of emotions Developing alternative coping strategies

“Ma life was spiralling oot of control rapidly”	**Losing control over substance use**	**“Snowballing” of substance use** **Supporting addiction through crime** **Sense of uncertainty about the future**
	Losing control over behaviour due to substances	Lack of control Personality change Impulsivity and unpredictability Changed perspective Substances as the top priority Altered sense of time Lack of sense of purpose or direction
	Vicious cycle of vulnerability	Isolation, marginalisation and rejection Strain on intimate relationships Vulnerability to involvement in crime Crime as a way of financial survival Escalation of crime Vulnerability to victimisation Negative consequences of crime Crime as trauma Imprisonment as a turning point Motherhood as a turning point