EXPLORING MALE SERVICE USERS' EXPERIENCES OF TRAUMA AND VIOLENCE: A QUALITATIVE INTERPRETIVE PHENOMENOLOGICAL ANALYSIS

by
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OVERVIEW

This thesis is submitted by Daniel Philip Crowson in partial fulfilment for the degree of Doctor of Forensic Clinical Psychology (ForenClinPsyD) at the University of Birmingham and contains two volumes.

Volume One of the thesis comprises the research component of the doctorate and contains three chapters. The first chapter is a meta-ethnography exploring the experiences of women who have experienced sexual violence whilst serving in the military. The second chapter is a qualitative empirical study of male forensic mental health service users' experiences of trauma and violence. The final chapter is an executive summary providing an overview of the two preceding chapters and is suitable for a public audience.

Volume Two of the thesis contains five Forensic Clinical Practice Reports (FCPR) that were completed over the course of the doctorate. The first FCPR describes the assessment and formulation of a woman transferred from prison to a psychiatric hospital presenting with anxiety around beliefs of being malodorous. Her difficulties were formulated using cognitive-behavioural and systemic models. The second FCPR describes a service evaluation of Positive Behavioural Support (PBS) training in a women's medium secure forensic mental health service to determine if there was any opportunity for improvement of the training. The third FCPR presents a time series analysis conducted to measure behavioural change in a 16-year-old male FCAMHS service user presenting with behaviours that challenged the expectations of the ward on which he resided. The fourth FCPR details the assessment, formulation, and evaluation of a cognitive-behavioural intervention for a male with complex needs, presenting with anxiety related to taking community leave from the medium secure forensic ward on which he resided. The fifth FCPR presents an abstract of an oral presentation case study.

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CHAPTER 1
THE EXPERIENCES OF SEXUAL VIOLENCE AND TRAUMA BY WOMEN SERVING IN THE MILITARY: A META-ETHNOGRAPHY

Abstract

Objectives: This meta-ethnography examines the current body of qualitative literature that explores the experiences of women who have experienced sexual violence whilst serving in the military. Synthesis of the research aimed to identify the overall shared experiences amongst this group of women and produce new interpretations of this.

Method: Using a combination of search terms, a systematic literature search was conducted on nine data bases, which identified 13 qualitative papers (6 journal and 7 post-graduate papers) from the United States of America that explored the question of "what are the qualitative experiences of women who have experienced sexual violence and trauma whilst serving in the military?". Using Noblit and Hare's (1988) approach, the papers were synthesised by translating the papers into each other.

Findings: Six themes and four sub-themes were identified that appeared to represent the shared experiences of the women in the papers under review: *A Hostile Male-Dominated Military Culture; Reporting (or not) of Sexual Violence; Blame from Others and Self; The Power of the Other to Validate; Betrayal by Comrades-in-Arms;* and *Moving On and Post-traumatic Growth.*

Conclusion: Additionally, it was identified that the women underwent a process of *Individualisation* and *Revictimisation*. Overall, the findings highlight that it is necessary for the US military to create a trauma-informed environment for female victims of sexual violence that is validating and non-blaming; that makes victims feel safe and comfortable in reporting their assaults; and assures them that the necessary steps for prosecuting the perpetrators will be taken.

1.1 Introduction

Sexual Violence

Sexual violence is defined as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances…against a person's sexuality using coercion, by any person regardless of their relationship to the victim" (World Health Organisation, 2002: pp. 149); and can encompass acts such as rape, sexual assault, sexual abuse and sexual harassment (World Health Organisation, 2002; Rape Crisis England and Wales, n.d.). Whilst sexual violence can be perpetrated against both men and women, it has been observed that sexual violence against women is a "critical global issue" (Norris, 2015: pp. 430); therefore, this review will focus on sexual violence against women.

Statistics relating to the worldwide prevalence of sexual violence against women vary. For example, a systematic review found that 7.2% of women worldwide experienced non-partner sexual violence with higher rates in central and south sub-Saharan Africa (21% and 17.4%, respectively) and lower rates in southern Asia (3.3%) (Abrahams et al., 2014). Furthermore, one in three women (30%) who have been in a relationship experienced physical and/or sexual violence, while 35% of women experienced either intimate or non-partner physical and/or sexual violence (World Health Organisation, 2013).

Nationally, it is estimated that 3.4 million women and 631,000 men have experienced sexual assault since the age of 16 (Flatley, 2017). In 2016, it was further estimated that 510,000 woman and 138,000 men experienced sexual assault (Flatley, 2017), an increase from approximately 85,000 women and 12,000 men in 2012 (Ministry of Justice, 2013). These reviews indicate that a significant proportion of sexual violence internationally and within the United Kingdom is perpetrated against women.

The consequences of sexual violence are diverse. Victims can experience physical injuries and after-effects, such as chronic pelvic pain, premenstrual pain, gynaecological symptoms, unwanted pregnancies, and migraines (World Health Organisation, 2002). However, often the greater and longer-term impact of sexual violence is psychological and takes the form of trauma, mental health difficulties, and suicidal behaviour (Long & Butler, 2018; Norris, 2015; World Health Organisation, 2002). A meta-analysis reviewing trauma literature associated with sexual assault from 1970 to 2014 found that sexual assault is strongly associated with Post-Traumatic Stress Disorder (PTSD) and has been noted to adversely affect mental health (e.g. impacting on the co-morbid development of depression, anxiety, eating disorders, and substance abuse) and suicidality (Dworkin et al., 2017).

Sexual violence can occur across various contexts (e.g. within marriages or relationships, at work, under the influence of substances, sex trafficking, prostitution; World Health Organisation, 2002). There have been several qualitative investigations into the different experiences of those who have lived through sexual violence: experiences of alcohol- and drug-related sexual assault (Ullman, O'Callaghan, & Lorenz, 2019); general experiences of sexual violence (dos Reis, Lopes, & Osis, 2017); help-seeking decisions after sexual assault (DeLoveh & Cattaneo, 2017); experiences of informal disclosure of sexual assault to friends or family (Lorenz et al., 2018); experiences with professionals after sexual assault (Fehler-Cabral, Campbell, & Patterson, 2001; Starzynski, Ullman, & Vasquez, 2017); and experiences of the legal system (Lorenz, Kirkner, & Ullman, 2019). Of interest in this literature review are the experiences of women who have had sexual violence perpetrated against them whilst serving in the military as there is evidence to suggest that compared to the general population, military personnel are at a higher risk of sexual victimisation (Zinzow et al., 2007).

Sexual Violence in the Military

Since 2006 there has been a growing awareness of sexual harassment against women in the military within the United Kingdom (Rutherford, Schneider, & Walmsley, 2006). However, the issue received greater scrutiny when Corporal Anne-Marie Ellement committed suicide in 2011 after being bullied following allegations of rape made against two Royal Military Police officers. Subsequently, the two officers were acquitted of the charge at an army tribunal in 2016 (Godier-Mcbard, Fossey, & Caddick, 2017; Laville, 2014).

In 2018, the Ministry of Defence (MoD) reported a 35% increase in the number of sexual offence investigations across the Armed Forces (including the Army, Royal Navy, Royal Marines, and RAF) since 2016, with 77% of offences being committed against women. While there are no specific definitions of sexual violence within the UK military, the investigated offences were in contravention of the Sexual Offences Act (2003), which is the legal framework used by the Ministry of Justice (MoJ) that defines acts of sexual violence such as rape, sexual assault and sexual contact without consent.

Regarding the United States military, Wilson (2018) conducted a meta-analysis examining the prevalence of Military Sexual Trauma (MST). MST is a specific term coined by the US Department of Veteran Affairs (2012) that refers to "sexual assault or repeated, threatening sexual harassment during military service" (Burns et al., 2014: pp. 345). Results indicated that 38.4% of women in the US military reported experiencing MST in the form of harassment and sexual assault (Wilson, 2018). This indicates that there is a significant body of research exploring the issue of sexual violence within the context of the military and suggests that there is a need to understand the extent of this issue further. However, the existing reviews have been quantitative in nature and there are currently no reviews that focus on the qualitative literature in this area of interest.

Meta-ethnography

Literature reviews aim to summarise specific areas of research to provide an overview of the current state of that body of research (Britten et al., 2002). Meta-ethnography is a structured approach to reviewing qualitative research and seeks to go beyond simply providing a narrative account of the literature. Through comparison and analysis of different text across several qualitative studies, meta-ethnography aims to provide a "holistic interpretation" (Noblit & Hare, 1988: pp. 93) or a "re-interpretation…based on published findings rather than primary data" (Britten et al., 2002: pp. 83). This synthesis of qualitative research can then create a more comprehensive picture or generalisable theory about what qualitative research has explored (Atkins et al., 2008)

To date, there are no meta-ethnographies or reviews that bring together the shared experiences of multiple qualitative explorations of women who have experienced sexual violence in the military. Therefore, this meta-ethnography serves to be the first such review in this specific area of sexual violence and trauma.

Aims of this Meta-ethnography

The aim of this meta-ethnography is to investigate the current body of qualitative literature that explores the experiences of women who have experienced sexual violence whilst serving in the military. Through examination of these different experiences, this meta-ethnography aims to produce new interpretations of the research to understand the overall shared experiences amongst this group of women.

1.2 Method

In 1988, Noblit and Hare outlined a meta-ethnographic approach to synthesising qualitative research. They noted that for a synthesis to be conducted, a process of systemic comparisons and translations of the information found in the qualitative literature needs to occur. They outlined seven guiding phases to aid comparison and translation. These are noted in Figure 1.1 below.

1. Getting started: This involves identifying an intellectual interest that qualitative research might inform. This is developed through searching for, finding, and reading qualitative studies;
2. Deciding what is relevant to the initial interest: This involves determining which of the studies that have been found are relevant to the area of interest and accessing them;
3. Reading the studies: This is identified as the repeated reading of the studies that have been determined as relevant, and paying attention to the what the studies have reported;
4. Determining how the studies are related: This requires deciding on the relationships between the studies that are to be synthesised;
5. Translating the studies into one another: This involves comparisons of metaphors and interpretations across the studies, while maintaining the central metaphors or concepts that are found within each of the studies;
6. Synthesising translations: This involves determining if any of the compared translations can encompass each other or if they create any competing interpretations;
7. Expressing the synthesis: This refers to the communication of the synthesis in an appropriate way to a specifically chosen audience.

Figure 1.1: The seven guiding phases of conducting a meta-ethnography by Noblit and Hare (1988: pp. 110-112)

Consistent with phase one, the subject of this review developed from a general interest in trauma. Having conducted my empirical research on trauma with men, I was interested in qualitative trauma literature relating to women, prompting a broad literature search on that topic. I found women's experiences of trauma during war interesting and noticed that the topic was divided into female civilians experiencing trauma during wartime conflict and female military personnel experiencing sexual assault whilst serving in the military. In discussion with my supervisor, the area relating to servicewomen experiencing sexual assault while serving in the military became the key area of interest.

Systematic Literature Search

In line with phase two of Noblit and Hare's (1988) approach, once the research question and aim of the review had been clarified a systematic literature search was conducted. Below is the outline of the process followed to obtain the necessary qualitative literature to conduct the review.

Search Strategy

Shaw et al. (2004) noted that due to indexing methods endorsed by literature databases, qualitative literature can often be difficult to search for and identify. Therefore, they provided guidance on effective strategies to ensure relevant qualitative studies relating to areas of interest are discovered. Following these recommendations a combination of free-text search terms and database specific thesaurus terms (i.e. selecting relevant qualitative limiters and/or filters on the databases) relating to the question of "what are the qualitative experiences of women who have experienced sexual violence and trauma whilst serving in the military?" were devised. The free-text search terms and truncations (denoted by an *) can be found in Table 1.1. Initially, the search term "military sexual trauma" was not included. However, as noted in the introduction it became apparent through initial screenings that "military sexual trauma" was a specific term on its own. Therefore, the term was included, and the searches were re-run to ensure that papers that used the term were captured.

Table 1.1: Free-text search terms used for the database searches

Key words	Search terms derived from key words
Women	women OR woman OR female* OR servicewomen OR servicewoman
Military	military OR arm* OR defence OR armed OR soldier* OR veteran*
Services	service* OR force*
Qualitative experiences	qualitative OR phenomenology* OR experience* OR incident* OR event* OR ordeal* OR encounter* OR perspective* OR view* OR feeling*
Sexual	sexual OR sex*
Trauma	traum* OR assault* OR violat* OR violen* OR rape
	military sexual trauma

Initially, six databases were searched: PsychInfo, PubMed, CINAHL, Web of Science, Medline, and ProQuest, with the initial focus being on peer-reviewed articles found in journals. However, it was noted that the database searches produced several post-graduate theses and dissertations that explored the area of interest. In discussion with my supervisor, it was decided to include post-graduate papers for several reasons: if they were excluded there would an insufficient number of papers to conduct a comprehensive review; given that post-graduate papers are peer-reviewed to be awarded a passing grade they would be of adequate standard to be included; as many of the papers were produced between 2016 and 2018, this appeared to be a developing field of interest and exclusion of the post-graduate papers could result in missed experiences that could add value to the overall review. Because the post-graduate papers had been captured in the databases that were initially searched, it was decided to conduct a further search of e-Thesis databases (Ethos, Open Access Theses and Dissertation database, and ProQuest Dissertations and Theses) to ensure all relevant post-graduate research was captured, bringing the total number of databases searched to nine. The results from the nine databases were exported to the reference managing programme, EndNote and screening based on the inclusion and exclusion criteria began.

Inclusion and Exclusion Criteria

The screening process began by excluding duplicate papers, followed by the screening of titles and abstracts based on the criteria outlined in Table 1.2 below.

Table 1.2: Inclusion and exclusion criteria for screening

Inclusion Criteria	Exclusion Criteria	Rationale
Papers published are available in English	Papers published in a language other than English	Synthesis will be completed in English and translating them from another language will lose meanings inherent within the original language.
Journal papers and post graduate theses or dissertations	Petitions, review articles, research theory articles, opinion articles, surveys, audits, magazines, committee hearings, books, conference proceedings, letters, dissertations	There was an absence of published literature. Both journal papers and post graduate works are empirical and peer reviewed. Therefore, there is higher likelihood of acquiring relevant data from these sources.
Papers that focus on female samples	Papers that focus on males only, or focus on differences between males and female, or focus on samples comprised of males and females, or make no explicit indication of a female sample, or focus on transgenders	There is evidence to suggest sexual assault occurs more frequently against females than males, and gender is likely to be an important contextualising factor for sexual assault in the military. Want the sample to be as homogenous as possible to allow for reciprocal translations.
Papers that focus on adults	Papers that reference children and adolescent samples	One must be an adult, 18 years and over, to join the military.
Sexual trauma, sexual assault, rape, PTSD relating to sexual trauma	General trauma, unspecified PTSD, violence not related to sexual assault, PTSD related to stalking	Sexual assault or sexual trauma in the military appears to be a newly emerging area of research interest.
Qualitative papers	Quantitative papers, mixed methods papers	Meta-ethnography is aimed at collating qualitative papers that focuses shared experiences rather than comparisons of statistical outcomes.
Sexual assault or sexual trauma experienced while serving in the military or armed forces	Experiences of trauma either before or after active duty in the military or armed forces, sexual assault committed during periods of war against women not in the military, first-hand accounts not part of a qualitative study	The military is a unique context in which sexual violence can occur.

Systematic Screening Process

Using the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) model (Moher, Tetzlaff & Atman, 2009) in Figure 1.2, the systematic selection process is outlined, highlighting the total number of papers and the stage at which papers were either included or excluded.

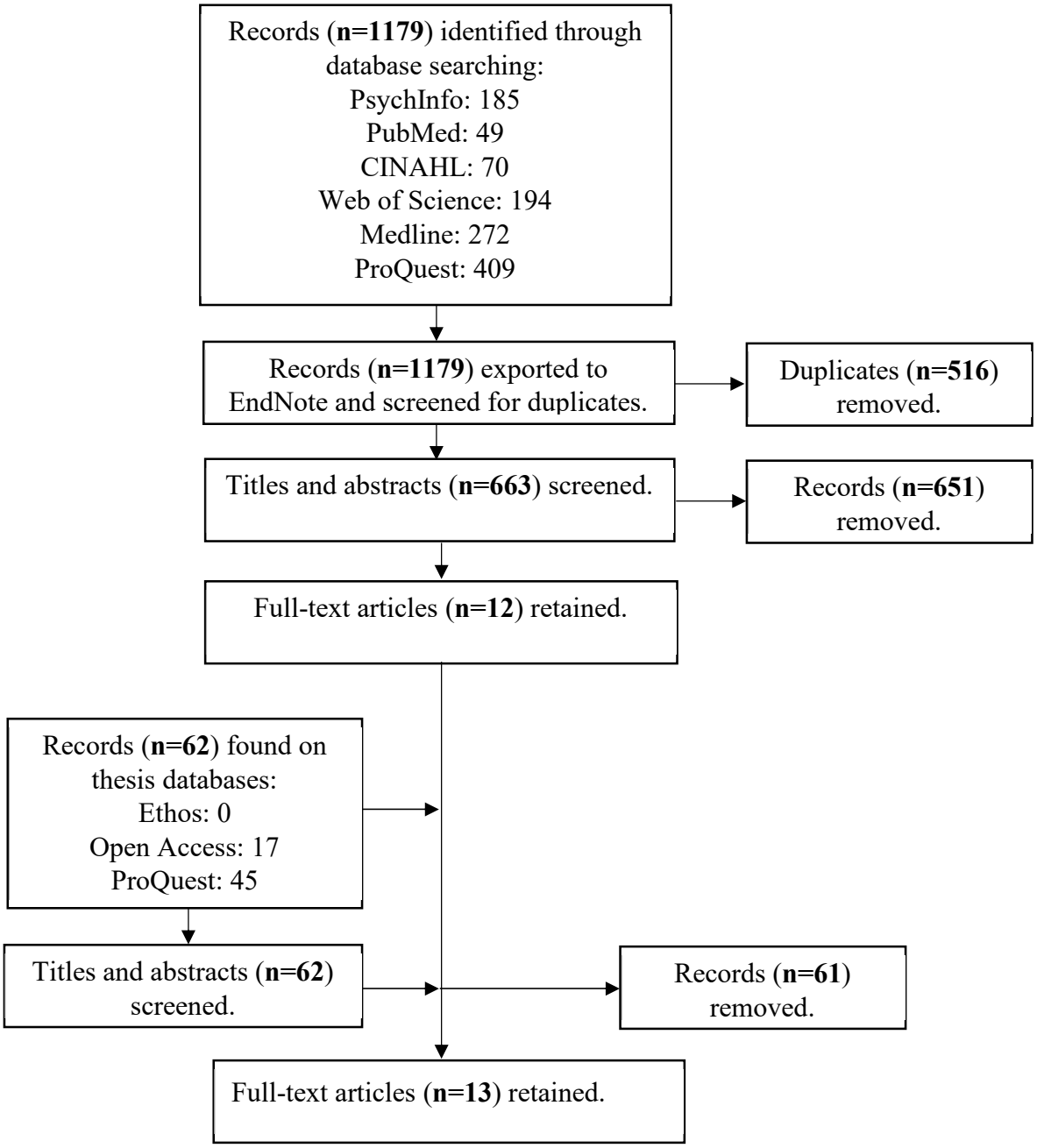

Figure 1.2: PRISMA flowchart demonstrating the number of papers included and excluded at each stage of the screening and review (Moher et al., 2009)

Before the e-Thesis databases had been searched, there were originally 13 papers. However, one paper highlighted military sexual trauma as a theme included with other themes that identified different types of trauma experienced by women serving in the military. It did not provide enough evidence of what the trauma experiences were like and was therefore excluded, leaving the original number of papers at 12. A recently published thesis was included through the e-Thesis databases search, bringing the total number of papers back to 13, consisting of six journal papers and seven post-graduate theses. The retained papers are listed in Table 1.3.

Table 1.3: Details of empirical and post-graduate papers included for review

Research Paper and Author	What is the research question?	How are they approaching the data (epistemology)?	What analytic tool are they using?	Where is the researcher in relation to the data (role)?	Demographic information.
Wing, Oertle, & Raine, 1998 Journal paper	What is the recovery process in women veterans suffering from PTSD as a result of military sexual abuse?	Not stated	Grounded Theory	Role of researcher(s) is not clearly defined.	United States 16 women Aged 31-58 (m=42.1) 16 Caucasian
Vick, 2008 Post-graduate paper	What is the experience of women who were sexually abused in childhood, and then were revictimised while serving in the military?	Wanted to develop a new theory around sexual victimisation of women in the military.	Grounded Theory	States an understanding of the researcher's experience, identifies background influencing the interview process. Also noted use of a journal to capture reflections and diversions from any previously held biases.	United States 6 participants Aged 40-65 4 White 2 Native American
Burns et al., 2014 Journal paper	What are US military women's experiences, who were deployed overseas between 2002 and 2011, with and perceptions of MST prevalence, reporting, and services?	Not stated	Modified Grounded Theory Methods	Role of researcher(s) is not clearly defined.	United States 22 women (7 reported MST) Aged 18-30+ 19 white. 2 Non-Hispanic 1 Hispanic
Zaleski & Katz, 2014 Journal paper	What is the emotional and psychological experience and impact of pregnancy from rape on a woman serving in the military?	Not stated	Grounded Theory	Role of researcher(s) is not clearly defined.	United States 7 women (only 6 analysed) Aged 31-55 years 1 Mayan Indian 1 Cherokee Indian 2 Black 2 White 1 Hispanic
Jacobs, 2016 Post-graduate paper	What are the experiences of women survivors of MST who receive health care from the Veterans Association after discharging from the military?	Phenomenology	Heideggerian Hermeneutic Phenomenology	Brief mention about self-reflection and the use of a research journal to identify biases, preconceptions and expectations that would affect the research process.	United States 16 women Aged 18-65+

Research Paper and Author	What is the research question?	How are they approaching the data (epistemology)?	What analytic tool are they using?	Where is the researcher in relation to the data (role)?	Demographic information.
Rasmussen, 2016 Post-graduate paper	What barriers to reporting did servicewomen who survived sexual assault in the military setting perceive? What role did betrayal (the act of going against a promise) play in their decision?	Phenomenology	Interpretive Phenomenological Analysis	The researcher acknowledges that her background as a commissioned naval officer and a feminist made her interested in the topic of MST and how this would influence her analysis of the data	United States 3 women Aged 30-43 3 Caucasian
Kehle-Forbes et al., 2017 Journal paper	What are the gender-specific challenges and success encountered by female veterans with PTSD and/or MSA in using Veterans Health Administration services?	Not stated	Modified Grounded Theory approach	Role of researcher(s) is not clearly defined.	United States 37 women Age m=54.7 "Predominantly white"
Payton. 2017 Post-graduate paper	Explore leadership's impact on victims' reporting experiences as they are situated in the wider military social ecology, and illuminate areas of reforms	Feminist standpoint methodology	Constructivist Grounded Theory	Researcher clearly acknowledges her role as a feminist researcher and that this brings with it her own critical consciousness and analytic skills.	United States 8 women Aged 21-52 5 Caucasian-America 1 African American 1 Asian America 1 multiracial
Dichter, Wagner, & True, 2018 Journal paper	How do intimate partner violence (IPV) and sexual assault (SA) experiences intersect with women service member's military service?	Military Occupational Mental Health Model	Grounded Theory	Role of researcher(s) is not clearly defined.	United States 25 women Aged 22-58 56% Black 20% White 16% Hispanic 8% "other" or multiracial
Foster-Knight, 2018 Post-graduate paper	What are the lived experiences of women veterans on reporting sexual trauma and accessing mental and medical health care from the Veterans Association while deployed to Iraq and Afghanistan between 2006 and 2011?	Feminist Construct Framework	Transcendental phenomenology	Researcher appears to understand their role in interpreting the data and how they can bias the interpretation. They also took step to defend against this by continually re-evaluating and challenging their assumptions.	United States 5 women Aged 29-45

Research Paper and Author	What is the research question?	How are they approaching the data (epistemology)?	What analytic tool are they using?	Where is the researcher in relation to the data (role)?	Demographic information.
Frey, 2018 Post-graduate paper	How do individual and environmental factors influence adjustment in women following MST?	Resilience and post-traumatic growth theory	Critical discourse analysis	Comprehensive discussion about reflexivity and acknowledgement how the researcher's passion for the research question can impact on the analysis and writing of the research paper.	United States 11 women Aged 25-66 (m=40.36) 9 Caucasian 1 Hispanic 1 Hispanic-Caucasian
Freysteinson et al., 2018. Journal paper	What body image issues do female veterans with MST have?	Phenomenology	Ricoeur's hermeneutic phenomenology	Author's previous work into body image led to flawed assumptions that body image issues in veterans would be related to physical attributes	United States 12 women Aged 25 – 63 (m=43.92) 10 African American
Preston, 2018 Post-graduate paper	What is the meaning and purpose that female service members assign to their lives following their sexual abuse experiences?	Not stated	Axial Coding (Grounded Theory)	Section at the end of the paper to discuss reflections about motivations to conduct the research and impact of the interviews, but not necessarily any considerations about influence of self on the analysis.	United States 6 women Aged 38-63 4 Caucasian 1 Latin 1 Mixed Race

All thirteen of the studies were conducted in the United States. The sample sizes varied, with the biggest sample being 37 (Kehle-Forbes et al., 2017) and the smallest being three (Rasmussen, 2016). Overall, the sample sizes were small in comparison to those used in quantitative studies, which is typical of qualitative research. However, the total number of women included for review was 158.

Not all studies provided details of the ethnic composition of their samples (Kehle-Forbes, et al., 2017; Foster-Knight, 2018; Jacobs, 2016), but based on those that did, 69 participants were Caucasian, 28 were Black or African American, seven were Latino or Hispanic, five were Multi-racial or Mixed Race, two were Native American, one was Mayan Indian, one was Cherokee Indian, and one was Asian American, indicating that the majority of the experiences come from Caucasian women. The methods of analysis fell into three main categories: grounded theory (eight studies), phenomenology (four studies) and critical discourse analysis (one study). All but one of the journal research authors failed to consider the impact of their role on the analysis, while all but one of the post-graduate researchers did consider the impact of their role on the analysis.

Quality Appraisal

There has been some debate on the use of quality review criteria for qualitative research as it has been suggested by some that structured checklists do not produce consistent appraisal of the research (Barbour, 2001; Dixon-Woods et al., 2004; Dixon-Woods et al., 2007; Eakin & Mykhalovskiy, 2003). However, it is also felt that quality reviews should not be dismissed outright as they are able to filter out research that suffers from significant methodological issues (Dixon-Woods et al., 2004; Dixon-Woods et al., 2007). These issues can then form the basis of further discussion and assessment of the data (Campbell et al., 2011).

For this review, quality appraisal of the papers is used to qualify the interpretations and conclusions drawn from the review. The voices of the participants used in the reviewed research will be more credible and will lend more value to the reinterpretations of the data if the quality of the research is of a high or good enough standard. Therefore, to determine the quality of the papers included they were measured against a quality appraisal checklist specifically designed for qualitative papers (NICE, 2012; Appendix A). Adaptations were made to the checklist to determine whether the authors used a suitable qualitative method or analytic tool for the research and if they had a clear understanding of sexual violence and/or military sexual trauma. All thirteen papers were read and marked with a (✓) if the criterion was met, a (?) if it was not clear or the criterion was partially met, and an (X) if the criteria was clearly not met. Based on this, an overall assessment was made on the quality of the papers judged on how many of the criteria were or were not met. This can be found in Table 1.4.

Table 1.4: Overview of quality reviews for studies included for synthesis

Study	Theoretical Approach			Study design	Data Collection	Validity				Analysis						Ethics	Overall methodological quality
	Is a qualitative approach appropriate?	Is the study clear in what it seeks to do?	Is the qualitative method/analytic tool chosen appropriate for the aim?	How defensible/rigorous is the research design/methodology?	How well was the data collection carried out?	Is the role of the researcher clearly described?	Is the context clearly described?	Were the methods reliable?	Is there a clear understanding by the researcher of MST/sexual violence	Is the data analysis sufficiently rigorous?	Are the data rich?	Is the analysis reliable?	Are the findings convincing?	Are the findings relevant to the aims of the study?	Are the conclusions adequate?	How clear and coherent is the reporting of ethical considerations?	
Wing, Oertle, & Raine, 1998	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	?	✓	✓	✓	✓	?	Some weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis. However, some issues with lack of reflection on the role of the researcher, and perhaps some lack in the richness and use of data as evidence despite there being a lot of interpretation written around the data. Also, limited consideration of ethics
Vick, 2008	✓	✓	✓	✓	✓	✓	✓	✓	✓	?	✓	?	?	?	?	✓	A number of weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich data. There is recognition of the impact of the role of the researcher and steps taken to ensure validity and reliability. Some indication of ethical consideration, but not expressed clearly. However, there is a significant lack of rigour in the analysis, which therefore affects the findings and the conclusions drawn from them.
Burns et al., 2014	✓	✓	✓	✓	✓	X	✓	?	✓	✓	✓	✓	✓	✓	✓	?	Some weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis. However, some issues with lack of reflection on the role of the researcher, and uncertainty around the validity in terms of only 7 out of 22 participants experienced MST. Also, unclear on ethical considerations.

Study	Theoretical Approach			Study design	Data Collection	Validity				Analysis						Ethics	Overall methodological quality
	Is a qualitative approach appropriate?	Is the study clear in what it seeks to do?	Is the qualitative method/analytic tool chosen appropriate for the aim?	How defensible/rigorous is the research design/methodology?	How well was the data collection carried out?	Is the role of the researcher clearly described?	Is the context clearly described?	Were the methods reliable?	Is there a clear understanding by the researcher of MST/sexual violence	Is the data analysis sufficiently rigorous?	Are the data rich?	Is the analysis reliable?	Are the findings convincing?	Are the findings relevant to the aims of the study?	Are the conclusions adequate?	How clear and coherent is the reporting of ethical considerations?	
Zaleski & Katz, 2014	✓	✓	✓	?	✓	X	✓	?	✓	?	✓	?	✓	✓	✓	✓	A number of weaknesses: Appropriate qualitative approach and data collection, with sufficiently rich and rigorous analysis. However, some issues with lack of reflection on the role of the researcher, design and reliability in terms of the methods. There was no second researcher used to verify the analysis resulting in queries around analysis rigour and reliability.
Jacobs, 2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	No weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis. There is recognition of the impact of the role of the researcher and steps taken to ensure validity and reliability and detail about ethical considerations.
Rasmussen, 2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	?	Some weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis. There is recognition of the impact of the role of the researcher and steps taken to ensure validity and reliability. Some indication of ethical consideration, but not expressed clearly.
Kehle-Forbes et al., 2017	✓	✓	✓	✓	✓	X	✓	✓	?	✓	✓	✓	✓	?	✓	?	A number of weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis. However, some issues with lack of reflection on the role of the researcher and use of a sample group with both PTSD and/or military sexual assault, which may have impacted on the results of the study. Also, limited consideration of ethics.

Study	Theoretical Approach			Study design	Data Collection	Validity				Analysis						Ethics	Overall methodological quality
	Is a qualitative approach appropriate?	Is the study clear in what it seeks to do?	Is the qualitative method/analytic tool chosen appropriate for the aim?	How defensible/rigorous is the research design/methodology?	How well was the data collection carried out?	Is the role of the researcher clearly described?	Is the context clearly described?	Were the methods reliable?	Is there a clear understanding by the researcher of MST/sexual violence	Is the data analysis sufficiently rigorous?	Are the data rich?	Is the analysis reliable?	Are the findings convincing?	Are the findings relevant to the aims of the study?	Are the conclusions adequate?	How clear and coherent is the reporting of ethical considerations?	
Payton, 2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	?	✓	✓	✓	✓	✓	✓	Some weaknesses: Appropriate qualitative approach, design, and data collection, reflection by the research of the impact of their role. Clear and coherent conclusions drawn from the analysis. However, there appeared to be only one analyser of the data, which weakens the rigour of the analysis.
Dichter, Wagner, & True., 2018	✓	?	✓	✓	✓	X	✓	✓	?	✓	✓	✓	✓	✓	✓	?	A number of weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis However, some issues with lack of reflection on the role of the researcher, and around the understanding of MST and/or sexual violence as the paper examined experiences of IPV and SA interchangeably, which may have also influenced the aims of the study. May have benefitted from focusing on one aspect. Also, unclear on ethical considerations.
Foster-Knight, 2018	✓	✓	✓	✓	?	✓	✓	?	✓	✓	✓	✓	?	✓	✓	✓	Some weaknesses: Appropriate qualitative approach, design, good reflection on impact of role on the data. Good consideration of ethical issues. However, data collection varied, some were written up, and only one researcher completed the analysis. Themes were also based on questions asked, not necessarily inducted from the data.

Study	Theoretical Approach			Study design	Data Collection	Validity				Analysis						Ethics	Overall methodological quality
	Is a qualitative approach appropriate?	Is the study clear in what it seeks to do?	Is the qualitative method/analytic tool chosen appropriate for the aim?	How defensible/rigorous is the research design/methodology?	How well was the data collection carried out?	Is the role of the researcher clearly described?	Is the context clearly described?	Were the methods reliable?	Is there a clear understanding by the researcher of MST/sexual violence	Is the data analysis sufficiently rigorous?	Are the data rich?	Is the analysis reliable?	Are the findings convincing?	Are the findings relevant to the aims of the study?	Are the conclusions adequate?	How clear and coherent is the reporting of ethical considerations?	
Frey, 2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	No weaknesses: Appropriate qualitative approach, design, and data collection, with sufficiently rich and rigorous analysis. There is recognition of the impact of the role of the researcher, steps taken to ensure validity and reliability and detail about ethical considerations.
Freysteinson et al., 2018	✓	✓	✓	✓	✓	?	✓	?	✓	✓	?	✓	✓	✓	✓	✓	Some weaknesses: Appropriate qualitative approach, design, and data collection, with rigorous analysis. However, some issues with lack of reflection on the role of the researcher, and data potentially not rich enough. This was compensated for by three researchers analysing the data. Also, some uncertainty around methodology as researcher initially aimed at looking at body image issues.
Preston, 2018	✓	✓	✓	✓	✓	?	✓	✓	✓	✓	✓	✓	?	✓	?	✓	Some weaknesses: Appropriate qualitative approach, design, and data collection, and clear ethical considerations. Validity is somewhat undermined as the researcher did not clearly state how their role impacted on the research, but more about how the research material impacted them. Additionally, themes around process of meaning making were found to "fit" that process, rather than the other way around i.e. data was found to fit a model rather than a model was developed around the data.

Overall, the thirteen studies included for review were evaluated to be of reasonably good quality with two papers (Frey, 2018 and Jacobs, 2016) being of very good quality. It appears that the journal papers demonstrated weaknesses in two main areas: exploring the role of the researcher (which impaired the overall validity of those papers) and clarifying ethical considerations (some stated they had simply received ethical approval from an ethics board, whilst some did not mention ethics at all). Conversely, these were two areas that the post-graduate papers were clearer on; however, they were appraised as having more frequent weaknesses relating to their analysis.

Data Extraction

To begin data extraction, phase three ("reading the studies") needed to be completed and the relevant information obtained. Therefore, all thirteen papers were read, with the focus of the extraction being on the "findings" sections of the papers. These sections held the various themes and sub-themes the authors had identified. Once all the papers had been read, each paper and the list of themes and sub-themes were placed in an extraction grid to begin analysis (see Appendix B and C).

Firstly, common words, phrases or ideas were noted and linked between the different papers. From this, eleven initial reciprocal translations – ideas that are alike and can be linked (Noblit & Hare, 1988) – were identified and are briefly listed in Table 1.5, while the full reciprocal translations and the authors that contributed to them can be found in Appendix D.

Table 1.5: List of reciprocal translations found during data extraction

1.	"military culture/male dominated environment"
2.	"blame"
3.	"reporting"
4.	"emotions"
5.	"coping/adapting"
6.	"visibility/invisibility"
7.	"resilience"
8.	"validation/invalidation"
9.	"betrayal"
10.	"post-traumatic growth/empowerment"
11.	"suggestions/recommendations"

Data Analysis and Synthesis

Relevant data for each translation were then extracted from the papers that contributed to it (see Appendix E for an example of this), then data for each translation was re-read. As a result, some of the translations were merged with each other as they were able to be re-translated into each other (e.g. "validity/invalidity" and "visibility/invisibility" were found to be similar in concepts and were merged into the single translation of "validity/invalidity"), while other translations were found to be too generic and could be broken up and incorporated into other translations (e.g. "emotions" was broken up and incorporated into various other translations). Finally, one of the translations, "suggestions/recommendations", was judged to not be a theme that emerged from the women's experiences of sexual violence, but rather ideas they had to improve services or change the environment in which they worked. Therefore, these ideas were held aside and revisited within the discussion section of the review.

In this sense, the process of synthesising the data had begun. The above process incorporated phases 4, 5, and 6 of Noblit and Hare's (1988) synthesis approach. From this, six themes were identified from the data. To ensure the reliability of the finding, I consulted with my research supervisor and attended a meta-ethnography review and support group where themes and their relevant sub-themes were refined through a process of critical discussion and

evaluation until it was determined that the emergent themes were representative of the collected data.

From this, phase seven of Noblit and Hare's (1988) approach ("expressing the data") was undertaken, and the results from the analysis were expressed in the subsequent results section of this review.

1.3 Results

Many papers included for synthesis in this review applied grounded theory as their method of analysis. Therefore, the themes that developed from the synthesis seem to parallel a grounded theory process (i.e. to build a model or theory; Glaser & Strauss, 2017). However, any claims about causality have been done so tentatively due to the experiential focus of the research question. The theme narrative that became apparent is that a male-dominated military culture appears to contribute to a hostile environment embedded with misogynistic and sexist ideals and beliefs that have consequences for victims of sexual violence in several ways. The first of which is the decision of a victim to report their assault. Within this environment there appear to be factors that promote or hinder a victim's decision to report their sexual assault which appear associated with specific negative reactions or consequences once a report has been made. The three main consequences for reporting an assault involve being blamed or experiencing self-blame; feeling invalidated; and feeling betrayed. Within these experiences, there are also instances of victims feeling heard and validated; being resilient; and moving forward with their lives and attaining some post-traumatic growth.

The themes appear interlinked and seem to influence each other. The analysis revealed a general linear process, which suggests women who experience sexual violence while serving in the military may experience a process that includes some or all of the themes uncovered. Table 1.6 contains a list of the themes and sub-themes which are explored below.

Table 1.6: Structure of themes identified from the analysis

Themes	Sub-themes
A Hostile Male-Dominated Military Culture	
Reporting (or not) of Sexual Violence	
Blame from Others and Self	Blame from Others
	Internalised Rape Myths
The Power of the Other to Validate	Invalidation by Others
	Validation by Others
Betrayal by Comrades-in-Arms	
Moving on and Post-traumatic Growth	

A Hostile Male-Dominated Military Culture

This theme permeates throughout the upcoming themes and is positioned by many papers as a strong influence as to why sexual violence occurred. Within the military there is a strong "*focus on the mission*" (Foster-Knight, 2018: pp. 87) "*above the needs of the individual*" (Frey, 2018: pp. 132). Therefore, instances of sexual violence are considered secondary to the aims of the military by those in authority and those who were assaulted:

> *"The participants also perceived that the priority of the military was accomplishing the mission and left little room to look into their sexual assault concerns. They saw [that] reporting the sexual assault would compromise the mission and cause a breakdown in morale"* (Foster-Knight, 2018: pp.87).

Additionally, there is perceived to be a loyalty and respect for individuals if they are considered "*high performing personnel*" (Foster-Knight, 2018: pp. 87), and if they are accused of sexual violence there is likely to be a bias in favour of the perpetrators (Dichter, Wagner, & True, 2018).

The reason why this dismissive type of behaviour seems able to occur is due to the fact that the military in the United States was perceived by these women to be a "*predominantly male*" environment (Foster-Knight, 2018: pp. 83) that fostered an "*ever-evolving masculine culture*" (Preston, 2018: pp. 37). This culture led to a "*felt sense of sexism and misogyny within [the women's] units and military culture more generally*" (Rasmussen, 2016: pp. 80) that left

the women feeling "*discomfort*" (Kehle-Forbes et al., 2017: pp. 41) and subjected to *"[h]ostilities' [which] included gender-based and sexual harassment, sexual misconduct, bullying and a sense of being unsafe*" (Rasmussen, 2016: pp. 80). These feelings of discomfort and threat were felt whilst deployed with their units, but also in the Veterans Health Administration (VHA) healthcare services. Women also appeared to feel this way during and after their military service (i.e. directly after the sexual violence or while seeking long-term support for it).

It appears then that the military is a system with a lower ratio of women to men, is imbued with attitudes and beliefs that consider women to be "*second-class citizens*" (Jacobs, 2016: pp. 78), has a lack of accountability for perpetrators and a willingness to ignore reports of sexual violence for the greater good of "the mission". This creates an environment that makes it permissible to exert power and control over servicewomen, including sexual violence, and to continue doing so. The culture appears to create the opportunity for sexual violence against women to occur and is also a culture that seems to influence the decisions victims make in choosing to either report or not report their assault. This in turn has its own set of consequences: the victims are often blamed or blame themselves; they feel invalidated, dismissed, unheard or ignored; and consequently, feel betrayed.

Conversely, the military can simultaneously provide protection in certain circumstances. This contrast is highlighted in the following from Dichter, Wagner, and True (2018):

> *"So like, you know, you're military property. Now if I go to…PT formation, and I've got a black eye, he knows he's in trouble…We had one incident in Germany…and I said, 'Oh, what are you going to do now? Punch me in the face? Go ahead but your first sergeant can see it tomorrow.' And, you know, he started coming back to reality and he put me down. And you know, then he started apologizing [sic] and stuff but nothing ever happened like physical again"* (Jessica: pp. 853)

However, when Jessica's experience with her husband involved "*forced sex*" (Dichter, Wagner, & True, 2018: pp. 854) she had a very different response from the military:

> *"And I told him, 'If you do that again, I'm going to tell your commander.' So he did it again and he—he thought it was funny. And when I said something to his commander, his commander told me a husband can't rape his wife."* (pp. 854)

These contrasting experiences from one woman highlight the attitudes of those within the military but also highlight that in certain circumstances the military can provide a form of protection or support. This contrast is also evident throughout the themes.

Predominantly the military served to negatively influence some of the experiences servicewomen had after their assault; yet, there are also instances where the military and other aspects of its culture served to help and support the victims. In the upcoming sections, the ways in which *A Hostile Male-Dominated Military Culture* is seen to impact on the women who have experienced sexual violence will be examined. However, where pertinent, themes will also examine how the military has helped or fostered a supportive environment for these victims.

Reporting (or not) of Sexual Violence

The name of this theme is influenced by the theme from Freysteinson et al. (2018), "To speak up or not to speak up", in which they discussed the "*pros and cons of reporting or not reporting rape or sexual harassment*" (pp. 4). While many of the papers presented reasons why a victim chose to not report their assault, there were some papers that presented reasons why some victims did report their assault. There also appeared to be consequences to the reporting, many of them unfavourable and seemingly influenced by the hostile and misogynistic attitudes of military culture.

The name of the theme is posed as a question of uncertainty because the evidence presented here suggests that the victims of sexual violence recognise that there are potential negative consequences to reporting the sexual assault, which poses a dilemma – to report or not?

Some decisions to report appeared to have practical motivations, such as establishing a record of events or seeking medical care:

> *"one woman who experienced and reported [five] separate incidents [of sexual assault] explained: 'I wanted to make sure I was checked. Make sure that there was nothing wrong' [Djibouti 2003-2004, personal MST experience]"* (Burns et al., 2014: pp. 347).

Another facilitator of reporting appeared to be that of returning to the United States from being deployed. The "*separation from [the] assailant*" (Burns et al., 2014: pp. 347) seemed to make it easier for some to report their assaults, indicating that while a victim was still in close quarter to the perpetrators they felt less able to do so.

"*Unit cohesion*" was also noted as a facilitator to reporting (Burns et al., 2014; Frey, 2018). Unit cohesion is the notion that "*the closeness of individuals in [a] unit contribute[s] to an environment supportive of reporting*" (Burns et al., 2014: pp. 347). The notion of closeness is also part of the military culture, particularly that when you are in the military and part of the same unit you are bonded to people in your unit. An example of this is highlighted by one woman in Frey (2018) who noted that after her sexual assault a peer from her unit noted her distress and subsequently encouraged her to report the assault.

However, unit cohesion also seems to influence why some servicewomen would choose to not report their sexual assault. *"[P]ressure to maintain unit cohesion was thought to discourage women from reporting*" (Burns et al., 2014: pp. 347) as they might be "*perceived as a traitor*" (Foster-Knight, 2018: pp 80).

Additionally, the idea of anonymity and confidentiality seemingly becomes something of a fallacy due to the male-dominated nature of the military, as highlighted by Burns et al. (2014):

> *"One participant noted that low numbers of women can compromise anonymity, even when one is filing a restricted report, which theoretically is confidential: 'If there's [one] or [two] females in the unit and it comes out that "there's [one] female raped or sexually assaulted in this unit. Oh, there's only [two] of 'em?" Hmmmm, not too hard to figure out' [Afghanistan, 2006-2007, personal MST experience]"* (pp. 347)

The limited number of women in the military and the close proximity inherent in deployed units means that it can be difficult to maintain confidentiality.

Another factor that may inhibit a victim's decision to report their assault is that of the "*warrior identity*" (Dichter, Wagner, & True, 2018: pp 856):

> *"The military's training [of] service members to be warriors and fighters, to protect and defend themselves and their peers, may prove useful on the battlefield. Yet, this 'warrior mentality' can impinge upon a service member's or veteran's access to support and assistance"* (Dichter, Wagner, & True, 2018: pp. 856)

This highlights how the belief in the ability to protect and defend oneself as a "warrior" might limit a victim's tendency to access support. Any assistance they might hope to acquire by reporting might also bring into question their identity as a "warrior" (Dichter, Wagner, & True, 2018) and it might be easier to deny that any sexual violence occurred and live up to the ideal of a "warrior", because to admit to it might seem weak.

Perhaps to their surprise, many participants received a "*backlash*" (Frey, 2018: pp. 162) after they took the decision to report their sexual violence. This took the form of unsupportive responses from peers and leadership, including being ostracised and having hurtful rumours spread (Frey, 2018).

Responses from leaders manifested in various ways. Some participants spoke of how they were refused permission to seek support or guidance by those in charge of them:

> *"...military commanders also act as gatekeeper to survivors' abilities to seek accountability for, and sanction against, their perpetrators. In another example, Gloria was raped while serving on ship in the Navy; her military commanders did not permit her to leave the ship for evidence collection, denying her the possibility of her perpetrator being held accountable for the crime"* (Dichter, Wagner, & True, 2018: pp. 854).

It was also noted that reporting leaves a victim vulnerable to being "*targeted*" (Frey, 2018: pp. 203), "*subject to punishment*" (Freysteinson et al., 2014: pp. 5), and threatened:

> *"In order to conceal the sexual assaults that occurred, the majority of participants revealed having vicious remarks made towards them. 'You see, I was raped by two men, two Marines. And I was threatened by their platoon sergeant that if I reported it*

> *there was plenty of sea line to hide my body.' To this participant, the threat of being killed weighed heavier than the reprieve any report could offer."* (Preston, 2018: pp. 38)

It appears that in the military reports of sexual violence are not well received and strategies can be put in place to deter victims from taking reports further or even making them at all. When a report is made, a victim could be subject to punishment, ostracisation, and threats.

Furthermore, it has been noted throughout participant accounts that the more significant consequences of reporting relate to victim blaming and that reports are ignored or dismissed, leaving the victims who made the reports feeling invalidated. These two important areas have their own dedicated themes, *Blame from Others and Self* and *The Power of the Other to Validate*, and will be discussed below.

Blame from Others and Self

The process of assigning blame to perpetrators of crimes appears to be commonly frustrated in the case of sexual violence (Bieneck & Krahé, 2010; Bongiorno et al., 2020; Grubb & Turner, 2012). Victims of sexual violence are often subjected to *rape myths* – false beliefs about women and sex that seek to justify male sexual aggression and lay blame on the female victim (Lonsway & Fitzgerald, 1994). This is an issue common within the general population (Bethel, 2018; Bongiorno et al., 2020), and it was found that the notion of "*victim blaming*" (Frey, 2018: pp. 161) was also prominent within the military culture when responding to reports of sexual violence. This theme explores the ways in which others exacted blame for sexual violence against the victims and reviews the process of how some women internalised some of these rape myths.

Blame from Others

As is consistent with rape myths, many of the participants "*depicted a culture of blaming women who experience [military sexual trauma]*" (Burns et al., 2014: pp. 347). Victim blaming fell into two categories: direct blame and indirect blame.

Direct blame often took the form of explicit and unambiguous confrontation by peers or leadership. These were frequently expressed in things that were said to the participants:

> *"The effects of such humiliation and blame were expressed well by one…Navy survivor and advocate, who described how being 'told directly from your chain of command etcetera that, you know, "you own this" and "this is your responsibility," "you caused this," "you're the problem," "look what you did to our unit," "you're a disgrace," is going to stick with you for a while' and 'cause[s] a lot of long-lasting trauma'"* (Payton, 2017: pp. 213).

Evident in this quote, and consistent with rape myths, are attempts to guilt and shame the victim of sexual violence and to locate the cause of the sexual violence within the victim. In Frey (2018) one of the participants reported that her commander stated, *"…it appears you set up a buffet and they took what they wanted*" (pp. 161), a comment representative of *A Hostile Male-Dominated Military Culture*.

In Burns et al., (2014), it was noted that colleagues could also endorse rape myths, believing victims were "*irresponsible, citing alcohol use, not having a 'battle buddy', and poor judgment in attire*" (pp. 347) as reasons why the victims were assaulted.

Less direct aspects of blame existed in forms of punishment, as noted in the theme *Reporting (or not) of Sexual Violence*, or humiliation. Through indirect blame, military systemic power was used to make the victims of sexual violence feel as if they were the ones at fault (Payton, 2017). For example, the use of drug testing appears to be used to make one participant feel humiliated after she had returned to active duty after spending some time in hospital for having attempted suicide post-sexual assault:

> *"That was another thing. Like, they have, like, these random drug tests, and I never got flagged for, like, the first [two and a half] to [three] years. But ever since I got out of [inpatient treatment], it was like every month, it was like, randomized testing! Like,*

> *randomized pee tests! And, luckily I was just on Zoloft and they didn't give me anything for the anxiety or anything like that. But they were—yeah, they would "randomly select" me for drug tests!"* (Payton, 2017: pp. 212)

This is another example of a toxic environment for women and victims of sexual violence. Making victims of sexual violence comply with orders they perceive to be humiliating can be understood as exerting power and control in a manner that is consistent with theoretical frameworks that explain how beliefs of entitlement, power and control contribute to sexual violence (Ward & Beech, 2006).

Internalised Rape Myths

Zaleski and Katz (2014) suggest that "*self-blame is a highly documented symptom of post-traumatic stress disorder for sexual assault in non-military settings*" (pp. 396), which is consistent with the experience of the survivors of military sexual assault represented in this review. The name of this sub-theme was taken from Rasmussen (2016) as they observed that some of their participants noted their "*role*" (pp. 97) in the sexual violence and came to adopt rape myths they attributed to themselves, as highlighted by this extract:

> *"I don't think I ever even really wanted to report it because I just kind of felt so guilty for, I felt responsible because I hadn't done anything to prevent it…I'd made some dumb decisions that had put me in a compromising situation and that was my fault. I couldn't blame, it wasn't this guy's fault that I went out and bought myself a bunch of drinks, I did that. It wasn't this guy's fault that I decided to leave base with one person that I didn't really know, that was my dumb decision…I felt guilty about it."* (Sarah: Rasmussen, 2016: pp. 97)

Similarly, participants in Freysteinson et al. (2014) and Wing, Oertle, and Raine (1998) also spoke of internalised blame, of "*having caused the abuse by the mere fact that they were 'women in a man's world'*" (Freysteinson et al., 2014: pp. 5), once more relating to *A Hostile Male-Dominated Military Culture*. As noted earlier in the sub-theme *Blame from Others*, this belief is also endorsed by others. There appears to be a displacement of the blame towards victims of sexual assault based on their gender, and because of this victims of sexual violence

can come to internalise the perceptions of others as "*slut or whore*" and "*see [themselves] as [those] things*" (Freysteinson et al., 2014: pp. 5), which is shaming and guilt inducing.

As a consequence, being blamed and internalising blame impacts on the decisions of women to report sexual violence: "*Participant 005 PR said she felt 'guilty' and 'like [the assault] was my fault', which was the reason she decided not…immediately report the assault*" (Foster-Knight, 2018: pp. 78)

However, Wing, Oertle, and Raine (1998) highlight how relinquishing self-blame and assigning blame to the appropriate individual can be a step towards victims healing. This is discussed further in *Moving On and Post-traumatic Growth.*

The Power of the Other to Validate

Validation can be either: the act of checking or proving the validity of facts; or recognition or confirmation of a person's worthiness or legitimacy (Merriam-Webster, n.d.). Both conceptualisations of validity seeking are present within the accounts included in in this review. For example, evidence of confirmation of an experience is noted in Rasmussen (2016) who writes that some participants: "*look[ed] to their environment for validation of their feelings, especially when they were experiencing 'shock'*" (pp. 116). Evidence of fact checking, or dismissal of facts resulting in feelings of invalidation, can be found in the papers where women reported their sexual violence and were ignored, were not recognised as veterans, or military sexual trauma was not acknowledged or understood (Jacobs, 2016; Payton, 2017). It appears that the military can serve to be both validating and invalidating of the women's experiences and it is apparent that victims of sexual violence can also be validated and invalidated by those outside of the military, namely friends or family.

Invalidation by Others

Invalidation by leadership was often observed. There exist protocols laid out by the Sexual Harassment and Assault Response Prevention (SHARP) programme in the event of a victim of sexual violence making a report. However, Cindy from Payton (2017), who experienced sexual victimisation from three separate Air Force supervisors, reported these experiences to a high-ranking female officer but no official records or reprimands were enforced. One of the reasons why this might happen is articulated by Diana in Payton (2017):

> *"… a lot of leaders don't want to deal with it…. Because they don't want that type of thing on their watch. You know, they're in command, they're trying to protect their own careers, you know? So a lot goes into play…you have this bad apple in your unit. And you know, it's like probably easier just to ignore it or just sweep it under the rug than to deal with it…."* (pp. 193).

It was noted that these kinds of response left the victims of sexual violence feeling "*unprotected, demoralized [sic] and alone*" (Payton, 2016: pp. 190).

The VHA healthcare system can also be a source of invalidation. It was the experience of several women that they were not acknowledged as veterans due to the high volume of men that visit VHA healthcare, often being mistaken for spouses or children of male veterans:

> *"[Brenda] described an encounter she had with a man in the VA waiting room: 'So he's handing [fire-starters] out to all the men and thanking them for their service, and he just goes right over me. And I said, "Well, excuse me. I'm a veteran too." "Oh, oh, oh..." And the women next to me, she was a veteran also. So we're saying that you – you have to be cognizant sitting in here that women could be veterans and just not the men'"* (Brenda: Jacobs, 2016: pp. 73).

In terms of needs, it was noted that military sexual trauma was not understood or acknowledged:

> *"They don't want to hear about it. They don't want to admit it's a problem. They don't want – um, it makes them uncomfortable. I've had – I can actually see some workers that wiggle in their seat when the[y] talk about sexual trauma. It's very uncomfortable for them"* (Fred: Jacobs, 2016: pp. 79).

There was also a sense that part of this lack of understanding came from the "*invisible scars*" of military sexual trauma (Freysteinson et al., 2014: pp. 5) and a lack of awareness that

the needs of victims of sexual violence are different to the needs of others within the VHA healthcare system (Jacobs, 2016).

Harmful peer experiences often manifested in spreading of rumours, ostracisation, and feeling betrayed (Frey, 2018) and was another pathway to feeling invalidated:

> *"After attempting to report the second assault and harassment, [Lee] continued to be subject to invalidation from her colleagues: 'So for the next year all I heard was, I wish [perpetrator] was here, every time they walked in the room some of the other guys in the unit, oh man, I wish [perpetrator] was here, they just kept saying that and saying that and saying that.'"* (Lee: Rasmussen, 2016: pp. 118).

As Lee's peers highlight the absence of the perpetrator this makes Lee feel guilty, possibly as they lay the blame for the absence with her. Instead of comforting or supporting Lee, her colleagues remind her of the fact that her perpetrator was no longer in the unit with them.

Being invalidated by leadership, the VHA healthcare system, colleagues, and friends can be "*discouraging*" (Jessica; Rasmussen, 2016: pp. 118), lead to developing low self-esteem (Vick, 2008), and dissuade victims of sexual violence from reporting their assaults. Being invalidated can also leave victims feeling isolated (Zaleski & Katz, 2014) or ostracised (Frey, 2018), while in some circumstances, a victim's claims of assault being dismissed could result in the escalation of victimisation (Payton, 2017).

Validation by Others

Invalidation is not inevitable, and it was also noted that others have the power to validate an experience. Validation was evident in the positive ways some leaders responded to reports of sexual violence. They "*listened to survivors, believed them, and followed protocol to report the assaults…They also connected survivors with resources and relevant accommodations*" (Payton, 2017: pp. 178). In Frey (2018) four of their participants "*felt supported by at least one person in a military leadership position*" (pp. 159) who believed them and "*stood up for them*"

(pp. 159). It has been noted that the alongside these factors, there were other actions taken by leaders that were validating and found to be supportive, such as providing time to regroup, taking into consideration mental health injuries, and offering emotional support (Frey, 2018).

Regarding the VHA healthcare system, participants in Wing, Oertle, and Raine (1998) noted validating encounters with nurses and counsellors within the VHA healthcare system:

> *"All participants expressed that through counselling they were able to believe 'This really happened. It isn't fake.' 'It was wrong.' 'I'm not crazy.' One woman said: 'It helped me (in therapy) to fit the pieces together. I needed to know I was not losing my mind.'"* (pp. 467-468)

As well as these experiences there are also instances of colleagues within the military validating the experiences of victims of sexual violence, as noted by Sarah in Rasmussen (2016) who remarks: "*And maybe that's why I felt compelled to report it at first because when I told people what happened, their immediate response was 'you need to report this, that's not right'*" (pp. 117). In the same study, Lee was validated by her uncle when he "*was extremely outraged… [he] was really upset, I mean, he wanted to know name[s], he wanted to know everything.*" (Rasmussen, 2016: pp. 118)

As observed with the relinquishing of self-blame noted in *Internalised Rape Myths*, validation may also serve as a helpful step towards healing and post-traumatic growth (Wing, Oertle, & Raine,1998), and will be explored further in *Moving On and Post-traumatic Growth.*

Betrayal by Comrades-in-Arms

The title for this theme was taken from the title of Jacobs (2016) as it encapsulates the overall notion that the women in the review were betrayed by those who they felt closest to and who they assumed would support and protect them. Betrayal is conceptualised as the sense of being harmed by someone an individual trusts or believes is loyal to them in some way (Rachman, 2010) and appears to be a significant experience shared by participants. It seems that betrayal can occur directly after an assault or in health care settings where victims expected

to be cared for (Jacobs, 2016), and that victims can be betrayed by friends, colleagues, and the military as an institution.

Preston (2018) highlights how victims of sexual violence can be betrayed by peers or friends:

> *"Another participant discussed the feelings of betrayal she experienced from her roommate during the trial for the assault. 'My roommate who slept with me and offered me comfort the night of the rape and who made the phone call to the police, testified against me at trial. Her husband and the rapist were friends…I think if anything is damaging to my case as anything could have been, it was her testimony.'"* (pp. 42)

Seemingly, her roommate's testimony placed the participant in an unfavourable light when the perpetrator was apparently being tried for the assault, which would likely have made others doubt the sincerity of reported events. Similarly, it appears there are instances where participants were assaulted by those they knew better than others or considered friends:

> *"[Jessica] described her friendship with the perpetrator, "We were the exact same rank and got promoted on the exact same day. We had our wet downs (celebration of promotions) on the same day, like we were friends, we were friends. And he was married. He was married." The betrayal of trust at the hands of a friend proved particularly shocking for her."* (Rasmussen, 2016: pp. 120-121).

From the excerpt above, it seems that servicewomen can become victims of sexual violence perpetrated by those who they think are unlikely to commit such acts. The assumption that one is safe appears to make the betrayal even more significant and impactful, as it possibly indicates that a servicewoman is not safe from those in whom she trusts, as note by Sarah in Rasmussen (2016):

> *"I didn't trust anybody again after that. I was really selective of who I hung out with, where I hung out with them, if I had to go anywhere with a guy I made sure that someone else was with me or if I had to go into a room with somebody I'd leave the door open, I don't know, I just, not that I felt like everybody was out to get me, but it kinda woke me up to, I needed to be careful and be aware because you don't know who your friends are."* (pp. 110)

Betrayal was also observed at the institutional level – particularly given that institutions such as the military can foster similar feelings of trust and loyalty (Smith & Freyd, 2013).

Indeed, in a review by the Department of Defence (DoD) of the core values across all branches of the military it is noted that the values of honour, loyalty and integrity are common throughout and the core principles are "unchanging foundational principles that guide how people in an organization [*sic*] will conduct their everyday business" (DoD, 2009: pp. 1). However, when it comes to sexual violence it appears that military does not endorse these core values, as noted in the following quote:

> *"I was an outstanding marine…I bought into what the Marine Corps said to me, and I believed they had my back, and when it came down to it, my life did not matter."* (Freysteinson et al., 2014: pp. 5)

From this it appears that when servicewomen, who in some respects may depend on the military for their survival (Surís et al., 2007), do not receive the expected support from the military institution but are instead blamed, individualised, marginalised and ostracised, they may experience institutional betrayal (Smith & Freyd, 2013). Furthermore, it appears that institutional betrayal can feel worse than that committed by a perpetrator of sexual violence:

> *"Because honestly, I don't put it on the offenders. Offenders are assholes, they're jackasses, they do it because they can, that's why they act like this…It took me so long to understand like, how, how [tears up] I don't know how you can spend your [life], you can give up everything and they can ask you to sacrifice and then be okay with you being treated like that…you give so much of a sacrifice, you're expected for the good of the Marine Corps to do everything. To leave your family, to [do] all of these things and yet when something happens to you as a woman it's like well, you know? There's no recourse."* (Jessica: Rasmussen, 2016: pp. 84)

These betrayals also contribute to the ideas expressed in *The Power of the Other to Validate*. What is noteworthy is Jessica's assertion that there is "no recourse", because it appears that the military institution does not hold itself to account and instead chooses to ignore or dismiss claims of sexual violence. However, as seen with Cindy (Preston, 2017) in *Invalidation by Others,* dismissal or ignoring of these reports permits others within the military to continue perpetuating sexual violence.

Moving On and Post-traumatic Growth

Amongst the literature are elements of hope (Zaleski & Katz, 2014) and growth after sexual violence (Preston, 2018; Rasmussen, 2016). These notions were described as "*moving on*" (Freysteinson et al., 2014: pp. 6) and "*post-traumatic growth*" (Preston, 2018: pp. 47). It has already been noted in *Internalised Rape Myths* and *Validation by Others* that relinquishing self-blame and being validated can form part of the factors required to move on or enter the stage of post-traumatic growth; this will be explored further below.

Resilience appears to be an important aspect of moving on and post-traumatic growth, comprising biological, psychological, social and cultural factors that work together to determine how a person responds to adverse experiences (Southwick et al., 2014). External resilience factors are described by Jacobs (2016) as "*social support … found in the community at Vets Centers [sic], and through peer led groups at the [VHA]*" (pp. 109). However, as noted in *Invalidation by Others*, the VHA setting and resources outside of the military can be invalidating and confusing for victims of sexual violence. It has also been noted that the "*resilience and posttraumatic [sic] growth literature almost exclusively focuses on internal characterises that are correlated with positive outcomes*" (Frey, 2018: pp. 171); therefore, it is possible that the role that external resilience factors play in the post-traumatic growth of a victim of sexual violence is not acknowledged, understood, or emphasised by the military.

Internal resilience factors appear to be key to "*surviving the fallout*" of sexual violence (Frey, 2018: pp. 158). Factors such as perception of personal strength, perceived control and social connectedness were found to contribute to internal resilience (Frey, 2018), and were thought to contribute to an individual's ability to move forward and seek help towards recovery (Frey, 2018). It was also noted that being able to assert firm boundaries after sexual violence helped victims overcome their trauma:

> *"…enforcing boundaries as evidence by statements such as: 'I set limits and I will not keep contact with negative people', 'I've learned to say "no" to people', and 'I'll tell people what I think now'"* (Wing, Oertle, & Raine 1998: pp. 470).

Religious affiliation and belief in God were also found to be helpful to the women by providing meaning and purpose in the aftermath of their sexual violence, allowing them to have hope for the future (Frey, 2018; Preston, 2018, Zaleski & Katz, 2014) and also served as a protective factor against suicide:

> *"I needed to do something different because God—my faith really protected me from taking my life that day"* (Fred: Jacobs, 2016: pp. 111)

Future orientation – the ability to plan short and long terms goals – also protected against suicidal ideation by counteracting feelings of hopelessness and depression (Frey, 2018; Jacobs, 2016). Future orientation was also linked to further work within the military in new roles, such as public health and social justice (Frey, 2018) and often entailed helping others who had gone through similar experiences (Freysteinson et al., 2014; Wing, Oertle, & Raine, 1998). It seems that negative experiences played a part in allowing women to either self-advocate or advocate for others (Frey; 2018; Jacobs, 2016; Rasmussen, 2016; Wing, Oertle, & Raine, 1998), which gave them a sense of purpose and assisted post-traumatic growth (Preston, 2018).

Self-advocacy entailed women "*working to get their needs met within the system*" (Jacobs, 2016: pp. 115), and in some cases to "*prevent being demoted, discharged, or otherwise punished…for experiencing extreme distress following the assault*" (Frey, 2018:pp 212). Advocating for others took many forms, such as working to improve services within the VHA health centres (Jacobs, 2016); informally educating others about what was acceptable and what was not in terms of gender relations (Frey, 2018), and entering into different professions such as teaching, sociology, psychology and social care (Preston, 2018; Wing, Oertle, & Raine, 1998). It was found that advocating for others was part of the healing process:

> *"…if you help other people and you realize [sic] you can help other people, you can change everybody's life. And that's going to give you your heart back; it's going to*

> *heal your heart…advocacy for me, is probably the strongest thing that came out of it"* (Preston, 2018: pp. 43)

As well as providing a sense of purpose and being part of the healing process, advocacy was also found to be empowering (Rasmussen, 2016) and helped increased self-esteem (Wing, Oertle, & Raine, 1998). In this way, advocacy serves to validate victims' experiences of sexual violence and promotes the relinquishment of self-blame.

From the evidence above, it could be conceptualised that moving on and post-traumatic growth begins with validation, either seeking or receiving it; but certain internal resiliency factors seemingly determine which women actively seek validation. For women who do not naturally possess these factors it may be harder to do and having advocates that assist them is helpful. Yet, this seems to highlight that it is the responsibility of victims of sexual violence to address their own needs and must fight to receive care in the same way they would if they had experienced a combat related injury.

1.4 Discussion

This meta-ethnography has drawn together qualitative literature exploring women's experiences of sexual violence whilst serving in the military. The evidence indicates that women's experiences occur within a largely misogynistic and sexist, male-dominated military culture that is hostile towards servicewomen. The "*focus on the mission*" (Foster-Knight, 2018: pp. 87) and loyalty to alleged perpetrators means that reports of sexual violence can be considered secondary to the military's objectives and are therefore often ignored or dismissed. This overall culture largely impedes victims' decisions to report their sexual violence through pressure to maintain the integrity of a victim's unit, lack of anonymity, and adherence to the warrior identity.

If victims do choose to report, they can be met with a backlash from leaders and peers through being punished, threatened, ostracised, and refused access to support. Furthermore, victims of sexual assault may be blamed by leaders, peers, or themselves for the sexual assault, while also having their experiences invalidated through their reports being ignored by leaders and minimised by family; not being acknowledged as a servicemember; or the trauma not acknowledged or understood. These consequences of reporting can leave victims of sexual violence feeling betrayed, particularly by the military institution in which many victims placed their faith to support them.

However, there were instances of women being able to undergo a process of post-traumatic growth involving resiliency and advocating for themselves and others. Overall, from these accounts, two aspects of phenomenology were identified that have not previously been documented in this context: those of individualisation and revictimisation.

Individualisation

It appears that the women who report sexual violence find themselves in a systemic double bind (Bateson et al., 1956) in that they receive conflicting messages from the military. As noted by the core values of the military observed in *Betrayal by Comrades-in-Arms*¸ women perceive the military as loyal and to *"[have] [their] back*" (Freysteinson et al., 2014: pp. 5), yet when they sought support post-sexual violence, this was not received. Rather victims were blamed for the sexual violence occurring and told they were "*the problem*" and "*[they] caused this*" (Payton, 2017: pp. 213).

Therefore, there appears to be a process of individualisation that occurs once sexual violence is reported. Individualisation (Beck, Lash, & Wynne, 1992) is a sociological process through which individuals are "left to their own devices in terms of meeting their own survival needs" (Coté & Schwartz, 2002: pp. 573). Victims of sexual violence appear to become individualised through scapegoating, whereby they are assigned blame by others who are threatened by them (Clark, 1997) or by others "transferring their inequities onto a victimized [*sic*] scapegoat" (Clark, 2002: pp. 271). In family therapy it has been hypothesised that a scapegoat provides means for a family system to maintain equilibrium during disruptive periods by locating difficulties within a problematic family member (Harris, 1996), while in group therapy, a scapegoat provides opportunity for others to minimise the scrutiny of their own actions through collusion against a group member that deviates from the group norm (Clark, 2002).

The scapegoating process occurs in the stages noted in Figure 1.3 below:

1. *Frustration* generates aggression *(hostility),*
2. Hostility becomes *displaced* from sources of frustration to a defenseless [*sic*] group (minority)
3. The displaced hostility becomes *rationalized* [*sic*] by
    a. *Blaming* the innocent minority for some frustrations, failures, and misfortunes
    b. *Projecting* own feelings of guilt, anxiety, and unacceptable traits and wishes on the minority
    c. *Stereotyping,* i.e., treating all members of the minority alike

Figure 1.3: Stages of scapegoating (Zawadzki, 1948: pp. 131)

According to this framework, before an act of sexual violence is reported, a victim can be viewed as part of the collective whole and the military system is in homeostatic equilibrium (Bateson, 1972). Once a report is made and the sexual violence revealed, this threatens to bring the military into disrepute and disrupts the equilibrium of the military system. Tension and frustration in maintaining the ethos of the military values builds within the system and becomes hostility, which is then channelled through individuals in positions of leadership and displaced towards the victim. This displacement is justified and rationalised through projection of the military's guilt onto the victim, which manifests in blaming the victim, making them feel guilt or shame for the sexual violence occurring. Through this, the military system can collude with the accused perpetrators of sexual violence, minimising or dismissing their actions, restoring homeostasis, and rebalancing the system.

Victims experienced no longer being considered as part of the military whole and becoming seen as the problem. They were individualised through isolation, ostracisation and punishment for having reported sexual violence, for example, when Lee was ostracised by her colleagues (Rasmussen, 2016). Furthermore, victims are "left to their own devices" (Coté & Schwartz, 2002: pp. 573) and become their own advocates to fight to have their post-sexual violence trauma needs met. However, consistent with the systemic double bind, these needs can only be met by other sections of the military which have also been noted to be invalidating (e.g. healthcare provision), as observed Brenda and Fred (Jacobs, 2016) in *Invalidation by Others*. As such, victims find themselves in a cycle of being scapegoated and individualised.

Being individualised also means victims are put in the position of having to rely on internal resiliency factors because the potential external resiliency such as that provided by VHA healthcare is also individualising and invalidating. Furthermore, being individualised, along with the other consequences of reporting sexual violence (i.e. blame and invalidation), appears to perpetuate the negative experiences of the victims in the review. This perpetuation of negative experiences could be considered revictimisation and will be explored in the next section.

Revictimisation

The sexual violence literature suggests two definitions of revictimisation. The first relates to repeated sexual assault and is defined as the "experience of more than one separate episode of sexual assault or rape" (Messma-Moore & McConnell, 2018: pp. 310-311). This type is prevalent throughout the participants, for example in Rasmussen (2016), Lee recalls being invalidated after her second sexual assault, while Cindy from Payton (2017) noted how the failure of a superior officer to follow the correct procedure following a report of a sexual assault resulted in her being victimised by three separate Air Force supervisors.

Outside of the military context there are several factors that relate to this form of revictimisation (e.g. impaired risk perception, risky sexual behaviour, alcohol use, psychological distress, PTSD, and previous childhood sexual assault: Lalor & McElvaney, 2010; Messman-Moore & McConnell, 2018). However, in the case of Cindy, it appears that failures from those in leadership positions made it possible for a victim of sexual violence to be revictimised. Another factor influencing repeated sexual victimisation specific to this body of literature is that of self-blame (Messman-Moore & McConnell, 2018). It has been noted that individuals that endorse self-blame scripts like those found in *Internalising Rape Myths* were more likely to experience repeated sexual assaults (Miller, Markam, & Handley, 2007). It is

therefore possible that women who blame themselves for their sexual assaults may be more vulnerable to becoming victims once again.

The second definition of revictimisation refers to the "blame and stigmatizing [*sic*] responses to victims by the criminal justice, legal, and medical systems, as well as friends and family" (Maier, 2012: pp. 289) and distress and alienation caused by this (Madigan & Gamble, 1991). Whilst this form of revictimisation was evident throughout, it was most prominent in *Blame from Others* and *Invalidation by Others*. In these sub-themes, the women encountered blaming responses and inexperience in dealing with trauma from sexual violence soon after the sexual violence and in seeking care for this. Similar findings were noted in a qualitative study that focused on the factors of revictimisation that impeded recovery from sexual assault (Ranjbar & Speer, 2013). Therefore, being blamed and not believed could impede the recovery of women that experience sexual violence in the military. Additionally, endorsement of rape myths and victim blaming have been found to impact victims' decisions to not report their sexual assault outside of the military (Frese, Moya, & Megaís, 2004).

Lastly, it is noted that those women who have experienced betrayal, either by friends, colleagues, or the military as an institution may experience "betrayal trauma", a notion identified by Jacobs (2016) in their research. Betrayal trauma "occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being" (Freyd, 2008: pp. 76). It has been found that the experience of institutional trauma exacerbates sexual trauma symptoms because betrayal by the institution occurs separately from the sexual assault trauma and is therefore an additional traumatic event (Smith & Freyd, 2013).

In summary, it is evident that revictimisation can occur in several ways, each with their own set of consequences. Overall, it appears that women who have experienced sexual assault in the military are more likely to experience continued adverse experiences after their sexual assault. Based on these and the other adverse experiences noted throughout this review, it is

important to consider ways in which to better support victims of sexual violence within the military.

Practice Implications

Recommendations from Victims of Sexual Violence

Several recommendations for managing the experiences of those reporting sexual violence were identified by authors. These recommendations were not included in the review as they did not appear to encompass the phenomenology of interest; nevertheless, the recommendations listed are relevant and are worth citing here.

Some recommendations involved the separation of men and women in specific areas and included things such as creating separate waiting areas for women and creating women-only groups within healthcare services (Kehle-Forbes et al., 2017), and setting up VHA facilities exclusively for women (Freysteinson et al., 2014). One recommendation also called for provision of sexual assault trauma services by non-military providers to increase confidentiality and reduce judgment and stigma (Burns et al., 2014).

However, most of the recommendations called for a shift or change in the culture identified in *A Hostile Male-Dominated Military* (Burns et al., 2014; Foster-Knight, 2018). It was felt that this culture change would need to occur at the "*top..levels*" (Foster-Knight, 2018: pp. 91) and should also involve "*sensitivity training*" (Freysteinson et al., 2014: pp 6). The main purposes of this would be to create more awareness of sexual violence as an issue, and prompt leadership to take a more proactive involvement in the investigation and prosecution of sexual violence. This would in turn help victims feel safe enough to report sexual violence without fear of backlash (Burns et al., 2014; Foster-Knight, 2018).

Trauma-Informed Approach

In addition to the above suggestions, it would be beneficial for victims of sexual violence if the military adopted trauma-informed approaches when working with them. The principles of trauma-informed care are noted in Figure 1.4 below.

- Recognise the prevalence signs and impacts of trauma.
- Resist retraumatisation through practice.
- Acknowledge cultural, historical and gender contexts
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment, choice, and control
- Safety
- Peer support and trauma survivor coproduction
- Accessing appropriate trauma-specific care

Figure 1.4: Key principles of trauma-informed care (Sweeney et al., 2016: pp. 178)

It was noted in *Moving On and Post-traumatic Growth* that some women relied on internal resilience factors to move on from their trauma as sources of external resilience were less available; and that opportunities for post-traumatic growth began by being believed and validated. By taking a trauma-informed approach the military could bolster the resilience of victims who may be struggling with the impact sexual violence. Through recognising the existence of trauma and making effort not to revictimise or retraumatise victims, they would assist victims in feeling believed and validated, thus helping them to progress towards recovery (Ranjbar & Speer, 2013). Efforts have been made by the Sexual Assault Prevention and Response Program [*sic*], which offers advocacy to support victims of sexual assault (Military OneSource, n.d.); yet, as can be seen from the evidence within the review, more needs to be done. This may entail, as suggested above, education and training on trauma-informed approaches for everyone in the military.

Limitations

The works of Frey (2018) and Jacobs (2016) were heavily relied on throughout the review. On reflection, this appears reasonable as both papers received exemplary quality

reviews. Consequently, it is possible that the review represents the experiences of the participants from these studies somewhat more than participants from other papers. Where possible, efforts were made to balance the influence of these papers with supporting evidence from other research, but it must be acknowledged that this bias may have occurred.

Meta-ethnography is interpretive and involves the translation of findings from studies into each other, therefore there are multiple hermeneutic levels involved. These levels will have been influenced by my own cultural and historical values, which will have influenced how the data was interpreted. I am a male who was interpreting phenomena that were experienced by women, therefore I may have interpreted the women's experiences in a different way than if a female researcher had reviewed the literature. It is possible that a female researcher may have empathised in a different manner with the experiences of misogyny and sexism elaborated in the research represented in the review, which may have led to different interpretations. . Similarly, interpretive bias may also have influenced the quality reviews. While efforts were made to review the papers accurately and the results discussed with both my supervisor and peers in a meta-ethnography practice group, it is possible other reviewers would rate the papers differently. Furthermore, the subject matter under review was emotive and at times evoked feelings of frustration and injustice as the experiences of the participants were processed and synthesised. As a male, whilst I could recognise that I actively had no participation in the victimisation of the women in the review, I felt a certain level of guilt and shame that these women had experienced sexual violence at the hands of men, a social group that I was a part of. At times, my supervisor and I noticed that the interpretations took on an angry and self-righteous tone, which suggested that my interpretations were being excessively influenced by my views regarding the perpetrators. Additional efforts were made t balance my interpretations by working closely with my supervisor to scrutinise and explore the plausibility of claims that

appeared emotionally driven and not founded in the evidence of the reviewed papers or supporting theory.

Each of the papers under review had different epistemological and ontological approaches, which would have influenced the ways in which those authors interpreted and reported their data; these interpretations where then filtered through my own interpretive lens. To balance this out and based on the review question, I privileged the women's accounts over the authors interpretations to try and reduce the additional hermeneutic levels. This coupled with the reflections above helped me feel more confident in my analysis.

Reflexivity is an important part of qualitative literature as it helps readers understand the interpreter's positionality in relation to the data under analysis. Therefore it has been useful to explore my positionality through these reflection; however, placing these reflections at the end of the literature review means they are not available for the reader at the start to orientate them to my positionality and help them understand the lens through which I conducted the analysis. Therefore, future research can benefit from explicitly integrating reflexivity into the methodology of the review.

Finally, there is evidence that sexual violence against women in the military occurs in countries other than the United States, for example, the United Kingdom and Australia (Ellner, 2015). Yet qualitative research conducted by countries other than the United States was not captured in this review, possibly due to the lack of this type of literature from these countries. Therefore, given that the aim of meta-ethnography is to produce generalisable experiences that can potentially be applied to wider populations that have experienced the same phenomenology (i.e. sexual violence in the military), the fact that all the papers are from the United States implies that these experiences can be most reliably applied only to female servicewomen in the US military.

Future Directions for Research

Whilst most women in the review were assaulted by men and it is apparent that male-dominated sexist and misogynistic values permeate the military system, this does not mean that all men in the military are equally liable to commit acts of sexual violence. It appears that while the environment makes sexual violence permissible, individual factors may also increase the risk of perpetuating sexual violence (Greathouse et al., 2015; Ward & Beech, 2006). Therefore, qualitative research with perpetrators of sexual violence within the military could explore these intrapersonal risk factors.

This review was conducted on female victims of sexual violence in the military but there is evidence to suggest that men serving in the military are also victims of sexual violence (Eckerlin, Kovalesky & Jakupcak, 2016; Hoyt, Rielage & Williams, 2011; Hoyt, Rielage & Williams, 2012). Research into the qualitive experiences of servicemen who have experienced sexual violence while serving in the military would add to the experiences shared by women.

To address the limitation of lack of qualitative experiences of sexual violence while serving in the military outside of the United States, it would be beneficial for qualitative work to be conducted with servicewomen in other countries. This would potentially highlight military cultural differences and whether different military services across the world deal with experiences of sexual violence in a similar or differing manner.

Overall, the experiences of women in the military who have experienced sexual violence seem to relate to issues with reporting and the resulting consequences of this. It is hoped that this review has highlighted some of these experiences, highlighted ways in which to assist these women post-sexual violence and highlighted future avenues of investigation into this field of research.

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CHAPTER 2
EXPLORING MALE SERVICE USERS' EXPERIENCES OF TRAUMA AND VIOLENCE: A QUALITATIVE INTERPRETIVE PHENOMENOLOGICAL ANALYSIS

Abstract

Introduction: The body of evidence exploring the links between trauma and violence perpetration appears to be largely quantitative and lacks the qualitative examination of these two phenomena from the perspective of those who have lived through both experiences. Therefore, the aim of this study is to examine male forensic mental health service users' experiences of trauma and violence to further explore the links between trauma and violence.

Method: Five male forensic mental health service users were interviewed about their experiences of trauma and perpetration of violence. The interviews were then analysed using Interpretive Phenomenological Analysis to explore the way in which the participants made sense of their trauma experiences and if this had any relation to their use of violence.

Results: Four superordinate and nine subordinate themes were identified from the analysis. The themes were felt to best represent the experiences of the participants and appeared to highlight experiences of *Growing Up in a Toxic World,* which led to a *Path of Violence* and the participants highlighting that *Violence had Function and Capability.* It was also found that for the participants *Violence Creates Identity*.

Discussion: The results indicated that the participants' experiences of trauma are consistent with other risk factors associated with risk of violence and appear more consistent with the development of personality disorder. Therefore, adopting a trauma-informed approach and addressing trauma exposure as a treatment need may serve to reduce the risk of violence of offenders who have experienced trauma.

2.1 Introduction

Trauma – Definitions and Impact

Trauma can be conceptualised as "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013: pp. 271), or "adversities in childhood known as [Adverse Childhood Experiences]" (Biscoe et al., 2019: pp.3). Exposure to trauma can develop into Post-Traumatic Stress Disorder (PTSD) or Complex Post-Traumatic Stress Disorder (C-PTSD; World Health Organisation, 2018). PTSD symptoms include hypervigilance, avoidance of reminders of the trauma, and re-experiencing of the traumatic event; while C-PTSD has additional symptoms of emotional dysregulation, negative self-concept, and interpersonal difficulties (World Health Organisation, 2018). A dose response relationship was found with Adverse Childhood Experiences (ACEs; Felitti, et al., 1998), in that the more ACEs (e.g. emotional and physical abuse, domestic violence, neglect) and trauma an individual experienced the higher their risk of physical health issues and early onset mortality (Felitti, et al., 1998), mental health difficulties (Bowen, et al., 2018), difficulties with interpersonal relationships (Stinson et al., 2016), and posing social difficulties in the form of criminality (Haapaslo & Pokela, 1999) and incarceration (Wang et al., 2012).

Trauma and Aggression

In the general population, exposure to trauma and PTSD symptoms has been associated with violence in inner city citizens (Gillikin, et al., 2017), while early trauma and maltreatment has been noted to predict aggressive parenting behaviour (Conger, Place, & Neppl, 2012). Similarly, non-combat war-related trauma exposure and PTSD symptoms have demonstrated a link between reactive and appetitive aggression (Hecker, et al., 2015). In the United Kingdom it has been found that individuals with four or more ACEs were seven times more likely to

perpetrate violence and that ACEs could account for 52% of violence perpetrated nationally (Bellis, et al., 2014).

Regarding the offender population, it has been found that offenders have higher rates of childhood adversity, particularly amongst violent offenders (Harlow, 1999), domestic violence offenders (Reavis et al., 2013) and sexual offenders (Levenson & Socia, 2015). Additionally, juvenile prisoners that reported trauma were twice as likely to report having been violent in the year in the leading up to their offence (Neller et al., 2006).

The evidence suggests that trauma exposure serves as a mediator for aggression and the preparation of violence; however, the evidence appears to be largely correlational in nature and not wholly explanatory. Exposure to traumatic events is common (56% in men and 85% in women; Marshall, Robinson & Azar, 2011), with one third of adults (31.4%) in the United Kingdom being exposed to at least one traumatic event in their lifetime (Fear et al., 2014). Similarly, one third of adolescents (31.1%) report trauma exposure before the age of 18 (Lewis, et al., 2019). Yet, while trauma increases the risk of becoming violent, the literature highlights that not everyone who is exposed to trauma goes onto to become violent. Findings into the mediating and moderating links between trauma and violence include: multiple traumas (Neller, et al., 2006; Fox et al., 2014); anti-social personality disorder at a young age (Bruce & Laporte, 2015); influence of delinquent peers (Maschi & Bradley, 2008); maladaptive post-traumatic cognitions and anger misappraisal (Marshall, Robinson & Azar, 2011); positive associations between trauma and aggression in response to perceived threat (Hecker et al., 2015), and development of PTSD (Byrne & Riggs, 1996; Marsee, 2008; Messing et al., 2012) and other mental health symptoms (Stinson, Quinn, & Levenson, 2016).

Trauma and Mental Health

In the general population, ACEs have been associated with a two- to four-fold increased risk of developing psychosis (Morgan & Gayer-Anderson, 2016), which is associated with worse clinical and functional outcomes, and difficulties with engagement, adherence, and treatment response (Hassan & De Luca, 2015; Schneeberger et al., 2014). Additionally, ACEs have been associated with the development of anti-social personality disorder (Chapman, Dube, & Anda, 2007), borderline personality disorder (MacIntosh, Godbout, & Dubash, 2015), and suicidality (Dube, et al., 2002).

While it has been found that only 5.3% of violence offences in 2015-2016 were committed by those with a mental illness (Thornicroft, 2020), it is also recognised that rates of mental health difficulties in the offender population are continually noted to be greater than that of the general population (Fazel, et al., 2016). In a recent review of thirteen prisons in the United Kingdom, it was found that the prevalence of mental health difficulties amongst offenders was four-and-a-half to five times higher than the general population, with particularly high rates for personality disorder, mood disorder, and risk of suicide (Tyler et al., 2019).

Within the offender population, the forensic mental health population is of particular interest. They represent a population that combines experiences of chronic mental illness and extensive histories of interpersonal violence (Stinson, Quinn, & Levenson, 2016), are commonly detained under the Mental Health Act (1983 as amended in 2007) and treated in forensic mental health hospitals. Based on the links between early trauma, mental health and violence, they are a population likely to have a higher concentration of childhood adversity and trauma (Stinson, Quinn, & Levenson, 2016).

Research Aims

There is a link between trauma, mental health, and violence, yet the body of evidence reviewed appears to be largely epidemiological (i.e. examining prevalence in forensic or offender populations) or correlational (i.e. hypothesis testing) in nature. Furthermore, whilst mental health appears to play a part in the link between the two, the relationship appears complex. Given that qualitative research seeks to explore how individuals experience phenomena (Grossoehme, 2014), research of this kind into the links between trauma and violence would add to the current epidemiological and correlational literature. There is some qualitative research into the link between trauma and violence (Ellis, Winlow, & Hall, 2017; Honorato, Caltabiano, & Clough, 2016; Paton, Crouch, & Camic, 2009; Wei & Brackley, 2010). However, the overall extant literature relating trauma and violence appears to lack the examination of lived experiences of individuals who have experienced trauma and perpetrated violent offences, specifically in the forensic mental health population, and how these individuals have made sense of their experiences (Smith, Flowers, & Larkin, 2009). It has been suggested that forensic patients' behaviours and symptoms should be viewed and understood in the context of trauma and the way in which this affects them (Stinson, Quinn, & Levenson, 2016). Furthermore, there is evidence to suggest that a larger proportion of violent offences are committed by men (Office for National Statistics, 2019). Therefore, it is the purpose of this research to examine the experiences of male forensic mental health service users who have experienced trauma and committed violent offences, and explore their perception of how or if they feel their previous trauma influenced their violent behaviour.

2.2 Method

Phenomenology and the "Lived Experience"

Phenomenology is an approach to understanding the experience of what it is like to be human, live through certain events, and make sense of those events. It is sometimes referred to as the "lived experience" (Smith, Flowers, & Larkin, 2009: pp. 11). Phenomenology is grounded in critical realistic philosophy that assumes knowledge about the world can be known and understood through the perceptions of how people make sense of what they observe (Fletcher, 2017; Smith, Flowers, & Larkin, 2009). Interpretive Phenomenological Analysis (IPA) is a structured approach to examining the details of lived experiences by focusing on phenomenology (i.e. specific events or experiences), and analysing the hermeneutics (i.e. the interpretation of the experiences) and idiographic aspects (i.e. the focus on the particular and specific) of the experiences in order to comprehend how the events have been understood by those who have lived through them (Smith, Flowers, & Larkin, 2009).

For this reason, it was felt that IPA would be an appropriate method to examine the lived experiences of forensic mental health service users who have experienced trauma and perpetrated violent offences. Through IPA, the specific and individual ways (idiographic) in which the participants comprehended or made sense (hermeneutics) of their exposure to trauma and violence perpetration (phenomenology) will be analysed. From this, attempts will be made to understand these shared experiences, known as the "double hermeneutic" (i.e. interpretations of interpretations; Smith, Flowers, & Larkin, 2009: pp. 3), to explore potential links between trauma and violence.

Design

Participant Recruitment

Due to the idiographic nature of the research question and IPA research methodology, purposive and convenience sampling methods were used. As this research aimed to explore the experiences of male mental health service users that had experienced trauma and committed violent offences, it was necessary to sample from a pool of men that fit these criteria. The research was conducted within an NHS forensic mental health service (hereafter referred to as The Service); therefore, participants were recruited from low and medium secure forensic mental health hospitals within The Service.

To be in receipt of mental health provision and risk reduction intervention, service users within The Service must be detained under a relevant section of the Mental Health Act (MHA; 1983 as amended in 2007). They may have been transferred from prison to hospital if they developed mental health difficulties while incarcerated, or may have been diverted directly from the court upon sentencing if they were deemed to be experiencing a mental health difficulty at the time of their offence.

Ethical approval was granted by the NHS Health Research Authority (HRA) (Appendix A) and approval to conduct the research within a forensic mental health service was granted by the Research and Innovation department of The Service (Appendix B). Numerous ethical issues were considered, including potential risk and benefits to participants; risk to the interviewer; informed consent; confidentiality and anonymity; data storage; and safeguarding against any potential disclosures previously unknown.

To ensure a sample of men who had been violent and experienced trauma was selected, several inclusion and exclusion criteria were categorised. The inclusion and exclusion criteria can be found in Table 2.1.

Table 2.1: Inclusion and exclusion criteria for participant recruitment

Inclusion Criteria	Rationale for Use
• A score of 2 (present and relevant) or 1 (partially present and relevant) on the H1 item (History of Violence) on the Historical Clinical Risk-20 version 3.	• As the research is interviewing men who have been violent with a recorded history of trauma, this is necessary.
• The violence must involve violence against another person (including murder, actual bodily harm (ABH), or grievous bodily harm (GBH)).	• Violence can also include such acts as arson or damage to property. However, the research in interested in interpersonal violence, therefore this is a requirement.
• A score of 2 (present and relevant) or 1 (partially present and relevant) on the H8 item (History of Problems with Traumatic Experiences) on the Historical Clinical Risk-20 version 3, which includes experiences of trauma as a child (under 18 years of age) or as an adult (over 18 years of age).	• As the research is interviewing men who have been violent with a recorded history of trauma, this is necessary.
• Felt by their clinical team that the participant will be able to tolerate discussing their traumatic history.	• The clinical team, and particularly the team psychologist, will have greater knowledge and understanding of where the nominated service users will be in their care pathway, thereby understanding their ability to tolerate what might be a difficult discussion. They will also have a clear understanding of their risk.
• Is deemed at the time capable of consenting to take part in a study of this nature.	• To consent to this study, the participant must be aware of all aspects that the study entails. Therefore, the nominated service users must be deemed to have the capacity to consent by their clinical team.
• English as their first language	• As the research is qualitative, the questions will be open ended, and the notion of trauma experiences might be spoken of in abstract terms. It would be beneficial if the nominated service user had English as their first language in the hope of drawing out richer data.
Exclusion Criteria	**Rationale for Use**
• Participant is experiencing active mental health symptoms of psychosis or mood disorder.	• Active mental health symptoms may interfere with the interview process and may also reduce the individual's capacity to consent to the study.
• Participant has a diagnosis of learning disability.	• Experiences of trauma of someone with a learning disability might be considerably different to that of a service user without a learning disability. This may therefore confound the data in reducing the homogeneity of the research sample.
• If the potential participant has self-harmed or attempted suicide in the last six months.	• It would indicate a certain level of psychological or emotional instability if a service user has been self-harming or has attempted suicide in the last six months. They would be less likely to tolerate the discussions the study aimed to address.

Due to The Service providing treatment to the population required for the research, it was convenient to have potential participants approached by representatives of their clinical team and enquire if they wished to volunteer to participate in the study. Details of the schedule of events can be found in Figure 2.1.

1. Local collaborator to approach teams with clinical information sheet, make them aware of research and enquire about potential participants that fit the inclusion and exclusion criteria.
2. Potential participant identified and approached by team psychologist with participant information sheet and obtain expression of interest.
3. Author to meet with interested potential participant; establish rapport; discuss any queries about research; obtain consent to review clinical notes; schedule a second meeting approximately a week later to allow further reflection on requirements of the interview.
4. Meet with potential participant a second time, obtain consent to conduct interview. Offer debrief, remind participant of two-week reflective window in which to request withdrawal of their data.

Figure 2.1: Schedule of events for participant recruitment

Three local collaborators at three different forensic mental health hospitals within The Service approached clinical teams within their hospitals to make requests for potential participants. The teams were provided with a Clinical Team Information Sheet containing rationale for research and inclusion and exclusion criteria to assist with identifying potential participants (Appendix C). Once a potential participant was identified their team psychologist approached them with the Participant Information Sheet (Appendix D). Interested potential participants were then offered a meeting with the author to establish rapport, discuss any questions or concerns about the research, go through the information sheet again if necessary, and for the author to obtain consent to access the potential participant's clinical records (Appendix E) for the author to familiarise himself with the potential participant's risk and trauma history. To allow time for potential participants to reflect on the requirements of the research, a second meeting was then scheduled approximately a week later to conduct the interview. At this point the participants selected a pseudonym, informed consent was taken (Appendix F) and the interview conducted. Participants were informed that they could withdraw consent to participate in the interview at any point and were given another two-week reflective window after the interviews to request withdrawal of their data before it was entered into analysis. After two weeks, the analysis process began, and it was no longer possible for participants to withdraw their data.

Sample

A total of five participants were recruited, aged between 34 – 50 years old. This was considered appropriate for the study as it is recommended that for research at a professional doctorate level between four and ten interviews are sufficient (Smith, Flowers, Larkin, 2009).

Two participants identified as White British, two as Black British, and one as Mixed White Black Caribbean. Time spent in either prison or The Service ranged from 10 to 25 years. All five of the participants were detained in medium secure hospitals, with four of the participants having transferred from high secure facilities (including prisons and hospitals), while one participant had spent the duration of their detention in various medium secure hospitals. Mental health presentations included psychosis (including Paranoid Schizophrenia), Bi-polar affective disorder, and Dissocial, Emotionally Unstable, Paranoid, and Mixed Personality Disorders. Trauma experiences ranged from neglect, exploitation, sexual and physical abuse, witnessing the death of a friend, witnessing domestic violence, loss of partner and child through childbirth, and being stabbed. Broadly, all participants experienced these traumas as childhood adversities before the age of 18, with some experiencing additional traumas after 18 years old. Index offences included arson, manslaughter, aggravated burglary, actual bodily harm (ABH), robbery, and multiple adjudications for aggressive and violent behaviour while in prison. Three participants elected to have their team psychologist present during the interviews.

Data Collection

Data for analysis were collected through interviews conducted with the use of a semi-structured interview (Appendix G) that covered areas relating to mental health difficulties, experiences of trauma, and experiences of violence (taking into account the possibility that participants may have been victims and perpetrators of violence). Each interview took place

in an interview or meeting room within the hospital in which the participant was detained under section. Interviews were recorded on an encrypted voice recorder provided by The Service, transcribed verbatim and anonymised during transcription by removal or changing of identifiable information to maintain confidentiality.

Data Analysis

Smith, Flowers, and Larkin (2009) describe a process by which to analyse interview transcripts using IPA. Transcripts were analysed using this process, an outline of which can be found in Figure 2.2., including a description and examples of how the process was followed.

1. **Reading and re-reading**: this involved familiarisation with the data, reading one transcript at a time and completing each stage before moving onto the next transcript. Initial thoughts and recollections about each interview were noted in a reflective diary.
2. **Initial noting**: this involved detailed line by line coding of the semantic content and language used by the participants. Coding occurred at three levels, each of which were noted in the margins of the transcripts (Appendix H). Each transcript was read through three times to apply each level of coding.
    i) *Descriptive comments*: these were highlighted in blue and comprised of exploring and describing the face value of comments made by participants when answering questions and identifying key points that were significant to them.
    ii) *Linguistic comments*: these were highlighted in green and comprised of exploring the language used by the participants, including: pauses, laughter, repeated use of phrases or particular words or metaphors.
    iii) *Conceptual comments*: these were highlighted in pink and comprised a more interpretive engagement with the transcript based on the descriptive and linguistic observations, and highlighting initial thoughts around the meaning of key points participants were commenting on.
3. **Developing emergent themes**: this involved bringing together commonalities among the exploratory notes in the transcript, identified through conceptual comments, and grouping similar sections of text together under emergent themes.
4. **Looking for connections across emergent themes**: emergent themes were then organised together in superordinate and subordinate themes and placed in a thematic structure that summarised all emergent themes and sub-themes (an example can be found in Appendix I). A concluding narrative summary was written about the transcript, then the same process was applied to the next transcript.
5. **Looking for patterns across cases**: once all transcripts were coded with emergent themes identified, the next step involved looking for connections across the participant transcriptions. The participants' respective emergent themes and sub-themes were collated into a single table (Appendix J) and connections were identified across them (Appendix K). Similar emergent themes and sub-themes were then grouped together (example in Appendix L), and these were used to create the final superordinate and subordinate themes (example in Appendix M).

Figure 2.2: Process described by Smith, Flowers, and Larkin (2009) for conducting IPA analysis

From the process described above, four superordinate and nine subordinate themes were identified from the interview transcripts, the details of which will be explored in the *Results* section.

Validity and Reflexivity

As noted earlier, IPA is an interpretive methodology; however, to ensure that interpretation of the data and themes presented are plausible and grounded in the interview data, a number of processes were employed. Throughout the process of developing the themes I consulted with my supervisor about the various stages, reviewed emergent themes, and themes across participants. Additionally, I consulted with peers and other qualitative academic researchers in an IPA analysis and support group where themes were presented for review and feedback. The feedback was used to adjust and refine the themes until they were judged to present a fair representation of the data.

Due to the double hermeneutic inherent within the process of IPA, it is important for a researcher to reflect on the influence of themselves on the interpretation of the data. I became interested in the topic, and more broadly the field of forensic psychology, because I have always had a fascination with why certain individuals commit violent acts. Throughout my career path, first as mental healthcare assistant, then an assistant psychologist working in a forensic mental health service, and finally a forensic clinical trainee, I have come to appreciate and be curious about the interplay between the clinical elements of violence and offending. Therefore, when an opportunity arose to conduct research in an area of forensic relevance (i.e. violence) and an area of clinical relevance (i.e. trauma) I was enthusiastic about taking this on.

Through developing the protocol for this research and various placements throughout my training, I have gained a growing awareness of the impact of trauma on an individual, as a victim and perpetrator of violence. This has instilled in me a curiosity about how trauma experiences impact on a person's sense of self and the world around them. Throughout the interview, transcription and analysis process, I maintained a reflective diary in which I recorded initial thoughts, reflections and questions about how the participants have made sense of their trauma, which I consulted at various stages of the interpretations. Further reflections on the

interview processes and impact on participants and myself as an interviewer are continued in Appendix N.

2.3 Results

Throughout the interviews, the participants shared experiences relating to trauma, violence, and their mental health difficulties. They discussed the impact of these areas on themselves and their views of others and the world around them. The participants appeared to describe a toxic and unsupportive world that appeared to lay the foundations for violence becoming commonplace. From this, it appears that violence provided certain functions for the participants and contributed to the creation of different identities for each of them.

Analysis of the data identified four superordinate themes and nine subordinate themes outlining the experiences of the participants. Table 2.2 contains an outline of the thematic structure.

Table 2.2: Structure of themes identified from the analysis

Theme	Sub-Themes
Growing Up in a Toxic World	*"I had a mom, but it was like I didn't have a mom"*: Violences and Absences
	"I got trust issues with like trusting people": Trust Difficulties
	"I didn't have no one to talk to. I felt alone. And I struggled": Coping with the Toxic World
Path to Violence	*"Violence was the everyday thing"*: Violence as Normal
	"Impulsive, yeah, very impulsive": Impulsivity
	"As a child growing up, I wasn't shown affection": Lack of Affection and Support
Violence had Function and Capability	*"Inside I was just a terrified boy"*: Violence as a Mask
	"It's like I've always survived": A Means to Survive
	"Getting into trouble with the police, that wasn't a terrible thing": Status and Reputation
"That's the old me and this is the new me" – Violence Creates Identity	

The identified themes are described below using selected quotes to illustrate aspects of each theme. A full breakdown of each theme, the participants that contributed to it and their quotes can be found in Appendix O.

Growing Up in a Toxic World

Broadly, all five participants experienced a range of negative and unpleasant life events that included neglect, domestic violence, exploitation, bereavement, witnessing trauma, mental health difficulties, and physical and sexual abuse. These life events, many of which occurred in their childhood, led participants to feel that they had grown up in a toxic world. Frank described this as "*a world of shit…because everything that could go wrong did*" (line 373-376), while for Daniel *"[the world] wasn't a nice place. It was horrible*" (line 179). For some this world was firmly left in the past, but for others the effects of past events still influenced their view of the current world, as demonstrated by McCoy whose experience of witnessing the murder of his friend still impacts his perception of the world as unsafe:

> *"And nowadays that's the scenes. It's just ridiculous the amount of stabbing and people getting killed with knives into them"* (line 614 - 617).

Similarly, for Daniel the later death of his partner and unborn son was further confirmation of how horrible the world was for him:

> *"[The death of my partner and son] reinforced that the world is a horrible place for me. Like, there's nothing good for me. Like I was cursed… It's like I didn't deserve good. Nothing good ever happened for me… I was like, emotionally and stably unlucky"* (line 301-312)

The following theme will explore different aspects of what contributed to the participants experiencing the world they grew up in as toxic. These experiences will be explored in the sub-themes of *Violences and Absences, Trust Difficulties,* and *Coping with the Toxic World.*

"I had a mom, but it was like I didn't have a mom" – Violences and Absences

For four of the participants, their world views were influenced by the presence of violence or absence of emotional support from caregivers, and for two of these four, the absence of a valued caregiver. Frank described his father as a "*nasty man*" (line 94) who he feared due to the violence he perpetrated against Frank and his family. While both Daniel and

John noted the presence of their mothers in their lives, they both commented on how their mothers were not emotionally available, which for John left him feeling conflicted about his mother being a source of support and abandonment:

> *"Like, but the sad thing is, no matter what I did wrong the only person that was there for me is my mum. But even though I felt—when I was younger I felt, like, slightly—I don't know, not—abandoned is the wrong word because my mum was always there for us, but—I don't know, like, I felt abandoned"* (line 803-808)

For Frank, the presence of his violent father was exacerbated by the loss of his mother – whom he described as kind – who died when he was very young. He noted that he felt "*quite lost*" (line 100) once she died. Similarly, Daniel noted the absence of his father when he was younger and how this made him feel:

> *"Everyone else had dads in their houses—someone to turn to, talk to, I didn't. [It made me feel] Bitter…Very bitter."* (line 219-224)

This parental influence left participants feeling unlikeable and unlovable and as if they did not have a life of their own, as expressed here by Tony, who grew up in children's homes and placed with various foster carers:

> *"Because… my first foster parents, uh, they were the older generations…and there's no love in their home. They were garden centre people—garden centre types, out in the countryside. And, I didn't get toys to play with…And, the—I had to go down the garden centre—never got pocket money, the tight devils. Yeah, but, uh, they'd use me to do things round the garden centre and that. Didn't really have a life of my own"* (line 259-266)

In addition to feeling unliked, unloved, and lacking a sense of agency in their own lives, the early childhood experiences often left the participants with difficulties with trust, which is captured in the next sub-theme.

"I got trust issues with like trusting people" – Trust Difficulties

Trust difficulties developed for many reasons, one of which was physical abuse from caregivers as noted with Frank above, but was also present for Tony and was noted to contribute to his difficulties with trust:

> *"Hmm. I had it [lack of trust] from an early age that was…Cos of the early foster parent hitting me."* (line 791)

Furthermore, for Tony his experiences in children's homes and foster care placements also instilled in him a mistrust of others to look after other children. He describes how this influenced his later identification as a protector of children and vulnerable people, which will be further explored in *Violence Creates Identity*:

> *"I just didn't trust people, as far as I knew. I didn't understand it, I was too young, too immature. Er, I think that's why I'm more protecting towards children. Because I don't want to see them in positions where they can't comprehend what's happening to them. You know, it's not about being abused, or anything, but sometimes parents are not good at what they do. Eh, it's sometimes because they don't know how to do things"* (line 781-798)

Both Daniel and John began to associate with older, anti-social peers when they were younger, and described how these associations formed their entryways into a criminal lifestyle. However, John was exploited by these older peers, which led to him developing mistrust in them and choosing to become self-reliant:

> *"My trust—my trust—I got trust issues with like trusting people and stuff, so, I thought, "You know what, if I'm on my own then—then no one can—can take the piss or not pay me or do whatever". I learnt from an early age—I'm not a loner, but I just learnt to do everything on my own…"* (line 784-788)

Daniel understood that his trust difficulties were also influenced by paranoia associated with his mental health difficulties, which were also present while he was in prison:

> *"My voices made me paranoid that people would attack me, who wanna hurt me, people want me dead, people'll take what I've got, and they were my daily thoughts. That's how I was every day. Every day I was paranoid. I was given medication that wasn't working. I was just a paranoid wreck. I didn't trust no one. I was—I pushed my family away. I was—I was fucked."* (line 781-787)

Whilst these trust issues developed in the past, they still seem to exert some influence over participants in the present. For example, Frank reported that he did not trust new people when he meets them, which results in him avoiding people. This appears to be a strategy Frank employs to manage his feelings of mistrust that developed from his experiences in his toxic

world. Other strategies of managing and coping with the consequences of the toxic world are discussed next.

"I didn't have no one to talk to. I felt alone. And I struggled" – Coping with the Toxic World

Three participants spoke of self-harm and suicide attempts; however, Frank and Daniel both spoke of suicide attempts as ways of dealing with their early life experiences. Following the death of his mother, Frank attempted to commit suicide twice at a young age because he missed his mother and was in the care of his violent father. While Daniel attempted suicide in the context of his early onset psychosis and having no one to help him:

> *"[Hearing voices] was horrible… I took an overdose. I tried to kill myself… The voices told me to… I was scared… Cos what was going on in my head. I couldn't—I couldn't understand all what was going on. I—I was becoming unwell. I didn't have no one to talk to. I felt alone. And I struggled."* (line 61-73)

Participants described using illegal substances as a way of coping, some used substance to cope in prison, while others used them to cope with early life difficulties, as described here by McCoy:

> *"And, um, I remember going, um… and when I came back over, my mum had took me to like counselling or something?... Yeah. And I went there once, and, um, from that I didn't bother going back…So, yeah. [Cannabis] was just way, my way of dealing with it."* (line 39 – 46)

Cannabis use also presented a way for Daniel to "*fit in*" (line 672) with the older anti-social peers in his youth but also served as an entry into crime for him. Similarly, cannabis served as an entry into crime for McCoy as he started stealing "*to fund the habit*" (line 718).

From these experiences it can be observed how parental influences contributed to a shared sense of the world as toxic, and instilled in the participants mistrust that manifested in various ways, and forced them to cope with their difficulties in harmful ways. What is also noteworthy is how these experiences led to an association with anti-social peers, which

contributed to engagement in crime. In the next section the influence of a toxic world will be looked at in its contribution to a path to violence.

Path to Violence

The following theme will explore the experiences of the participants that possibly led them down a path to their use of violence. The imagery of a path is borrowed from Frank's interpretation of how his difficulties in childhood "*started [him] on a path*" (line 33). Whilst he was speaking broadly about his difficult life, this path encompassed violence and is representative of the experiences of the other participants within this study. These experiences will be looked at in the sub-themes of *Violence as Normal, Impulsivity,* and *Lack of Affection and Support.*

"Violence was the everyday thing" – Violence as Normal

All five participants spoke of how violence was commonplace in their earlier lives. For Frank, he recalled his first memory of violence being his father "*from a very young age*" (line 527) and hypothesised that "*because [he] saw [violence] in [his] house, it normalised it for [him]*" (line 869). Similarly, Daniel noted: "*violence has always been in my life since as—since, like, like, eight years old*" (line 386-387) and it made him feel *"[h]elpless. Hopeless. Insignificant. Weak.*" (line 455). While Frank and Daniel were able to explicitly state how common violence was for them, for McCoy it appeared that violence was so common place that his perception was that arguments could easily escalate to violence, as noted here when talking about his relief at being stopped by the police for carrying a knife:

> *"But looking back at it now, I'm thinking, um, I'm glad that they did catch me with it cos… I could have probably ended up killing someone or a person could have took the knife off me or end up killing, so… You get into an argument, get heated and if this person's swinging punches at ya, you'd get a knife out and stab."* (line 402 – 415)

For Tony, it is noted that his violence increased when he spent time in a children's home where violence was so commonplace it appeared built into the rules of the establishment as a means for settling disputes:

> *"Yeah. And, uh, my major violence started when I went to the children's homes, in [location]. Then, the rule basically, if you fell out with another kid, you—they'd take you out to the field and you fight it out 'til one can't fight no more or submits."* (line 180-183)

Both Tony and John referred to violence becoming natural for them. For Tony, it was observed to be insidious as noted here in his comments about wishing he had been able to notice his violent actions earlier:

> *"Only I wish I had spotted it earlier. The violence. It starts off so simple, and then before you realise it it's become something that you can't get back from… Hmm. And then when it's too late, you should have realised then, and you're like, "Oh, why didn't I realise that back then" ...It becomes normal to you. You know, it becomes too common… You know, you think, "Oh, that's only natural", you know. But, uh, it's not"* (line 1082-1097)

While for John, violence became a natural action:

> *"This's what I'm saying, because violence became natural. Being violent was like next to waking up and brushing your teeth. It became—it became like a natural action."* (line 688-69)

It appears that all five participants experienced violence as normal, natural, and expected in their lives. It seems to have become part of the way they existed, so much so that for some it became almost second nature; something automatic and done without thinking. This notion was expressed by some participants as being impulsive and this is explored next.

"Impulsive, yeah, very impulsive" – Impulsivity

Three participants articulated how they viewed themselves as being impulsive. For Tony, Daniel and John, impulsivity appeared to be integrated into their sense of self. They spoke about themselves as "*always [acting] on impulse*" (Daniel: line 598) or being impulsive for "*as long as [they] can remember*" (John: line 184). Consistent with the idea expressed in *Violence*

as Normal, Tony spoke about his impulsiveness existing on a "subconscious" or automatic level:

> *"No, that's—the one problem I had is that I quite often do things without thinking about them first… Yeah, it's—on a subconscious level it happens and I don't know it before. I would just go like "punch", and like, "Ah shit, I've just done that now"…And I'm like, "Hmm, can't think right now, it's done."* (line 226-233).

For Daniel and John, there were queries about links between their mental health difficulties and impulsivity:

> *"That's just that way I've been—I've always been that way. I've always been…like, I don't know if that's because of, like, my schizophrenia, with, like…that—the—that chemical imbalance, that's why my— my…my mental states not the same as somebody else's that's not on medication. So I'm probably 'cause of my—my mental imbalance—my medical imbalance—chemical imbalance that's probably another—another factor into why I am the way I am. Cos, physiologically I'm wired that way if that makes sense"* (Daniel: line 601-609)

For John, he queried the link between his impulsivity and mental health as he only became mentally unwell later in life. Yet, he had always considered himself impulsive from an early age and spoke about this in relation to his risk of violence toward himself and others, noting that his impulsivity was often what drove his violence:

> *"I don't know where—where it came from the impulsiveness, but, to be honest yeah, [addresses team psychologist] I've not even discussed that with you, have I, like—like, where it comes from or whatever, but [addresses interviewer again] I don't know where actually it comes from, but it's been the driver."* (John: line 740-744)

In a similar manner that violence appeared to become a natural part of daily living, impulsivity also seemed to be a part of the way in which participants in this sub-theme viewed themselves and their way of life. It appears to exist on a subconscious level, or is perceived to be hardwired into their physiology, or is so much a part of their existing memory that they cannot remember a time they were not impulsive. In whatever way it was conceptualised, all three participants acknowledged that impulsivity played a part in their perpetration of violence. Another contributor to the violence appears to be lack of affection and support.

"As a child growing up, I wasn't shown affection" - Lack of Affection and Support

Linked to *Violences and Absences*, this sub-theme explores the way in which the participants' experiences with caregivers had an impact on their perpetration of violence. For Frank, along with the absence of his mother, he noted that he also lacked supportive peers "*to look up to…[he] had nobody to keep [him] going on a straight path*" (line 458-489). Similarly, Daniel noted that he did not know how to express emotions as he "*did not have a role model to copy*" (line 246), which for Daniel had the consequence of being unable to show affection:

> *"Because as a child growing up, I wasn't shown affection, so I didn't know how to—I just didn't show affection myself cos I'd never learnt that…. Without someone showing the right way as a parent. I didn't have that parent input."* (line 334-336)

Equally, Tony noted that lack of affection growing up in the care system also had consequences on his emotional development:

> *"The care system. Builds up and it takes away a lot of things from you. One of the core things it takes away is your other emotional states for empathy and things…You go with families, and you see families hug their kid, but you don't get a hug. So, it creates, uh, what I think was a hate back in my early days."* (line 92-99)

For John, not being noticed and feeling like he was abandoned by his mother left him feeling as if he had something to prove, and that in order to be noticed he had to make himself noticeable, which he was able to do through becoming aggressive:

> *"I think I've mentioned it before, but, like, in order to be heard you had to, like—I don't know—be loud. Or, like—not so much kick off, but, like, you had to be—I don't know—like, yeah, basically you had to kick off or whatever to be heard or to be noticed. So, that what instilled in me, like—like, in order to get something or to get something done or to be noticed you had—you had to kick o—I don't know…"* (line 312-319)

It appears that lack of affection and the consequences this had on emotional development enabled some of the participants to be more violent, as described here by Daniel:

> *"So I grew up not knowing how to express affection. I didn't know how to, like, show, like, care and share—I didn't know how to express these things…That made me commit offences…to commit violence and not have it affect me. It made me not have—feel that guilt afterwards, cos I didn't know how to express emotions, so I didn't feel of guilt. So it made me—it helped—it helped to fuel my violence probably—I don't know."* (line 342-363)

And with Tony:

> *"With violence, it gives you that degree of being more violent…More capability…The lack of emotion means you don't really think of the other person so much. Yeah. You're more self-absorbed."* (line 916-922)

Overall, this theme highlights the way in which the presence of violence from an early age, the impact of impulsivity, and the lack of affection appeared to influence the participants' journey towards violence and in some case appeared to facilitate and perpetuate their violence. Tony described his lack of empathy as a way to be more capable of committing violence, which indicates a form of function. In the next theme, the notion of violence serving certain functions and providing capabilities will be explored.

Violence had Function and Capability

Throughout the interviews, it became apparent that the participants' use of violence appeared to support survival in a difficult and violent world, managing feelings of vulnerability and weakness, which for some was reinforced by achieving status. This aspect of the utility of violence will be explored in the sub-themes of *Violence as a Mask, A Means to Survive,* and *Status and Reputation.*

"Inside I was just a terrified boy" - Violence as a Mask

For three of the participants, violence served to protect against or cover up feelings of terror, vulnerability, or weakness and powerlessness. Tony described "*acting out the pain*" of being "*a terrified boy*" (line 318-354), while John noted that not wanting to be seen as weak in prison was "*a driving factor behind loads of [his] aggression*" (line 656). These experiences are exemplified by Daniel who stated:

> *"So I'm trying to…maintain that image. Was a false image, but was an image. I was trying to maintain an image—and that image was to mask my vulnerabilities… I was vulnerable inside. I was trying to mask it."* (line 491-497)

Furthermore, masking his vulnerabilities by using aggression was empowering for Daniel:

> *"I was, like—I can't say I was, like, unstable cos I knew what I was doing when I was committing violence, and, you get that like feeling of like empowerment. And, when you got no self-esteem something that give you that empowerment you latch onto. So, that made me propen—like, made me perceptible—susceptible to commit violent crimes. Commit violent acts. Cos its, like—it's me taking power back."* (line 392-399)

Similarly, Tony found that by using violence he was able to control the actions of others, something he recalls happened for the first time when he was seven and threatened his babysitter with a Swiss Army knife to prevent her from hugging him. This experience shaped Tony's view that violence allowed him to exact power through the control of others:

> *"And from that point, yeah, I'd become now well aware that, uh, fighting can be seen as a good thing—in my opinion. Because I controlled the others completely."* (line 160-162)

Evident in this sub-theme is the idea that those who are traumatised can feel terrified, vulnerable, weak, and powerless and that through the use of aggression they can defend against these feelings. This has the potential to be reinforcing and seen as beneficial as is the case with Tony. In this way violence aided these participants in their need to no longer feel scared and vulnerable. In the following sub-theme, this notion of violence addressing the need for survival is examined.

"It's like I've always survived" - A Means to Survive

The quote for this sub-theme was taken from John (line 366) to exemplify an overall experience shared by the men, which was to survive in their toxic worlds. Survival appeared to take on different meanings for different participants. For Daniel and John, survival related to keeping themselves alive through robbery offences to obtain money to sustain themselves:

> *[when asked about use of violence in robberies] "Yes… It's just what I needed to do to get the money… Whatever was necessary."* (line 42-47)

For Tony, survival was attempting to stay near the top of the "*pecking order*" (line 462) within children's home through his use of violence. One of the ways in which he did this was developing a resiliency for withstanding violence from others:

> *"Realising how powerful I could be… Through being resilient you see… Yeah. A lot of people think it's about being able to punch. But I've always thought it more about, uh, your ability to withstands loads coming at you... You can exhaust the other person down, then take them down yourself."* (line 145-154).

This need to survive or withstand violence from others appeared to develop into a defensive strategy. For some, this defensive strategy was pre-emptive as noted by Tony:

> *"I've always turned to the belief that, uh, I'd rather hurt someone else before they hurt me."* (line 82-83)

And John who, when reflecting on his experiences in prison, related this back to being stabbed by the victim of his robbery index offence:

> *"I used to think "get them before they get me", or, like, I don't know. Especially after being stabbed—after being stabbed."* (line 221-223)

While for Daniel, his defensive strategy was to use violence as a warning to others:

> *"And I've always, like—when I've committed violence I've gone to the extremes, like I wanna make an example of the person I'm hurting to deter them from retaliating back in the future. I've always gone above and beyond what I needed to do."* (line 389-392)

These examples appear to be active survival strategies; yet some participants employed more passive strategies to keep themselves safe. Frank and McCoy both spoke about how past experiences affect them in the present. For Frank he spoke of how his trust difficulties became paranoia, noting that even though he is in hospital and that his mental health is under control he still feels that he is always on guard, noting that:

> *"Well, I think a certain amount of paranoia is good for you… Keeps you on your toes."* (line 742)

As noted earlier in *Trust Difficulties*, Frank's wariness of new people led him to avoid people seemingly to protect himself. Similarly, due to his experiences of witnessing the death of his friend, McCoy has adopted the safety strategies of avoiding arguments with people as he

believes these could escalate into violence, possibly influenced by his ideas of violence as normal and the world being unsafe or dangerous:

> *"Yeah, it could—I think it [something like his friend's death] could happen again. If you get into an argument, it increase the chance of it happening…This person doesn't have to have a knife. A punch or kick you the wrong way, and then that's it."* (line 655-664)

Additionally, to avoid getting into arguments with others, McCoy now prefers to keep his own company as a form of self-protection.

Related to protection, Tony also used his violence for the protection of vulnerable individuals, specifically children as he noted that the protection of children was the responsibility of a "*grown adult*" (line 809). He justifies his assault of a heroin addict in the local area:

> *"Because I didn't want children seeing this. You know, even if it was normal medication, you shouldn't let children see you using needles… Because they're not able to comprehend what it's about, you know. What a child sees, you know, can develop too much of a fascination for it. And then it stays with them for may years until they finally look at it, and they could go the wrong path with it."* (line 593-597)

In summary, the participants' experiences illustrate that violence was used as a means of keeping oneself alive by surviving in adversarial environments such as children's homes and prisons. Violence was also an influence for some developing paranoid cognitions and adopting avoidance strategies as a form of self-protection against violence from others, while the perpetration of violence was also used to protect those more vulnerable from potentially negative life events.

"Getting into trouble with the police, that wasn't a terrible thing" – Status and Reputation

Two of the participants, Tony and Daniel, endorsed the belief that perpetration of violence carried with it elements of status that gave them seemingly admired reputations. For Tony, through his ability to withstand violence - "resilience" - and his protection of others, he notes:

> *"And, I became—well, I don't know, um, a bit of symbol to people. And I started feeding off it"* (line 158-16).

It appears that recognition of his ability to be violent was perceived by Tony as positive. Similarly, Daniel noted that becoming involved with the police, or to become recognised as an offender, was perceived by others as respectable and by the natural order of things:

> *"Like, getting—but getting into trouble with the police, that wasn't a terrible thing… Um, it was, um, kudos….It's cos in the—in your criminal records, police—that's part of my criminal lifestyle, so, it's not a negative—it's negative. It's like a career hazard. That's the only way I can describe it."* (line 466-475)

In a similar way that Tony began to "feed off" the recognition of his use of violence, Daniel noted that:

> *"It made me do more. Made me take more risks. Made me do more things, maybe things I probably wouldn't have done otherwise."* (line 489-491)

However, Tony later observed that despite the benefits that status and reputation can have, building up a name for yourself can have consequences:

> *"…at the time you think—you're thinking you're the big man and everything. You're fourteen, so you—you can't go to prison. But, you're building up a record quite clearly, and building a strong history. And, uh, as soon as you turn fifteen, you're guaranteed you're getting remand. You know because the police don't like ya."* (line 744-749)

For Tony and Daniel, it appears that violence became a way in which to define themselves, an identity as someone capable of using violence and that this was recognised by others. In the next section the notion of how violence shaped past and present identities will be explored.

"That's the old me and this is the new me" - Violence Creates Identity

All five participants spoke about violence being a part of their identity in some way. Both Frank and McCoy were ambivalent about describing themselves as violent individuals. This ambivalence is noted in the way they spoke about themselves in relation to being violent and the use of the word "really":

> *"Um, I, I, I'm not really a violent person to tell you the truth"* (Frank: line 549)

> *"Um… I wasn't really violent… Yeah. I remember one incident when I… in sort of school. Um, in school [someone] told me, like, told me to, like, hit—hit someone. Um… I ended up hitting him"* (McCoy: 432 – 436)

The use of the word "really" appears to imply an acknowledgement of the fact that both Frank and McCoy had perpetrated violence, but that being a violent person did not fit with the view they had of themselves. Rather, as is noted with McCoy, violence occurred due to external factors. Both Frank and McCoy spoke about being violent in the context of substance use (alcohol for Frank and ecstasy for McCoy). Both accounts were used to rationalise or justify the use of violence in those instances, as illustrated in the following extract where McCoy compares two occasion of ecstasy use, comparing the first against a separate incident in which he assaulted a friend's neighbour while under the influence of ecstasy tablets with blue crystals:

> *"Nah, nah, I've took [ecstasy] before…Yeah, I've took it before. I've took like twelve before… Yeah. Take a few in. Nothing. Took a few. Nothing. Kept on going and…The only thing I was doing, I was just grinding the teeth [clicks finger] with the ecstasy tablets. Yeah, but the ones that I took, when I punched that guy, those, like, ecstasy tablets, like, had like blue crystals in it. I can remember that much. Must have been some strong stuff, man… and yeah, affected me maybe more"* (line 529 – 553)

Here, the "strong stuff" is positioned as the catalyst - at least partly - for the violence. For the other three participants there appeared to be more of an acceptance of an identity of a person that used violence. As noted throughout previous themes, Tony appeared to adopt the identity of a protector/defender, noting that violence had the potential to be used positively and that he had "*done some good things in [his] life*" (line 548) with the use of violence, as noted in the following anecdote:

> *"…sometimes I've used violence in more of a positive way. Yeah, I was in the supermarket, it was only a mini, little thing. And, um, and I was there with my step-sister. And this woman comes up to me and says, "Can you help me?" … She says, uh, "I had my windows put through last night". Yeah. She mentioned the name of the person. I went, "Yeah, I know him". She went, "He's terrorising me. I—I need help". I went, "OK". So, I just walked out. I thought, "I know where this git'll be". So, I just walked up to him in front of his mates, punched him in the face, and went, "By the way, that's a very good friend of mine, you put her windows through last night. You do it again, and I'm not just going to punch you in front of your mates, I am going to*

> *mess you up". And he's, like, "Huh?" Like, "You've been warned". Fights can be good. It can be negative. It's a two-way street, you know.* (line 848-864)

It appears that Tony constructs his use of violence as noble action on behalf of others in need, thereby perhaps creating in himself an identity that is also somewhat noble. However, for Daniel and John, there appeared to be a separation of past and current identities. Daniel described the older violent version of himself as "*feral*" (line 852), and appeared to acknowledge that while his mental health difficulties had some part to play in his violence, it was not the sole reason for his violence, which he attributes to a number of factors:

> *"The voices used to make me do things that if I didn't hear them I probably wouldn't have done. But saying that, I was still a criminal, I done things that wasn't voice-led. That was me-driven, cos of my own insecurities, cos of my home lack of confidence—my lack of emotion. Or… I can't blame the voices for hundred percent of the things I've done wrong, cos a lot of the things I've done wrong, or half the things I've done wrong were done because of me"* (line 534-541)

However, through the correct medication and having completed several therapy courses, he is able to identify a newer version of himself:

> *"I've changed… Everything. I'm not hearing voices no more… I'm a confident person. I've got good self-esteem. Got good relationships. Got family now. I've goals, aims and aspirations. I never had anything before. I ain't self-harmed for years"* (line 317-323)

Similarly, John noted the different version of himself as "old" and "new":

> *"That's the old me and this is the new me, now. I don't think like that, I don't think like that. I moved away from it."* (line 232-234)

Further stating that in a similar way to Daniel he can identify the "new me" version of himself by his current actions and perceptions of himself as "progressing":

> *"But, I have moved away from that, I know I have—I know I have because I don't get into half the trouble that I used to get in. I'm progressing, I—I'm halfway through the door. I go out on leaves. I'm different to how I was before, but, sometimes I do question myself, but, I know—I know in my heart of hearts that I—I've moved on"* (line 241-245)

Overall, it can be noted that in some way the violent histories of the participants helped shape an identity about themselves. Some of the participants appear to hold onto these ideas of

themselves, while others appear to separate the violent side of themselves. However, Daniel noted that despite the new version of himself he felt that the potential to be violent still existed. This potential is also noted in the conflicted way John sometimes questions himself about his new identify. Therefore, it possible that while both Daniel and John have adopted newer identities, there is also acknowledgment that the older version of themselves can never be fully erased.

2.4 Discussion

The aim of the study was to explore the phenomenology and sense-making of male forensic mental health service users who have experienced trauma and committed acts of violence to further explore the link between trauma and perpetration of violence. An Interpretative Phenomenological Analysis of interviews with five men who had been exposed to trauma and perpetrated violence was used to explore their understanding of these experiences.

Overall, the experiences of the men appear to fit with the notion of "the cycle of violence", which suggests that "victims of abuse become abusers and victims of violence become violent offenders" (Wisdom, 1989: pp. 167). Given that this research was explorative in nature, it was not the purpose of this study to present these findings as a definitive pathway from trauma to violence. However, one narrative that proves helpful in understanding the experiences of the participants was one of growing up in a toxic world consisting of either the presence of violence or absence of emotional warmth which affected their views of themselves and the world. Trust difficulties seemed to result from this, as did turning to self-harm, suicide attempts, or substance use to cope with this world. These experiences instilled in the participants a sense that violence was natural, which – coupled with issues of impulsivity, lack of support, and difficulties with empathy and emotional expression – appeared to lead the participants down a path to violence. Violence appeared to develop as a function to mask vulnerabilities and weaknesses, but also as a means to survive – either through acquisition of goods through use of violence, pre-emptive attacks against others, or avoidance of others as a means of self-protection. Consequently, this had the effect for some participants of achieving status and reputation, which reinforced their continued use of violence. This subsequently left participants with varied identities that developed through the use of violence. Some were ambivalent about identifying themselves as violent, while others acknowledged that violence

has been a part of their identity. For those who acknowledged this part of themselves, some still associated themselves with the identity that had developed, while others no longer associated themselves with the older versions of themselves. The links identified in the narrative of the men's experiences will be explored using the existing research literature relating to trauma, violence and aggression, and offending.

Research Findings in Context

Similar experiences have been found in other qualitative literature research exploring trauma and violence, and include: lack of support and coping skills (Honorato, Caltabiano, & Clough, 2016); substance misuse and self-harm to cope with difficult feelings (Paton, Crouch, Camic, 2009; Honorato, Caltabiano, & Clough, 2016), living in a violent world (Paton, Crouch, Camic, 2009) and violence that has become part of the normative socialisation process (Ellis, Winlow, & Hall, 2017).

The themes of *Growing Up in a Toxic World* and *Lack of Affection and Support* appear consistent with cognitive behavioural theories that describe how unpleasant experiences can create unhelpful core beliefs (Beck, 1976), or maladaptive schemas about self and others, which develop when children's basic needs are not met (Young, Klosko, Weishaar, 2003). These are evident in the participants' experiences of feeling unlovable, unlikeable, abandoned, and in Daniel's case, "cursed", which left the participants viewing their worlds as horrible, unsafe or "*a world of shit*" (Frank). In schema therapy terms – a model of therapy that draws on cognitive behavioural, psychoanalytic, object relations, and attachment theories – the way in which the participants made sense of the violence and lack of emotional care from their caregivers, developed schemas, which are ways in which the individuals organise the information they are receiving from others (Young, Klosko, Weishaar, 2003). Seemingly, the participants then located the reasons for the violence and lack of care within them by attributing

characteristics such as “unlikeable” and “unlovable” to themselves. Furthermore, experiences from *Coping with a Toxic World* and *Violence had Function and Capability* also appear consistent with coping strategies in schema therapy.

Schema therapy identifies three coping styles: *avoidance*, *surrender*, and *overcompensation* (Young, Klosko, Weishaar, 2003). The experiences of self-harm, suicide attempts, and the use of substances by Frank, Daniel and McCoy to cope with their various difficulties could be understood as *avoidance*, which are attempts to escape or avoid the feelings associated with schemas (Young, Klosko, Weishaar, 2003). Similarly, the use of violence to defend against feelings of weakness and vulnerability can be viewed as *overcompensation*, acting in opposition to how one feels (Young, Klosko, Weishaar, 2003) as illustrated by the ways in which Tony, Daniel and John used violence to exert power and control over others. This is also supported by the concept of “reciprocal roles” inherent in Cognitive Analytical Therapy, which are internalised roles of how individuals relate to others (Kirkland & Baron, 2015: pp. 396). In the instances of these participants, the reciprocal roles would be that of victim-perpetrator, where the participants have been put in the position of victim and in order to no longer experience the feelings associated with being a victim (i.e. feelings of vulnerability), they have shifted into the role of perpetrator so that they may experience the feelings associated with that (i.e. power and control); and have subsequently made efforts to remain in those roles.

The Good Lives Model (GLM; Ward & Stewart, 2003) offers some context for *Trust Difficulties* and *A Means to Survive.* The GLM suggests that all humans seek “primary goods”, which offenders have difficulties obtaining through pro-social means; therefore, they obtain them by offending (Ward & Stewart, 2003: pp. 356). These goods include *life; knowledge; excellence in play, work, and agency; inner peace; relatedness; community; spirituality; happiness;* and *creativity* (Ward & Stewart, 2003). Both Daniel and John spoke of how they

used violence and offending to obtain material goods and doing "*whatever was necessary*" (Daniel) to survive, which is related to the good of *life*. Additionally, Daniel and John initially associating with older anti-social peers could be viewed as a means to gain the good of *relatedness*, connections with others which they were both missing at home. However, for John, his trust issues and experiences of being exploited by his peers led him to become self-reliant and commit his offences using violence on his own, could be viewed as him wishing to obtain the good of *agency.* Similarly, all men expressed strategies to feel safe, and in some cases, feel powerful by using violence and endorsing beliefs that promoted pre-emptive defence of themselves by attacking others first. This could be thought of as attempts to obtain *inner peace* by shifting from the role of victim to perpetrator, as noted in cognitive analytic theory (Kirkland & Baron, 2015); as well as further efforts to obtain *agency* by being in control of when the violence is orchestrated as the perpetrator as opposed to not knowing when violence might occur as the victim.

The experiences of *Violence as Normal* can be linked back to Social Leaning Theory (SLT; Bandura, 1977) which notes that "children can acquire entire repertoires of novel aggressive behavior [*sic*] from observing aggressive models" (Bandura, 1978: pp. 14). SLT has been noted to offer explanations for both intimate partner violence (Sellars, Cochran, & Branch, 2005) and sexual murders (Chan, Heide, & Beauregard, 2011). By being victims of or witnessing domestic violence, being subjected to physical punishment, growing up in hostile environments such a children's homes, or associating with anti-social peers, the participants came to interpret that violence "*was the everyday thing*" (Tony), and became a "*natural action*" (John). Similarly, Daniel noted that his impulsivity, which he identified as being linked to his violence, was possibly "*wired*" into him. The links between impulsivity, crime, and violence and aggression have a long history (Barratt, 1991; Barratt, 1994; Moffitt, 1993), and there is evidence to suggest the impulsivity has a biological aspect (Bevilacqua & Goldman, 2013;

Kaliski, 2015). Yet, the notion that impulsivity is linked to the impact of trauma on neurobiological development is one that bares some consideration. Polyvagal Theory (Porges, 2011) combines the evolutionary biological components of survival with social relationship and attachment theory (van der Kolk, 2014), and may offer some explanation for the interplay between trauma, impulsivity, and violence.

Polyvagal Theory posits that the vagus nerve links all elements of the autonomic nervous system (ANS), responsible for maintaining automatic body functions (e.g. breathing, blood circulation). The ANS is split into sympathetic nervous system (SNS) – which prepares the body to deal with threat and is activated by the amygdala, the body's alarm system – and the parasympathetic nervous system (PNS) – which slows body functioning down, generally to conserve energy (van der Kolk, 2014).

Prolonged trauma and adversarial childhoods, such as those experienced by the men in the current study, leads to continued activation of the amygdala and the SNS or PNS (van der Kolk, 2014). Research has indicated that continued exposure to trauma can change the size of the amygdala and make it overly sensitive to threat perception (Morey et al., 2012; Bellis & Zisk, 2014). This sensitivity to danger or stress may account for the perception by those in the study that they have always been impulsive and quick to react with violence; they may have in fact been responding to their hypervigilance to perceptions of threat and danger. This hypervigilance may also account for the development of trust difficulties, avoidance strategies such as those implemented by Frank and McCoy, and the development of cognitive beliefs about the benefits of attacking others before being attacked, which, as discussed in relation to the GLM, have the benefits of feeling powerful and in control of others.

Social learning theory suggests that for an observed behaviour to be adopted it must be reinforced by benefits of adopting that behaviour (Bandura, 1977). As noted in the evidence above, the use of violence is reinforced by either: removal of negative affect (i.e. feelings of

vulnerability, weakness, fear), or gain of something positive (i.e. feeling powerful, safe, obtaining things needed to survive). Additionally, in *Status and Reputation,* Tony and Daniel noted how violence was reinforced as positive by feedback from others. Moreover, lack of affection – which instilled difficulties with empathy or emotional expression – made it possible to be more violent, which may have increased positive feedback. Positive association with the use of violence is conceptualised as appetitive aggression (Hecker et al., 2015), which can thereby become instrumental violence – violence that has a goal and or purpose (Sears, Maccoby, & Levin, 1957); which in the case of some of these participants would be to feel better about themselves through removal of negative affect and maintain a sense of identity related to being violent.

In summary, the trauma experiences of the participants and the impacts of this (i.e. substance use, impulsivity, anti-social attitudes and beliefs, experiences of violence at an early age, negative affect and views of self and others) add context to the existing literature on trauma and violence and is consistent with ways in which trauma has been conceptualised by different models of psychology and offending. Additionally, these experiences map onto the Historical Clinical Risk 20 (HCR-20) risk assessment of violence (Douglas, Hart, Webster, & Belfrage, 2013), which suggests that trauma is an important static risk factor in risk assessment (i.e. historical and unchangeable; Brown & Singh, 2014); however, it also highlights that trauma has far reaching influences on other risk factors. As such, ways in which to address the impact of trauma on future risk of violence will be discussed next.

Clinical Implications

It is noteworthy that apart from a few examples, most participants made occasional explicit connections between their mental health difficulties (psychosis or Bipolar disorder) and perpetration of violence. However, some of the experiences noted by the participants are

representative of traits of personality disorder, of which four out of five men had a diagnosis. Impulsivity, self-harm and suicide, substance use, negative self-views, and difficulties with emotional expression are consistent with Emotionally Unstable Personality Disorder, while impulsivity, anti-social attitudes, and lack of empathy or callousness are consistent with Dissocial Personality Disorder (World Health Organisation, 1992). Therefore, it is possible the trajectory for trauma and perpetration of violence follows a similar trajectory for trauma and the development of personality disorder. Indeed, there has been some debate about the overlap between trauma symptoms and traits of personality disorder (Pagura et al., 2010). Therefore, only addressing the mental health symptoms of psychosis and/or Bipolar disorder of those who have also experienced trauma may not necessarily reduce risk of violence.

The risk-need-responsivity (RNR) model (Andrews & Bonta, 2010) is considered the gold standard by which to coordinate offender rehabilitation (Polascheck, 2012) by assessing an offender's *risk*, determining their criminogenic *needs* (i.e. risk factors), and their *responsivity* (i.e. individual factors that influence the most effective way in which to deliver risk reduction interventions; Andrews & Bonta, 2010). As noted earlier, trauma is conceptualised as a static risk factor, of which the varied impacts (e.g. views of self, others, and the world, and aggressive reactions or harmful coping strategies to this) can affect treatment intervention if not addressed (Bates-Maves & O'Sullivan, 2017). However, the impacts are dynamic (i.e. through therapy views of self and others can change) and therefore exposure to trauma can be considered a *responsivity* factor that needs to be addressed given that trauma appears to link to many other violence risk factors (i.e. substance use, impulsivity, anti-social attitudes and beliefs, experiences of violence at an early age, negative affect and views of self and others). It can therefore be argued that addressing trauma exposure as a treatment intervention could also address some of the risk factors associated with trauma, and consequently, those associated with violence.

It would therefore be beneficial for forensic services to adopt trauma-informed approaches to care (Harris & Fallot, 2001), which assumes that those in mental health services will have been exposed to trauma and proposes that clinical staff be sensitive to this and make efforts to reduce traumatisation (Sweeney et al., 2016). One way to be sensitive to this is to work collaboratively with forensic mental health service users to decrease the power imbalances inherent in forensic services and, where possible, provide the service users with power and choice to reduce similar feelings of powerlessness and lack of agency usually associated with trauma (Sweeney et al., 2016). An example of this could be to complete risk assessment (i.e. early warning signs of risk, crisis planning) and formulations collaboratively with service users. This would provide a level of transparency of the process of rehabilitation and intervention, and validation of their experiences through being heard and worked with in a compassionate manner, which would aid with helping service users feel safe, both emotionally and physically (Sweeney et al., 2016). Consistent with polyvagal theory (Porges, 2011) trauma-informed approaches may help those affected by trauma learn to trust and see others as non-threatening.

Trauma-informed care also highlights the necessity of directing service users towards trauma-specific care or incorporate this into their risk reduction interventions (Sweeney et al., 2016). Two such approaches that focus on the impacts of trauma have already been identified, schema therapy and cognitive analytical therapy, and both have already been used in working with forensic populations (Bernstein, Clercx, & Keulen-De Vos, 2019; Kirkland & Baron, 2015). However, other recommended interventions that may address trauma needs include: Eye Movement Desensitisation Reprocessing (Shapiro, 2017) for alleviating distress associated with traumatic memories; and Dialectical Behavioural Therapy (DBT; Linehan, 2014). It has been suggested that DBT can help forensic mental health service users with personality disorders manage difficulties with affect regulation that result in self-harm and aggressive

behaviours (McCann, Ball, & Ivanhoff, 2000), and has recently seen clinical utility in reduction of violence and anti-social behaviours in male forensic psychiatric facilities (Bianchini, et al., 2018).

Finally, consistent with the findings of Stinson, Quinn, and Levenson (2016), the experiences of the participants in this study highlight the need for identifying and working with minors who are exposed to trauma and childhood adversity early on.

Overall, it appears that reducing the risk of violence requires more than addressing mental health difficulties in forensic mental health service users. Addressing the impact of trauma exposure, which appears to have some parallels to traits present in personality disorder, may serve to reduce the risk of violent offenders who have experienced trauma.

Limitations

Due to the outbreak of COVID-19, it was not possible to recruit further participants. Therefore, this study was conducted with only five participants. Whilst the sample size adheres to the range of participants recommended by Smith, Flowers, and Larkin (2009), the analysis may have benefited from additional participants to provide a more comprehensive data set. To compensate for the smaller sample size, efforts were made to generate a more in-depth analysis to uncover nuances inherent in the experiences of trauma and violence for the participants in this sample.

IPA is an interpretive methodology and reliant on the process of the double hermeneutic. While efforts were made to ensure the plausibility of themes, it is possible that if the original data set were analysed by others, they may find different interpretations. Therefore, it is possible that there were themes or points of theoretical relevance that were not identified in this study.

Qualitative literature, particularly IPA, uses small samples to focus on the idiographic nature of experiences. Therefore, whilst this study has contributed further to the literature related to trauma and violence, the small sample size and the specific nature of the sample population means that the results are not necessarily generalisable to all individuals that have experienced trauma and perpetrated violence.

Future Directions for Research

As noted above, IPA research uses small idiographic samples to explore specific lived experiences, which consequently lacks nomothetic utility. Additionally, the extant qualitative literature in this area appears sparse. Therefore, in order to explore and compare the experiences of the participants in this study and continue to build up the body of literature relating to trauma and violence from the perspective of those who have lived experiences of both, it is recommended that additional studies be conducted to explore whether the experiences identified in this study are unique to this cohort or if they are shared among forensic mental health service users and other populations, such as general prisoner populations and female populations (both forensic mental health and general prison populations).

As noted in *Violence Creates Identity*, some of the men were able to separate older and newer versions of themselves. Within the desistence literature it has been found that some offenders are able to reduce their offending by creating newer and different self-narratives to the ones they had of themselves at the time of offending (Stevens, 2012). These self-narratives develop either through maturing and "grow[ing]…out of crime" (Stevens, 2012: pp. 531) or by finding value in conforming to societal rules and having "something to lose" (Stevens, 2012: pp. 531). Rather than run the risk of losing what is important to them, they then opt to "thicken the new plot" of their new narrative (Carr, 1998: pp. 488) and put distance between themselves and the older version of who they were. Therefore, research into the factors that helped these

participants, or others like them, thicken the plots of their new self-narratives that were not linked to violence may help guide future interventions for others who have been exposed to trauma.

Overall, the experiences of the participants highlight that trauma exposure has some links as to why they perpetrated violence; but trauma exposure also appears to link to other risk factors associated with risk of violence. Therefore, by approaching forensic mental health services users who have experienced trauma and perpetrated violence – such as those in this study – with trauma-informed risk intervention, it may be possible to address multiple risk factors associated with violence.

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CHAPTER 3
EXECUTIVE SUMMARY

3.1 Literature Review

Background

Sexual violence is defined as any sexual act committed against a person using coercion and can encompass rape, sexual assault, sexual abuse, and sexual harassment. Sexual violence can be perpetrated against men and women; however, international and national prevalence rates consistently indicate that sexual violence is predominantly committed against women.

Sexual violence can have physical and mental health consequences and can occur in many contexts. One such context is the military and it has been found that women in the military are at a higher risk of sexual victimisation than in the general public.

In the UK armed forces there was a 35% increase in sexual offences between 2016 and 2018, with 77% of the offences being committed against servicewomen. In the US military it was found that 38.4% of women reported experiences of Military Sexual Trauma (MST). Alongside this, there is a significant body of literature exploring sexual violence in the military; however, literature reviews have been quantitative in nature and there are no reviews that pull together qualitative literature in this area.

What did the review do?

Qualitative research papers that explored the experiences of female veterans who had experienced sexual violence while serving in the military were synthesised using a meta-ethnographic approach. The papers were found using a systematic literature search, then assessed using an adapted quality review checklist. Data from the research papers were then extracted and analysed for similarities and/or differences between the papers.

What did the review find?

All papers found related to the US military. The women who experience sexual violence in the military do so within a hostile, male-dominated military culture that impacts on their decisions to report their sexual assaults. If they do choose to report, they often receive backlash from leaders and peers; are blamed or blame themselves for the assault; their reports are ignored or they are disregarded as victims and servicewomen; and they feel betrayed, particularly by the military as an institution. It was also found that the victims undergo a process of individualisation and revictimisation, either through repeated assaults or adverse experiences while seeking support within the military.

What do the review findings mean?

The findings indicate that the US military requires a culture shift to one that creates a trauma-informed environment for female victims of sexual violence that is both validating and non-blaming. This may make victims feel safe and comfortable in reporting their assaults and assure them that the necessary steps for prosecution of perpetrators will be taken.

3.2 Empirical Paper

Background

Trauma exposure and Adverse Childhood Experiences (ACEs) have been linked to increased violence and aggression in the general population. Prisoners classed as violent offenders are noted to have higher rates of childhood trauma or adversity than the general public. Similarly, trauma has been linked to higher rates of mental health difficulties in the general population, while rates of mental health difficulties in the offender population are reportedly up to five times higher. The forensic mental health population represents a distinct convergence of mental health concern and violence, and therefore a higher concentration of trauma experiences.

Research into the links between trauma and violence has primarily been quantitative in nature, but qualitative research provides an opportunity to understand the experiences of trauma and perpetration of violence from the perspective of those who have lived through both experiences.

What did the study do?

Selection criteria were developed to determine potential participants for the study. From this, five male forensic mental health service users were interviewed about their experiences of trauma and perpetration of violence. The interviews were then analysed using Interpretive Phenomenological Analysis to determine how the participants made sense of the two experiences.

What did the study find?

Overall, the participants each grew up experiencing the presence of violence or the absence of emotional warmth from caregivers. From this they developed difficulties with trust,

and turned to self-harm, substance use, and suicide attempts to cope with *Growing Up in a Toxic World*. Experiences of violence as the norm, issues with impulsivity, and lack of support and affection appeared to lead the participants down a *Path to Violence.* From this, they described that *Violence had Function and Capability*, in that it was a means to mask feelings of vulnerability and weakness, a means to survive, and for some participants, their use of violence gave them status and reputation. It was also noted that *Violence Creates Identity*, and that while some participants were ambivalent about self-identifying as violent, others acknowledged their violent past; yet, chose to distance themselves from that identify and focus on newer versions of themselves.

What do the study findings mean?

The results indicated that the participants' experiences of trauma are consistent with other risk factors associated with of risk of violence and appear consistent with the development of personality disorder. Therefore, adopting a trauma-informed approach and addressing trauma exposure as a treatment need may serve to reduce the risk of violent offenders who have experienced trauma.

VOLUME ONE: LIST OF APPENDICES: CHAPTER 1

Appendix A – NICE Qualitative Checklist (NICE, 2012)

Study identification: Include author, title, reference, year of publication		
Guidance topic:	**Key research question/aim:**	
Checklist completed by:		
Theoretical approach		
1. Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? Could a quantitative approach better have addressed the research question?	Appropriate Inappropriate Not sure	Comments:
2. Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question/s? Is there adequate/appropriate reference to the literature? Are underpinning values/assumptions/theory discussed?	Clear Unclear Mixed	Comments:
Study design		
3. How defensible/rigorous is the research design/methodology? For example: Is the design appropriate to the research question?	Defensible Indefensible Not sure	Comments:

Is a rationale given for using a qualitative approach? Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Is the selection of cases/sampling strategy theoretically justified?		
Data collection		
4. How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the appropriate data collected to address the research question? Was the data collection and record keeping systematic?	Appropriately Inappropriately Not sure/inadequately reported	Comments:
Trustworthiness		
5. Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately considered? Does the paper describe how the research was explained and presented to the participants?	Clearly described Unclear Not described	Comments:
6. Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a sufficient variety of circumstances? Was context bias considered?	Clear Unclear Not sure	Comments:
7. Were the methods reliable? For example:	Reliable Unreliable	Comments:

Was data collected by more than 1 method? Is there justification for triangulation, or for not triangulating? Do the methods investigate what they claim to?	Not sure	
Analysis		
8. Is the data analysis sufficiently rigorous? For example: Is the procedure explicit – i.e. is it clear how the data was analysed to arrive at the results? How systematic is the analysis, is the procedure reliable/dependable? Is it clear how the themes and concepts were derived from the data?	Rigorous Not rigorous Not sure/not reported	Comments:
9. Is the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? How well has the detail and depth been demonstrated? Are responses compared and contrasted across groups/sites?	Rich Poor Not sure/not reported	Comments:
10. Is the analysis reliable? For example: Did more than 1 researcher theme and code transcripts/data? If so, how were differences resolved? Did participants feed back on the transcripts/data if possible and relevant? Were negative/discrepant results addressed or ignored?	Reliable Unreliable Not sure/not reported	Comments:

11. Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent? Are extracts from the original data included? Are the data appropriately referenced? Is the reporting clear and coherent?	Convincing Not convincing Not sure	Comments:

12. Are the findings relevant to the aims of the study?	Relevant Irrelevant Partially relevant	Comments:
13. Conclusions For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Does this enhance understanding of the research topic? Are the implications of the research clearly defined? **Is there adequate discussion of any limitations encountered?**	Adequate Inadequate Not sure	Comments:
Ethics		
14. How clear and coherent is the reporting of ethics? For example: Have ethical issues been taken into consideration? Are they adequately discussed e.g. do they address consent and anonymity? Have the consequences of the research been considered i.e. raising expectations, changing behaviour? Was the study approved by an ethics committee?	Appropriate Inappropriate Not sure/not reported	Comments:
Overall assessment		
As far as can be ascertained from the paper, how well was the study conducted? (see guidance notes)	++ + –	Comments:

Notes on the use of the NICE Qualitative Checklist

Section 1: Theoretical approach

This section deals with the underlying theory and principles applied to the research.

1. Is a qualitative approach appropriate?

A qualitative approach can be judged to be appropriate when the research sets out to investigate phenomena which are not easy to accurately quantify or measure, or where such measurement would be arbitrary and inexact. If clear numerical measures could reasonably have been put in place then consider whether a quantitative approach may have been more appropriate. This is because most qualitative research seeks to explain the meanings which social actors use in their everyday lives rather than the meanings which the researchers bring to the situation.

Qualitative research in public health commonly measures:

personal/lives experiences (for example, of a condition, treatment, situation)

processes (for example, action research, practitioner/patient views on the acceptability of using new technology)

personal meanings (for example, about death, birth, disability)

interactions/relationships (for example, the quality of the GP/patient relationship, the openness of a psychotherapeutic relationship)

service evaluations (for example, what was good/bad about patients' experiences of a smoking cessation group).

2. Is the study clear in what it seeks to do?

Qualitative research designs tend to be theory generative rather than theory testing; therefore it is unlikely that a research question will be found in the form of a hypothesis or null hypothesis in the way that you would expect in conventional quantitative research. This does not mean however that the paper should not set out early and clearly what it is that the study is investigating and what the parameters are for that. The research question should be set in context by the provision of an adequate summary of the background literature and of the study's underpinning values and assumptions.

Section 2: Study design

Considers the robustness of the design of the research project.

3. How defensible is the research design?

There are a large number of qualitative methodologies, and a tendency in health to 'mix' aspects of different methodologies or to use a generic qualitative method. From a qualitative perspective, none of this compromises the quality of a study as long as:

The research design captures appropriate data and has an appropriate plan of analysis for the subject under investigation. There should be a clear and reasonable justification for the methods chosen.

The choice of sample and sampling method should be clearly set out, (ideally including any shortcomings of the sample) and should be reasonable. It is important to remember that sampling in qualitative research can be purposive and should not be random. Qualitative research is not experimental, does not purport to be generalisable, and therefore does not require a large or random sample. People are usually 'chosen' for qualitative research based on being key informers.

Section 3: Data collection

4. How well was the data collection carried out?

Was the method of data collection the most appropriate given the aims of the research? Was the data collection robust? Are there details of:

how the data were collected?

how the data were recorded and transcribed (if verbal data)?

how the data were stored?

what records were kept of the data collection?

Section 4: Trustworthiness

Assessing the validity of qualitative research is very different from quantitative research. Qualitative research is much more focused on demonstrating the causes of bias rather than eliminating them, as a result it is good practice to include sections in the report about the reflexive position of the researcher (what was their 'part' in the research?), about the context in which the research was conducted, and about the reliability of the data themselves.

5. Is the role of the researcher clearly described?

The researcher should have considered their role in the research either as reader, interviewer, or observer for example. This is often referred to as 'reflexivity'. It is important that we can determine: a clear audit trail from respondent all the way through to reporting, why the author reported what they did report, and that we can follow the reasoning from the data to the final analysis or theory.

The 'status' of the researcher can profoundly affect the data. For example, a middle-aged woman and a young adult male are likely to get different responses to questions about sexual activity if they interview a group of teenage boys. It is important to consider age, gender, ethnicity, 'insider' status (where the interviewer/researcher is part of the group being researched or has the same condition/illness, for example). The researcher can also profoundly influence the data by use of questions, opinions and judgments, so it is important to know what the researchers' position is in that regard and how the researcher introduced and talked about the research with the participants.

6. Is the context clearly described?

It is important when gauging the validity of qualitative data to engage with the data in a meaningful way, and to consider whether the data are plausible/realistic. To make an accurate assessment of this it is important to have information about the context of the research, not only in terms of the physical context – for example, youth club, GP surgery, gang headquarters, who else was there (discussion with parents present or discussion with peers present are likely to cause the participant to position himself very differently and thus to respond very differently) – but also in terms of feeling that the participants are described in enough detail that the reader can have some sort of insight into their life/situation. Any potential context bias should be considered.

7. Were the methods reliable?

It is important that the method used to collect the data is appropriate for the research question, and that the data generated map well onto the aims of the study. Ideally, more than 1 method should have been used to collect data, or there should be some other kind of system of comparison which allows the data to be compared. This is referred to as triangulation.

Section 5: Analysis

Qualitative data analysis is very different from quantitative analysis. This does not mean that it should not be systematic and rigorous but systematicity and rigour require different methods of assessment.

8. Is the data analysis sufficiently rigorous?

The main way to assess this is by how clearly the analysis is reported and whether the analysis is approached systematically. There should be a clear and consistent method for coding and analysing data, and it should be clear how the coding and analytic strategies were derived. Above all, these must be reasonable in light of the evidence and the aims of the study. Transparency is the key to addressing the rigour of the analysis.

9. Are the data rich?

Qualitative researchers use the adjective 'rich' to describe data which is in-depth, convincing, compelling and detailed enough that the reader feels that they have achieved some level of insight into the research participants experience. It's also important to know the 'context' of the data, that is, where it came from, what prompted it and what it pertains to.

10. Is the analysis reliable?

The analysis of data can be made more reliable by setting checks in place. It is good practice to have sections of data coded by another researcher, or at least have a second researcher check the coding for consistency. Participants may also be allowed to verify the transcripts of their interview (or other data collection, if appropriate). Negative/discrepant results should always be highlighted and discussed.

11. Are the findings convincing?

In qualitative research, the reader should find the results of the research convincing, or credible. This means that the findings should be clearly presented and logically organised, that they should not contradict themselves without explanation or consideration and that they should be clear and coherent.

Extracts from original data should be included where possible to give a fuller sense of the findings, and these data should be appropriately referenced – although you would expect data to be anonymised, it still needs to be referenced in relevant ways, for example if gender differences were important then you would expect extracts to be marked male/female.

12–13. Relevance of findings and conclusions

These sections are self-explanatory.

Section 6: Ethics

14. How clear and coherent is the reporting of ethics?

All qualitative research has ethical considerations and these should be considered within any research report. Ideally there should be a full discussion of ethics, although this is rare because of space limitations in peer-reviewed journals. If there are particularly fraught ethical issues raised by a particularly sensitive piece of research, then these should be discussed in enough detail that the reader is convinced that every care was taken to protect research participants.

Any research with human participants should be approved by a research ethics committee and this should be reported.

Section 7: Overall assessment

15. Is the study relevant?

Does the study cast light on the review being undertaken?

16. How well was the study conducted?

Grade the study according to the list below:

++ All or most of the checklist criteria have been fulfilled. Where they have not been fulfilled the conclusions are very unlikely to alter.

+ Some of the checklist criteria have been fulfilled. Where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter.

– Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter.

Appendix B – Extraction Grid

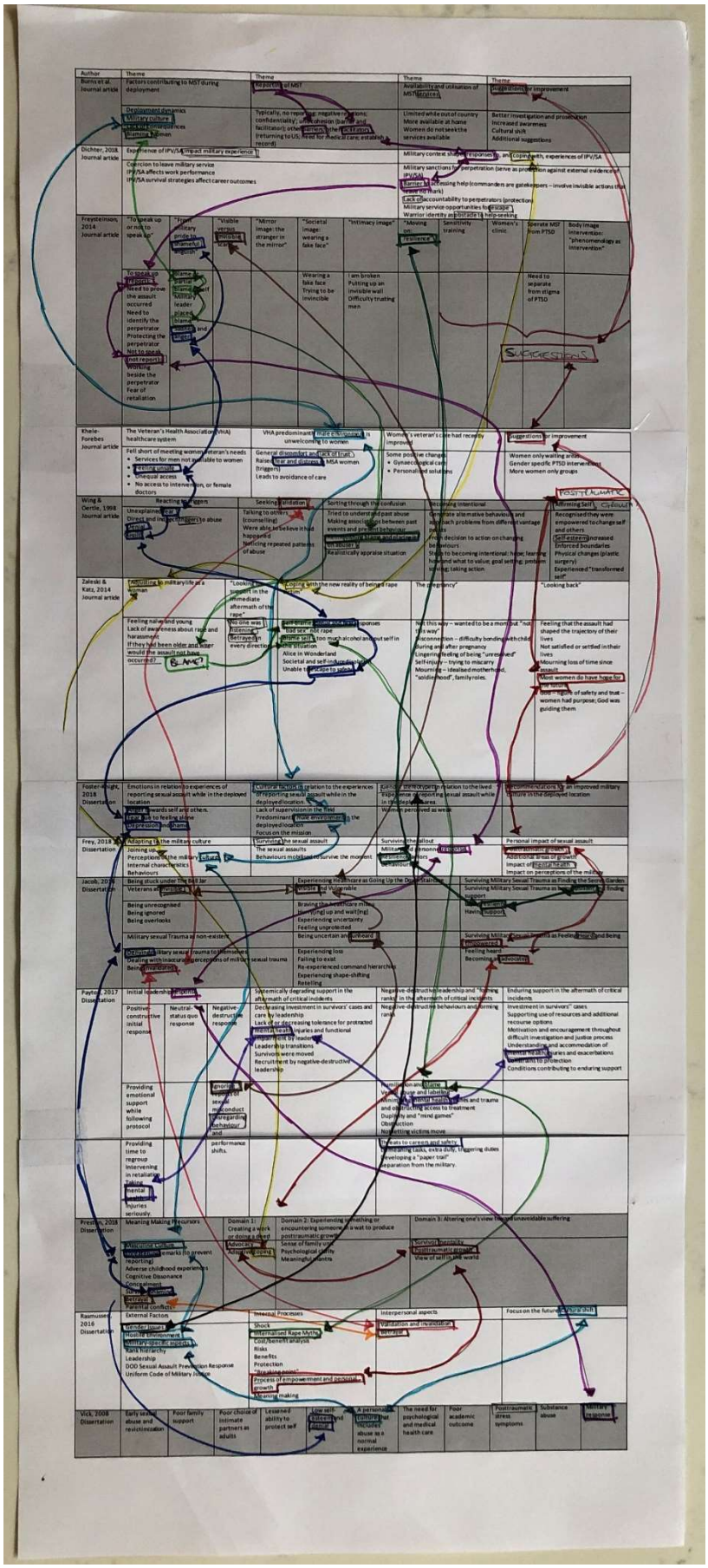
Author	Themes and Sub-themes										
Burns et al., 2014 Journal article	Factors contributing to MST during deployment			Reporting of MST			Availability and utilisation of MST services		Suggestions for improvement		
	Deployment dynamics Military culture Lack of Consequences Blaming Women			Typically, no reporting: negative reactions; confidentiality; unit cohesion (barrier and facilitator); other barriers; other facilitators (returning to US; need for medical care; establish a record)			Limited while out of country More available at home Women do not seek the services available		Better investigation and prosecution Increased awareness Cultural shift Additional suggestions		
Dichter, Wagner, & True, 2018. Journal article	Experience of IPV/SA impact military experience						Military context shapes responses to, and coping with, experiences of IPV/SA				
	Coercion to leave military service IPV/SA affects work performance IPV/SA survival strategies affect career outcomes						Military sanctions for perpetration (serve as protection against external evidence of IPV/SA) Barrier to accessing help (commanders are gatekeepers – involve invisible actions that leave no mark) Lack of accountability to perpetrators (protection) Military service opportunities for escape Warrior identity as obstacle to help-seeking				
Freysteinson, et al. 2014 Journal article	"To speak up or not to speak up"	"From military pride to shameful anguish"	"Visible versus invisible scars"	"Mirror image: the stranger in the mirror"	"Societal image: wearing a fake face"	"Intimacy image"	"Moving on: resilience"	Sensitivity training	Women's clinic	Separate MST from PTSD	Body image intervention: "phenomenology as intervention"
	To speak up (report): Need to prove the assault occurred Need to identify the perpetrator Protecting the perpetrator Not to speak (not report): Working beside the perpetrator Fear of retaliation	Blame or partial blame of self Military leader placed blame Sadness and anger			Wearing a fake face Trying to be invincible	I am broken Putting up an invisible wall Difficulty trusting men				Need to separate from stigma of PTSD	

Author	Themes and Sub-themes				
Kehle-Forbes et al. 2017 Journal article	The Veterans Health Administration (VHA) healthcare system	VHA predominantly male environment is unwelcoming to women	Women's veterans care had recently improved	Suggestions for improvement	
	Fell short of meeting women veteran's needs • Services for men not available to women • Feeling unsafe • Unequal access • No access to intervention, or female doctors	General discomfort and lack of trust Raised fear and distress in MSA women (triggers) Leads to avoidance of care	Some positive changes • Gynaecological care • Personalised solutions	Women only waiting areas Gender specific PTSD interventions More women only groups	
Wing, Oertle, & Raine 1998 Journal article	Reacting to triggers	Seeking Validation	Sorting through the confusion	Becoming Intentional	Affirming Self
	Unexplained fear Direct and indirect triggers to abuse Denial Guilt	Talking to others (counselling) Were able to believe it had happened Noticing repeated patterns of abuse	Tried to understand past abuse Making associations between past events and present behaviour Relinquishing blame and placing it on abuser Realistically appraise situation	Generate alternative behaviours and approach problems from different vantage points From decision to action on changing behaviours Steps to becoming intentional: hope; learning how and what to value; goal setting; problem solving; taking action	Recognised they were empowered to change self and others Self-esteem increased Enforced boundaries Physical changes (plastic surgery) Experienced "transformed self"
Zaleski & Katz, 2014 Journal article	"Adjusting to military life as a woman"	"Looking for support in the immediate aftermath of the rape"	"Coping with the new reality of being a rape victim"	"The pregnancy"	"Looking back"
	Feeling naïve and young Lack of awareness about rape and harassment If they had been older and wiser would the assault not have occurred?	No one was listening Betrayed in every direction	Self-blame, denial and fear responses "bad sex" not rape Blame self – too much alcohol and put self in the situation Alice in Wonderland Societal and self-induced isolation Unable to escape to safety	Not this way – wanted to be a mom but "not this way" Disconnection – difficulty bonding with child during and after pregnancy Lingering feeling of being "unresolved" Self-injury – trying to miscarry Mourning – idealised motherhood, "soldierhood", family roles.	Feeling that the assault had shaped the trajectory of their lives Not satisfied or settled in their lives Mourning loss of time since assault Most women do have hope for the future God – figure of safety and trust – women had purpose; God was guiding them

Author	Themes and Sub-themes					
Foster-Knight, 2018 Dissertation	Emotions in relation to experiences of reporting sexual assault while in the deployed location			Cultural factors in relation to the experiences of reporting sexual assault while in the deployed location.	Gender stereotypes in relation to the lived experience of reporting sexual assault while in the deployed area.	Recommendations for an improved military culture in the deployed location
	Anger towards self and others. Fear due to feeling alone Depression and shame			Lack of supervision in the field Predominantly male environment in the deployed location Focus on the mission	Women perceived as weak	
Frey, 2018 Dissertation	Adapting to the military culture			Surviving the sexual assault	Surviving the fallout	Personal impact of sexual assault
	Joining up Perceptions of the military culture Internal characteristics Behaviours			The sexual assaults Behaviours mobilised to survive the moment	Military and personnel response Resilience factors Behaviours	Post-traumatic growth Additional areas of growth Impact of mental health Impact on perceptions of the military
Jacob, 2016 Dissertation	Being stuck under The Bell Jar			Experiencing Healthcare as Going Up the Down Staircase		Surviving Military Sexual Trauma as Finding the Secret Garden
	Veterans as invisible			Visible and Vulnerable		Surviving Military Sexual Trauma as being resilient and finding support
	Being unrecognised Being ignored Being overlooked			Braving the healthcare milieu Hurry[ing] up and wait[ing] Experiencing uncertainty Feeling unprotected		Being resilient Having support
	Military Sexual Trauma as non-existent			Being uncertain and unheard		Surviving Military Sexual Trauma as Feeling Heard and Being Empowered
	Denying Military Sexual Trauma to themselves Dealing with inaccurate perceptions of Military Sexual Trauma Being invalidated			Experiencing loss Failing to exist Re-experienced command hierarchies Experiencing shapeshifting Retelling		Feeling heard Becoming an advocate.
Payton, 2017 Dissertation	Initial leadership response			Systemically degrading support in the aftermath of critical incidents	Negative-destructive leadership and "forming ranks" in the aftermath of critical incidents	Enduring support in the aftermath of critical incidents
	Positive-constructive initial response	Neutral-status quo response	Negative-destructive response	Decreasing investment in survivors' cases and care by leadership Lack of or decreasing tolerance for protracted mental health injuries and functional impairment by leadership Leadership transitions Survivors were moved Recruitment by negative-destructive leadership	Negative-destructive behaviours and forming ranks	Investment in survivors' cases Supporting use of resources and additional recourse options Motivation and encouragement throughout difficult investigation and justice process Understanding and accommodation of mental health injuries and exacerbations Constrains to protection Conditions contributing to enduring support
	Providing emotional support while		Ignoring reports of sexual misconduct		Humiliation and blame Verbal abuse and labelling Minimising mental health injuries and trauma and obstructing access to treatment Duplicity and "mind games"	

Author	Themes and Sub-themes										
	following protocol Providing time to regroup Intervening in retaliation Taking mental health injuries seriously.		Disregarding behaviour and performance shifts.		Obstruction Not letting victims move Threats to careers and safety Demeaning tasks, extra duty, triggering duties Developing a "paper trail" Separation from the military.						
Preston, 2018 Dissertation	Meaning Making Precursors		Domain 1: Creating a work or doing a deed		Domain 2: Experiencing something or encountering someone in a way to produce post-traumatic growth		Domain 3: Altering one's view toward unavoidable suffering				
	Masculine Culture Threatening remarks (to prevent reporting) Adverse childhood experiences Cognitive Dissonance Concealment Survivor Shaming Betrayal Parental conflicts		Advocacy Adaptive coping		Sense of family unit Psychological clarity Meaningful mantra		Survivor mentality Post-traumatic growth View of self in the world				
Rasmussen, 2016 Dissertation	External Factors		Internal Processes		Interpersonal aspects		Focus on the future: Cultural shift				
	Gender Issues Hostile Environment Military-specific aspects Rank hierarchy Leadership DoD Sexual Assault Prevention Response Uniform Code of Military Justice		Shock Internalised Rape Myths Cost/benefit analysis Risks Benefits Protection "Breaking point" Process of empowerment and personal growth Meaning making		Validation and invalidation Betrayal						
Vick, 2008 Dissertation	Early sexual abuse and revictimisation	Poor family support	Poor choice of intimate partners as adults	Lessened ability to protect self	Low self-esteem and denial	A personal culture that includes abuse as a normal experience	The need for psychological and medical health care	Poor academic outcome	Post-traumatic stress symptoms	Substance abuse	Military response

Appendix C – Extraction Grid Analysed



Appendix D – Table of Translations

Translation	Common themes/references	Authors contributed
1. Military Culture/Male dominated environment.	Military culture; male environment; Cultural factors; perceptions of the military culture; masculine culture; hostile environment; military-specific aspects; personal culture that includes abuse as a normal experience	Burns et al., 2014; Kehle-Forbes et al., 2017; Foster-Knight, 2018; Frey, 2018; Preston, 2018; Rasmussen, 2016
2. Blame	Blaming women; Blame/partial blame of self, military leader placed blame; Relinquishing blame and placing it on abuser; internalised rape myths	Burns et al., 2014; Freysteinson et al., 2014; Wing, Oertle, & Raine, 1998; Zaleski & Katz, 2014; Payton, 2017; Rasmussen, 2016
3. Reporting	Reporting of MST; barriers and facilitators, responses, to report or not to report; military and personnel responses; Initial leadership response; military response	Burns et al., 2014; Dichter, 2018; Freysteinson et al., 2014; Frey, 2018; Payton, 2017; Vick, 2008
4. Emotions	Shameful aguish, sadness, anger, feeling unsafe, fear, denial guilt; denial and fear responses; escape to safety; anger, fear, depression, shame; denial; threatening remarks, survivor shaming; low self-esteem and denial.	Freysteinson et al., 2014; Kehle-Forbes et al., 2017; Wing, Oertle, & Raine, 1998; Zaleski & Katz, 2014; Foster-Knight, 2018; Jacob, 2016; Preston, 2018; Vick, 2008
5. Coping/Adapting	Coping with experiences of IPV/SA; Coping with the reality of being a rape "victim"; Adjusting to military life as a woman; adapting to the military culture; adaptive coping	Dichter, 2018; Zaleski & Katz, 2014; Frey, 2018; Preston, 2018
6. Visibility/Invisibility	Visible versus invisible scars; veterans as invisible, visible and vulnerable, unheard; ignoring reports of sexual misconduct	Freysteinson et al., 2014; Jacob, 2016; Payton, 2017
7. Resilience	Moving on: resilience; resilience factors; being resilient	Freysteinson et al., 2014; Frey, 2018; Jacob, 2016
8. Validation/Invalidation	Seeking validation; being invalidated; validation and invalidation	Wing, Oertle, & Raine, 1998; Jacob, 2016; Rasmussen ,2016
9. Betrayal	Betrayal	Jacob, 2016; Preston, 2018; Rasmussen, 2016
10. Post-traumatic Growth/Empowerment	Affirming self; hope for the future; post-traumatic growth; empowered; advocate; advocacy; process of empowerment and personal growth.	Wing, Oertle, & Raine, 1998; Zaleski & Katz, 2014; Frey, 2018; Jacob, 2016; Preston, 2018; Rasmussen, 2016
11. Suggestions/Recommendations	Suggestions for improvement; sensitivity training, women's clinic, separate MST from PTSD, recommendations for an improved military culture	Burns et al., 2014; Freysteinson et al., 2014; Kehle-Forbes et al., 2017; Foster-Knight, 2018

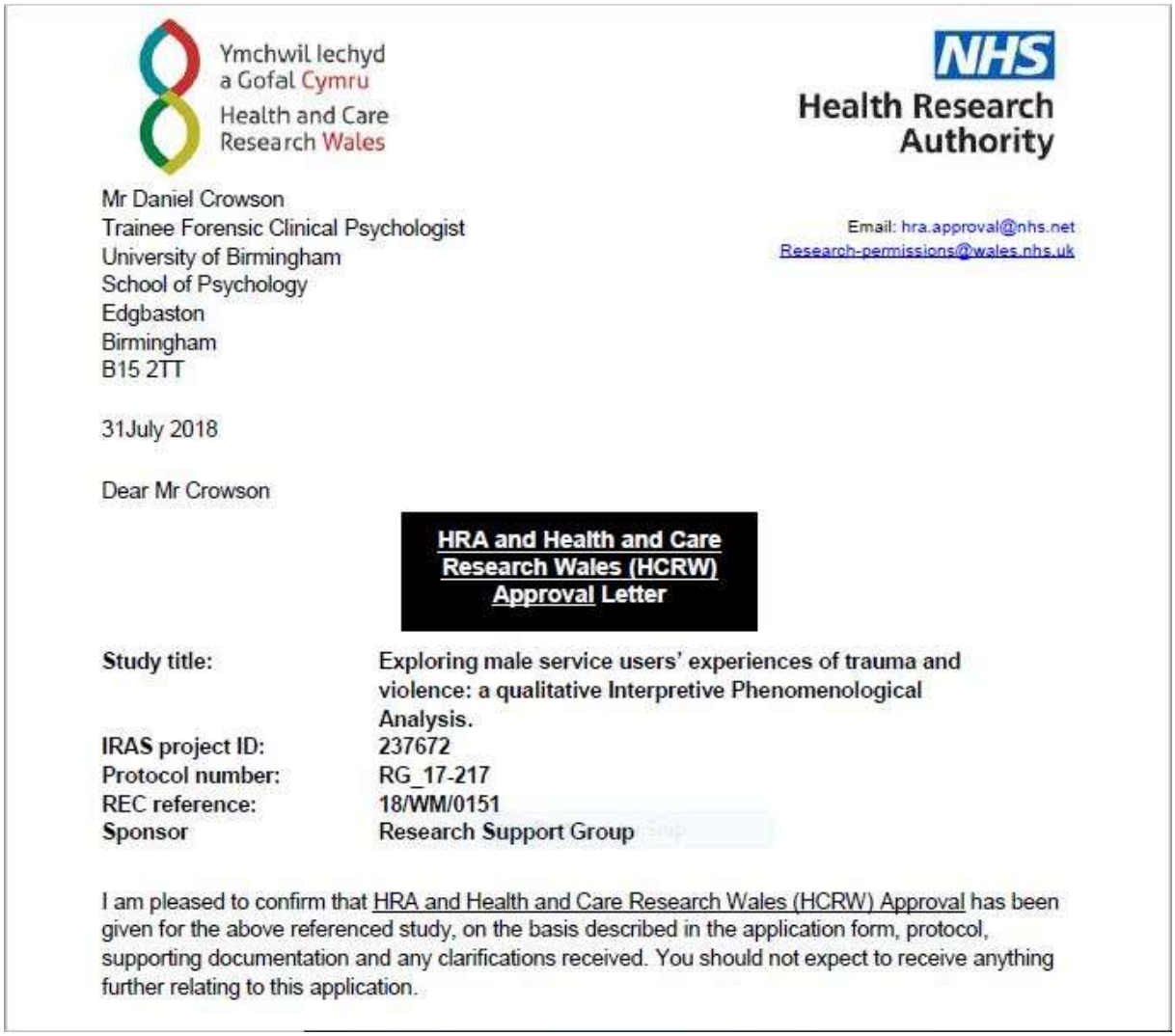
Appendix E – Military Culture Translation which became the theme *A Hostile Male-Dominated Military Culture*

Common areas of reference	Authors Interpretations	
Military culture; male environment; Cultural factors; perceptions of the military culture; masculine culture; hostile environment; military, specific aspects;	Burns et al., 2014	Military culture. Interviewees suggested that certain aspects of military culture, namely widespread sexism, low ratios of women to men, and men outranking women, contribute to an environment conducive to high MST incidence among women. One woman in the Marine Corps explained, "You train people to be tough, invincible, on top of the world, in charge of everything, but at the same time there's no mechanism for taking that away when you're talking about sexual conquest" [Bahrain 2002, personal MST experience].
	Kehle-Forbes et al., 2017	Many participants expressed discomfort with being one of only a few female patients in VHA facilities. Women veterans with and without a history of MSA voiced general discomfort and mistrust associated with being a minority in the healthcare system. As one 73-year-old Vietnam era woman without a history of MSA stated, "I felt very out of place because I was female and everybody else in the place was male." For women with MSA history, these feelings seemed stronger yet; the overwhelmingly male environment of the VHA often raised fear and distress. For some, the environment triggered trauma-related feelings and memories. "It's the overwhelming presence of male veterans. I don't know them. It doesn't matter. It triggers me." – 52-year-old post-Vietnam veteran. Participants with a history of MSA also noted that male veterans engaged in behaviours that increased their distress. "At the VA, one guy walks by and [says] 'Ooh babe, you're looking good today.' I got so mad, how dare you talk to me like that! But I didn't say it out loud. [I] just kinda run because I'm scared to say it out loud! I don't really go there by myself. My husband is usually always there, or a family member or a friend (sniffling)…" – 49-year-old post-Vietnam veteran. This perception led to women feeling negatively about seeking care at VHA medical centres and, for some, to avoid VHA care altogether.
	Foster-Knight, 2018	The participants perceived that they had nowhere to report, as they perceived there was a lack of supervision. Because the units were predominately male, the participants believe the men looked out for each other. Further, they perceived the mission was the number one priority and not the well-being of the women, and that reporting the sexual assault may compromise the mission accomplishment. Three themes emerged discussing the cultural factors: lack of supervision in the field, the predominantly male environment, and the focus on the mission. **Lack of supervision in the field.** Castro et al. (2015) postulated that military leaders may ignore claims of sexual assault due to their fear of being blamed for preventing the assaults. Some participants claimed military leaders protected the men, and that reporting to the leaders may result in retaliation. **Predominantly male environment in the deployed location.** Some participants said the environment was predominantly male and it was tough because the number of men far outweighed the women. **Focus on the mission.** The participants also perceived that the priority of the military was accomplishing the mission and left little room to look into their sexual assault concerns. They saw reporting the sexual assault would compromise the mission and cause a breakdown in morale. If the perpetrator was perceived as high-performing personnel, military leaders may be biased towards him and may see the claims of sexual assault as secondary to the mission.

Common areas of reference	Authors Interpretations	
	Frey, 2018	**Perceptions of military culture.** The military's intensive socialisation process includes the development of a collective identity, sense of loyalty to the organisation, and dedication to the mission above the needs of the individual (Haynie & Shepard, 2011). Service members are quickly indoctrinated into a rigid hierarchy that relies on obedience to authority. This is adaptive in mission-related tasks but can become problematic when the perpetrator of sexual assault is in the victim's chain-of-command and is also responsible for many aspects of the victim's career (Bell & Reardon, 2011). Additionally, characteristics such as aggression and physical violence are valued and rewarded in terms of battle readiness but can be dangerous when these traits are used to assert power and control over others. Prior research has demonstrated the military culture's contribution to the prevalence and psychological consequences of sexual assault. Sadler and colleagues (2003) discussed a socialisation process ripe with sexual harassment. For the current project, although questions related to military culture were asked in terms of supportive aspects, all participants shared experiences of harmful aspects of military culture. Participants offered a variety of ideas about the prominence of military sexual assault based on their first-hand experiences. Several women spoke about the military as situated in a broader historical sociocultural context that inherently influences the military climate. Many women made references to the military culture in general and shared experiences that seem to be common across branches. All women spoke directly or indirectly about a culture infused with misogyny and sexism that exists across branches
	Preston, 2018	A number of participants remarked on the ever-evolving masculine culture of the military. "The National Guard is run by the good-old-boy system, which I wasn't a part of so your life becomes hell if you are not a part of it either". It's hard to try and fit into a culture that appears to not want you around. The feeling of being unwanted was a feeling that a number of participants felt. The atmosphere that this participant experienced did not appear to be conducive to female service members. The hunt to deflower the perceived purest of the service women, was too much for the fellow service men to ignore. All-in-all, one participant summed up the feeling that was experienced by many, "That was the hardest thing to accept about that. That, you know, officers would be more concerned with some man's career than the fact that you had been brutally assaulted". Feeling devalued and unwanted became a theme for many female service members during their time in service
	Rasmussen, 2016	**Hostile Environment.** In addition to a felt sense of sexism and misogyny within their units and military culture more generally, participants described multiple instances of behaviours in the workplace and barracks that created a hostile environment. Hostilities included gender-based and sexual harassment, sexual misconduct, bullying, and a sense of being unsafe. Participants described multiple settings in which they were subjected to harassment (ranging from mild to severe) or unsafe conditions, particularly at the time of their assaults. In what Jessica described as the worst experience of her military career, she described being subjected to ongoing gender harassment by male colleagues. She attributed this harassment to being a woman in a male-dominated environment. Consistent with the literature, gender harassment had a greater negative impact on Jessica than any of her previous experiences with assault and harassment. Sarah described working with male peers who were resistant to changes being implemented by the Navy that improved the way women were treated. Viewed together, harassment, bullying, and tolerance of misconduct appeared to contribute to a general sense of feeling unsafe, at a time when the servicewomen were new to the military. Sarah shared an example where she feared for her physical safety in the barracks, "I had another sailor, a male sailor, pull me aside one night, pulled me into a dark room by myself, which I didn't like, and he was acting absolutely insane." Jessica provided several examples as well, but noted that the expectation that they (as women) were unsafe actually helped them take action to feel safe, "I mean being a female Marine it was dangerous, […] you didn't walk anywhere by yourself, you didn't. But […] you knew you were in this frame of mind."

VOLUME ONE: LIST OF APPENDICES: CHAPTER 2

Appendix A – Ethical Approval Letter



Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Mr Daniel Crowson
Trainee Forensic Clinical Psychologist
University of Birmingham
School of Psychology
Edgbaston
Birmingham
B15 2TT

Email: hra.approval@nhs.net
Research-permissions@wales.nhs.uk

31July 2018

Dear Mr Crowson

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

Study title:	**Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis.**
IRAS project ID:	**237672**
Protocol number:	**RG_17-217**
REC reference:	**18/WM/0151**
Sponsor	**Research Support Group**

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

Appendix B – The Service Research and Innovation Approval

[redacted]

Thu 22/11/2018 12:04

To:

[redacted]

Cc:

[redacted]

This message was sent with high importance.
You forwarded this message on 26/11/2018 07:56.

1 attachment

Appendix E ~.docx

Download all

Dear Daniel

IRAS ID: 237672 – Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis – Confirmation of Local Capacity and Capability at [redacted]

This email confirms that [redacted] has the capacity and capability to deliver the above referenced study.
Please find attached the agreed Statement of Activities as confirmation.

We agree to start this study **with immediate effect**.

* Please note that you will be contacted by the R&I department periodically to obtain your current recruitment figures.

Please refer to the HRA Approval letter dated **31 July 2018** for latest versions of approved documentation.

The target date for first patient recruited **21 December 2018** – 30 days post confirmation of local capacity and capability.

During your study:

During the study, researchers are required to fulfil the following duties:

- Inform R&I of any amendments to the study, both substantial or non-substantial

- Inform R&I when the study has completed

- Inform R&I of the total recruitment number

- Submit a final report to the R&I department.

All of the above can be submitted to [redacted]

If you wish to discuss further please do not hesitate to contact us.

Kind regards
[redacted]

[redacted]
Business Admin Manager
E: [redacted]

Appendix C – Clinical Team Information Sheet

CLINICAL TEAM INFORMATION SHEET

Title of Project:	Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis
Chief Investigator:	Daniel Crowson (Trainee Forensic Clinical Psychologist)
Supervisors:	Andrew Fox (University of Birmingham)
	Removed for the purposes of confidentiality

Hello, my name is Daniel and I am from the University of Birmingham. As part of my Forensic Clinical Psychology Doctorate I am conducting research that explores male service users' experiences of trauma and violence. It is being supported by ***Removed for the purposes of confidentiality*** Secure and Complex Care Trauma Strategy sub-committee, with ***Removed for the purposes of confidentiality*** supervising the clinical aspect of the study, and Dr Andrew Fox from the University of Birmingham supervising the qualitative research aspect of the study. The study has been granted all necessary approvals by the NHS Health Research Authority and ***Removed for the purposes of confidentiality*** Research and Innovation.

I am hoping to recruit potential participants from both ***Removed for the purposes of confidentiality***. I am asking if you could help me by considering whether any of your service users meet the inclusion and exclusion criteria (see table overleaf). This is vital to the recruitment of participants to the study.

For all the service users who do meet the inclusion and exclusion criteria, I invite you to introduce the study to them during routine clinical work and enquire if they would be interested in taking part in the study. The study involves discussions with me, as Chief Investigator, about how the potential participants feel their experiences of trauma (the term "difficult life experiences" would be preferable to use with the service users) have impacted on their life. As is explained in the Participant Information sheet, the aim of the interview is not to discuss their trauma explicitly, however, if they potential participants wish to discuss aspects of this then that will be their decision. The aim of the study is to explore their perception of how trauma impacted on their lives and possibly their violence.

If potential participants express an interest, I would be grateful if you could please provide them with the Participant Information sheet and advise them that you will be making contact with either ***Removed for the purposes of confidentiality*** or myself to make us aware of their interest. Please also inform them that an expression of interest does not obligate them to participate in the study.

Once potential participants have expressed an interest, I will make an appointment to have an initial meeting with them. During this meeting I will discuss the study in further detail and answers any questions they might have in relation to the study. After this initial meeting, if they agree to participate, a date will be set a week later for the interview. However, if they change their mind during the week or at any point during the interview, they are freely able to decline further participation.

Please note that whilst you may know who has or has not participated, the data gathered at interview will remain confidential to those named as part of the research team. However, themes as well as anonymised illustrative quotes will be shared with within the final research paper as part of the dissemination process once the study is complete.

Thank you for taking the time to read this and thank you for your support.

Best wishes,

Daniel Crowson.

Inclusion Criteria	Exclusion Criteria
• A score of 2 (present and relevant) or 1 (partially present and relevant) on the H1 item (History of Violence) on the HCR-20 version 3. • The violence must involve violence against another person (including murder, actual bodily harm (ABH), or grievous bodily harm (GBH)). • A score of 2 (present and relevant) or 1 (partially present and relevant) on the H8 item (History of Problems with Traumatic Experiences) on the HCR-20 version 3, which includes experiences of trauma as a child (under 18 years of age) or as an adult (over 18 years of age). • Felt by their clinical team that the participant will be able to tolerate discussing their traumatic history. • Is deemed at the time capable of consenting to take part in a study of this nature. • English as their first language.	• That the participant is experiencing active mental health symptoms of psychosis or mood disorder. • That the participant has a diagnosis of learning disability. • If the potential participant has self-harmed or attempted suicide in the last 6 months.

Appendix D – Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Title of Project: Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis

IRAS Number: 237672

Hello, my name is Daniel and I am from the University of Birmingham. I would like to invite you to take part in some research for my Forensic Clinical Psychology Doctorate I am doing in your hospital. But before you decide if you would like to take part, it is important for you to understand why the research is taking place. Please take the time to read the following information carefully and discuss it with your care team if you wish. If there is anything that is unclear, or you would like more information, please get in touch with me through your clinical team.

What is the purpose of this research?

I am interested in speaking to men in forensic services who have had difficult life experiences, either as a child or later in life, such as abuse, or witnessing or experiencing violence. I want to speak to them to try and get an understanding of what it must have been like for them to have those experiences. I am also interested in how they think those experiences have affected their lives.

Why have I been invited to take part?

Your clinical team is aware that in the past you have had some difficult experiences. Some examples of difficult life experiences are things like physical, psychological or sexual assault or abuse. If these things have happened, but you do not think they were difficult or distressing, I would still like to speak to you to understand your views. Your team think that you would be a suitable person to talk to about this research as you might have some valuable information to share about how your difficult experiences affected your life.

What will happen to me if I agree to take part?

If you do agree to take part, I will come and see you in the hospital twice. The first time will be to come and discuss the research with you and answer any questions that you might have. The second time will be about a week later. This will give you some time to think about if you really want to do the research with me.

If you agree to participate in the research on my second visit, I will ask you to sign a consent form and then I will ask you some questions about your difficult life experiences. This will take approximately an hour, but it can sometimes be shorter or longer than that.

I will not be aiming to ask you directly about your difficult life experiences, just what it was like to have them, and how they might have affected your life. But if you choose to mention what they are I will respect that choice and be sensitive to it.

If you would like, you can ask to have a trusted member of staff with you during the interview: someone who you feel knows you well and you feel will give you support if you need it. However, I am interested in hearing about your views and therefore would like to hear what you have to say about your experiences.

What will happen if I do not want to carry on with the study?

Nothing will happen to you if you decide not to do this research. You will continue to receive the same level of care that you were receiving before you were approached. If you want to stop taking part during the interview, that is fine. Your information will not be included in the study.

Once you have completed the interview and do not wish to have your data used, you will be able to let me know up to two weeks after. However, after two weeks, you will not be able to withdraw your information as the analysing of the data will have begun. You will be able to contact me through your clinical team psychologist.

If you become unwell after the interview, your interview data can still be used. This is because at the time of doing the interview you will have had capacity to make that decision and the information will still be useful to the study.

What are the possible disadvantages of taking part in this study?

Because we will be talking about difficulties that you have had in your life, there is the chance that this could become upsetting for you. If this does happen and you feel like you do not want to carry on with the interview, you can stop it at any time.

However, I have had experience in discussing difficult life situations with other individuals similar to you, and I will support you where possible and appropriate.

Should you need continued support following the interview, this will be provided by the ward staff with whom you are already familiar. Your team psychologist will also be informed and available to provide you with extra support.

Although I won't be asking you about your specific trauma or offences, it would be helpful for me to know about your past. Therefore, if you agree to take part in the study, I will need to review some of your clinical notes. The reason for this is that there are no surprises for either of us during the interview, and if you wish to not discuss the details of your difficult experience's or offences, you don't have to, but I will be aware of what they are.

If you do disclose something new, such as a risk to yourself or others, or an offence that no one is aware of, I am required to inform your clinical team.

What are the possible benefits of taking part?

Research into discussing difficult life experiences with those who have experienced them is quite a new area of research. Because of this, your contribution will be helpful in shaping the future of research into the personal experiences of life difficulties. Talking about these experiences can be hard, but by taking part in this study, you will be showing other like you or those close to them that discussing difficult things can be helpful. This research is for a Forensic Clinical Psychology Doctorate, and it is also hoped that your contribution will also help develop new areas of treatment and support for others who have had similar life experiences.

Will there be any expenses or payments?

Because I will be coming to see you in hospital there will be no cost to you in taking part in this research.

Unfortunately, I am unable to offer you any form of payment for taking part, but I hope that you do decide to participate as your contribution will be helpful in trying to understand what it must have been like to experience what you did. This research will hopefully be used to help others that have been in a similar situation as you.

Will my part in the study remain confidential?

All the information that is collected about you during this study will be kept strictly confidential. The interview will be recoded on an encrypted voice recorder, and the information stored safely on a secure computer. The only people who have access to this information will be me and my supervisors.

The only time confidentially will be broken is if you mention something that makes me worried that you might harm yourself or others. If this happens, it will be important for me to share the information properly, and therefore I will make the nursing and clinical team aware of my concerns.

Direct quotes are sometimes used in research like this to highlight important themes or ideas, but this will be anonymised, so you will not be identifiable. All your personal and identifiable information will be removed when this research is written up.

You will be offered two meetings with me, and in that first meeting you will be asked to pick a pseudonym (a false name) which will used to refer to you throughout the study. I will keep a record of your name and the pseudonym to feedback results from this study when it is finished. This record will be kept securely on NHS premises. This personal information will be kept separately from the research data (your interview).

Your data will be collected and stored in line with the Data Protection Act of 1998. Your information will be anonymised and stored securely and remain on hospital premises. Once your interviews have been anonymised, the original interviews that contain your name and personal information will be deleted. The only thing that will be kept will be the record that links your name with the false name you have been allocated for the interview. However, once the results of the study have been fed back to you, this will also be destroyed. The only information that has your name on that will be kept is the consent forms. You will have a copy, one copy will go into your medical records, and one copy will be kept as part of the official documents for the study, but this will be securely stored at University of Birmingham.

The University of Birmingham is the sponsor for this study. We will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The University of Birmingham will keep identifiable information about you (the consent forms) for 10 years after the study has finished.

Your rights to access, change or move this information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personally identifiable information possible.

What will happen to the results of the research study?

The research is set to be completed by September 2020. Once finished, it might be published in a journal. You will be offered a copy of the final report once it is completed if you wish.

What happens if I have any further concerns?

If you would like to discuss any aspect of this research please speak to the Clinical Psychologist on your team, or put your query in writing, and they will be able to get in touch with me. I will make sure I try and answer any concerns you might have as soon as possible. You may also get in touch with the Patient and Liaison Service (PALS) if you have a concern. PALS details can be found at the end of this information sheet.

I would like to thank you for taking the time to read this sheet and I hope that you consider taking part in this research study.

Customer Relations
PALS service
Removed for the purposes of confidentiality

Appendix E – Access to Clinical Notes Consent Form

ACCESS TO CLINICAL NOTES CONSENT FORM

Research site: .....

IRAS Number: 237672

Title: Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis

Participant Pseudonym: .....

Title of Project: Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis

Researcher: Daniel Crowson, Trainee Forensic Clinical Psychologist

The chief investigator does not want to discuss your trauma or your history of violence and/or aggression specifically, but it will be helpful for them to know about what you have been through as this will give them context to the interview.

The chief investigator will follow all standards of confidentiality required by the hospital you reside in, as a professional within the NHS, and as a student of the University of Birmingham, and will not disclose or discuss the nature of your clinical history with anyone outside of your clinical team or those who have direct responsibility over this research.

Please initial in the box that you agree for the chief investigator of this study to have access to your clinical notes: ☐

.....	.....	.....
Name of participant	Date	Signature

.....	.....	.....
Name of researcher	Date	Signature

Appendix F - Interview Consent Form

INTERVIEW CONSENT FORM

Research site: .....

IRAS Number: 237672

Title: Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis

Participant Pseudonym: .....

Title of Project: Exploring male service users' experiences of trauma and violence: a qualitative Interpretive Phenomenological Analysis

Researcher: Daniel Crowson, Trainee Forensic Clinical Psychologist

Please initial box

1. I confirm that I have understood the information sheet dated ..... (version ...) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I have been made aware of sources of support (i.e. my clinical team, ward staff, interviewer) that I can access either during or after the interview should anything discussed in the interview cause me distress. ☐

3. I understand that my participation is voluntary and that I am free to withdraw at any time during the research interview, without giving any reason, and without my care or legal rights being affected. ☐
4. I understand that the research interview will be audio-recorded, but that the audio-recorder has secure encryption technology and is only accessible by the interviewer or those involved in this research project. ☐

5. I am aware that the chief investigator has had access to my clinical notes to become familiar with my history so that they are aware of any risk to me or others. ☐

6. I am aware that if I disclose any previously unknown information about my past, and this can include offences or other trauma, the chief investigator has a duty to inform my clinical team. ☐

7. I understand that following the research interview I will have a two-week period for reflection. If I wish to withdraw, I will have my team psychologist make contact with the chief investigator and inform them of my decision, without giving any reason, and without my care or legal rights being affected. ☐

8. I understand that the data collected during this study will be looked at by the researcher and relevant others at the University of Birmingham to ensure that the analysis is a fair and reasonable representation of the data. Parts of the data may also be made available to the NHS team responsible for me but only if any previously undisclosed issues of risk to me or those around me should be disclosed. ☐

9. I understand that direct quotes from my interview may be published in any write-up of the data, and used for training purposes, but that my name will not be attributed to any such quotes and that I will not be identifiable by my comments. ☐

10. I understand that if I become unwell after the interview, my interview may still be used as valid data. ☐

11. I understand that I will receive the original copy of this consent form, which I may keep. One copy will be stored in my clinical notes, and another copy will be retained by the chief investigator and kept separately as part of the research documentation. That copy will be transferred off this site and delivered to ***Removed for the purposes of confidentiality*** for safe keeping. This is the only information that will contain any personal information (my name) and will only be kept for auditing purposes. ☐

12. I agree to take part in the above study. ☐

13. I would like a copy of the final report sent to me when it has been written. I understand that this will be towards the end of 2020.

Yes ☐ No ☐

.....	.....	.....
Name of participant	Date	Signature

.....	.....	.....
Name of researcher	Date	Signature

In the event that the research participant wishes to withdraw, please tick this box. This w ☐ only be recorded on the researcher's copy of the consent form, and the participant will b informed that their information has been withdrawn through their clinical team.

Appendix G – Semi-structured Interview Questions

Research question: how do men who have experienced personal trauma make sense of their own violent actions?

Before the interview, the participants will have attended a pre-interview meeting in which they will have been made aware that they have been invited to the interview based on their historical violence and history or trauma (difficult life experiences - DLE). Therefore, the questions below should not come as a surprise. However, there is scope to introduce the purpose of the interview once more as a general refresher and before taking of consent.

Question 1: I have read your notes and I have some knowledge of how you came to be here at [PLACE]. Could *you* tell be a bit about how you came to be here?

Question 2: What mental health difficulties have you experienced?

Prompts:
When did they happen?
What was that like for you?
What were they like?
Have these changed over time?
What made things worse?
What made things better?
Focus on interpersonal relationships; emotions; (then; now)

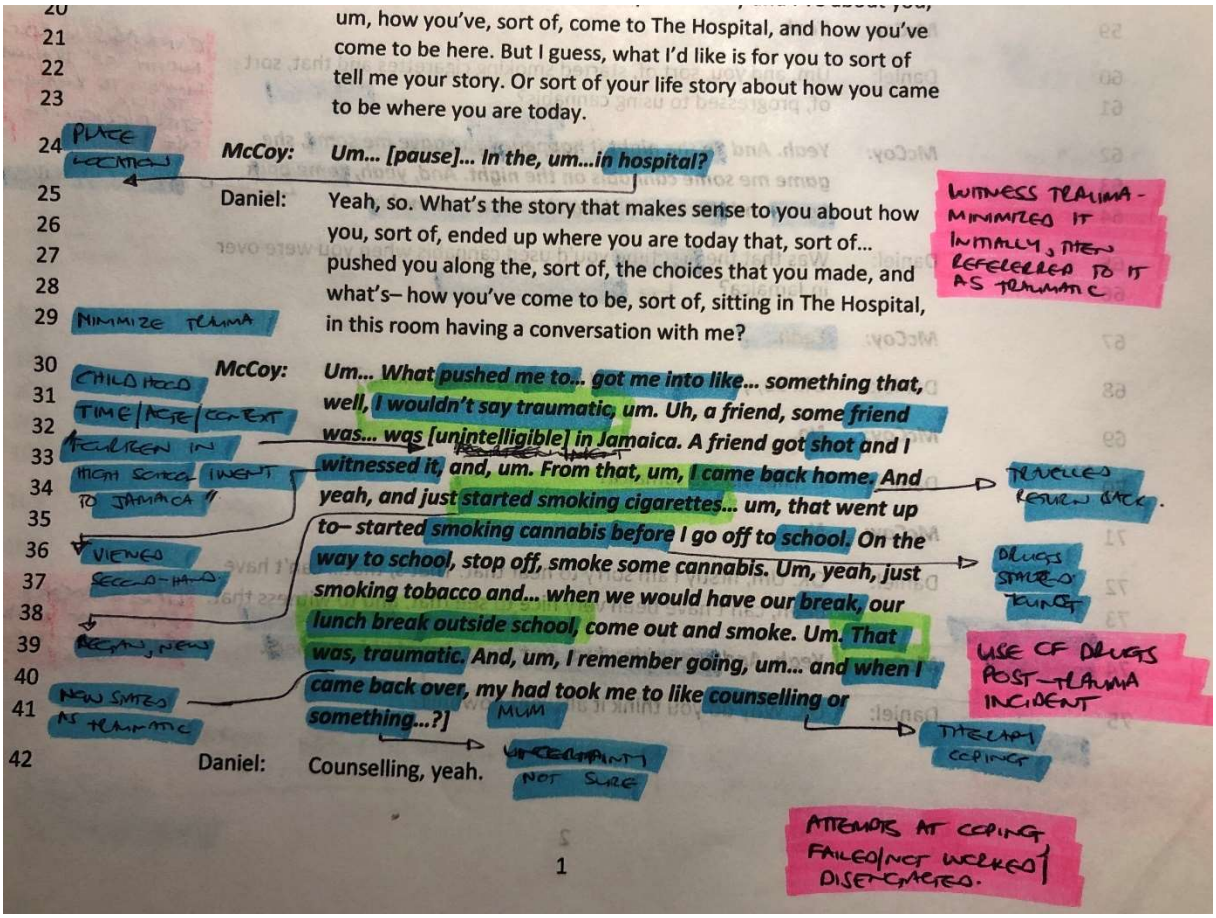
Question 3: If necessary, explain what DLE are. How have these difficult life experiences affected you?

Prompts:
When did they happen?
What were they like?
Have these changed over time?
What made things worse?
What made things better?
Focus on interpersonal relationships; emotions; (then; now)

Question 4: When was your first experience of violence? *[Externalising – offers a choice – victim or perpetrator]*

Prompts:
What was that like?
Has this changed over time?
What made things worse?
What made things better?
Focus on interpersonal relationships; emotions; (then; now)

Appendix H - Example of Initial Noting



Appendix I – Emergent Theme for McCoy relating to his use of Cannabis

Emergent theme	Sub-ordinate Theme	Quotes
Use of Cannabis	First use related to traumatic incident	"From that [after the traumatic experience], um, I came back home. And yeah, and just started smoking cigarettes… um, that went up to– started smoking cannabis before I go off to school. On the way to school, stop off, smoke some cannabis. Um, yeah, just smoking tobacco and… when we would have our break, our lunch break outside school, come out and smoke." (line 34 – 38) "Yeah. And on the night it happened she gave me some, she gave me some cannabis on the night. And, yeah, come back home and started smoking cigarettes, cannabis." (line 62 – 64) "When the nurse said they couldn't do nothing, she died of internal bleeding, I had a spliff. The rest of the weed, I threw it in the [unintelligible]" (line 168 – 171)
	As coping with overwhelming thoughts/memories of traumatic incident	"And, um, I remember going, um… and when I came back over, my mum had took me to like counselling or something…?... Yeah. And I went there once, and, um, from that I didn't bother going back… So, yeah. That [cannabis] was just way, my way of dealing with it" (line 39 – 46) "Yeah. And everything just, just went downhill from there…Just constantly thinking about it [the traumatic event]. You know. I wouldn't say constantly, but… sort of smoking, just, took, took over. I didn't even care about anything. Um, my hygiene wasn't good. All I did was smoke, smoke. First thing when I get up, last thing before I go to sleep (line 74 – 80) [When asked if cannabis helped] "Yeah, I didn't really think much about it [the traumatic event]" (line 89) "It happened when I was about fourteen, fifteen. And I was back, back then just smoking to get, not thinking about it. I got me flat, just smoking, smoking…" (line 227 – 230) "Yeah. Back then used to smoke to forget…" (line 244) [when asked to remind interviewer about use of cannabis and if it worked] "Just, forget about it… Uh, yeah… At the time, yeah, probably" (line 681 – 689)
	Increase in use	"It started when I was in school, and when I left school, and at school I was smoking more" (line 94 – 95) "Yeah. I started smoking it more often" (line 110) "It increased because I didn't have nothing to do in the day. Didn't go school anymore, so I had, uh, free… More time on me hands and thought—thinking about it, so… Yeah. So, then I was using more cannabis. Just, didn't think of it as much" (line 681 – 710)
	Being incarcerated allowed time to process trauma and no longer need use of drugs	"And when I was in [first psychiatric hospital] I was still smoking the cannabis, and… um… got moved to [second psychiatric hospital]. One person that was in [first psychiatric hospital] and came down to [second psychiatric hospital], he brough some solids with him, and he offered me. And I just said no, and stopped using from there" (line 232 – 237) "Yeah, stopped using it, and got offered it when I was here as well, but I just don't want it…[pauses] Just, not for me" (line 239 242) "Yeah. Being locked up, I've, from [second psychiatric hospital] I didn't smoke when I was there. I had a chance to come to terms with it" (line 248 – 250)
	Cannabis is non-violent – other drugs are.	"So, I prob—I smoked cannabis day, day about. Back then, you just forget, but it didn't affect me, it didn't make me violent or angry, or anything. But them bloody ecstasy tablets, they were something else" (line 524) "Nah, nah, I've took [ecstasy] before…Yeah, I've took it before. I've took like twelve before… Yeah. Take a few in. Nothing. Took a few. Nothing. Kept on going and… I remember I was in a flat then, and I was in the flat. And I was fine. I was just sitting there. The only thing I was doing, I was just grinding the teeth…[clicks finger] with the ecstasy tablets. Yeah, but the ones that I took, when I punched that guy, those, like, ecstasy tablets, like, had like blue crystals in it. I can remember that much. Must have been some strong stuff, man… and yeah, affected maybe more" (line 529 – 553)
	As entry into offending	"Um.. it impacted—big impact on, uh, I used to smoke, and I—I, like, used to steal… Yeah. Back then I used to steal to fund the habit" (line 715 – 718) "Loads. You see when I was in school, when I was in school, I'd steal just to fund the habit as well" (line 738 – 739)

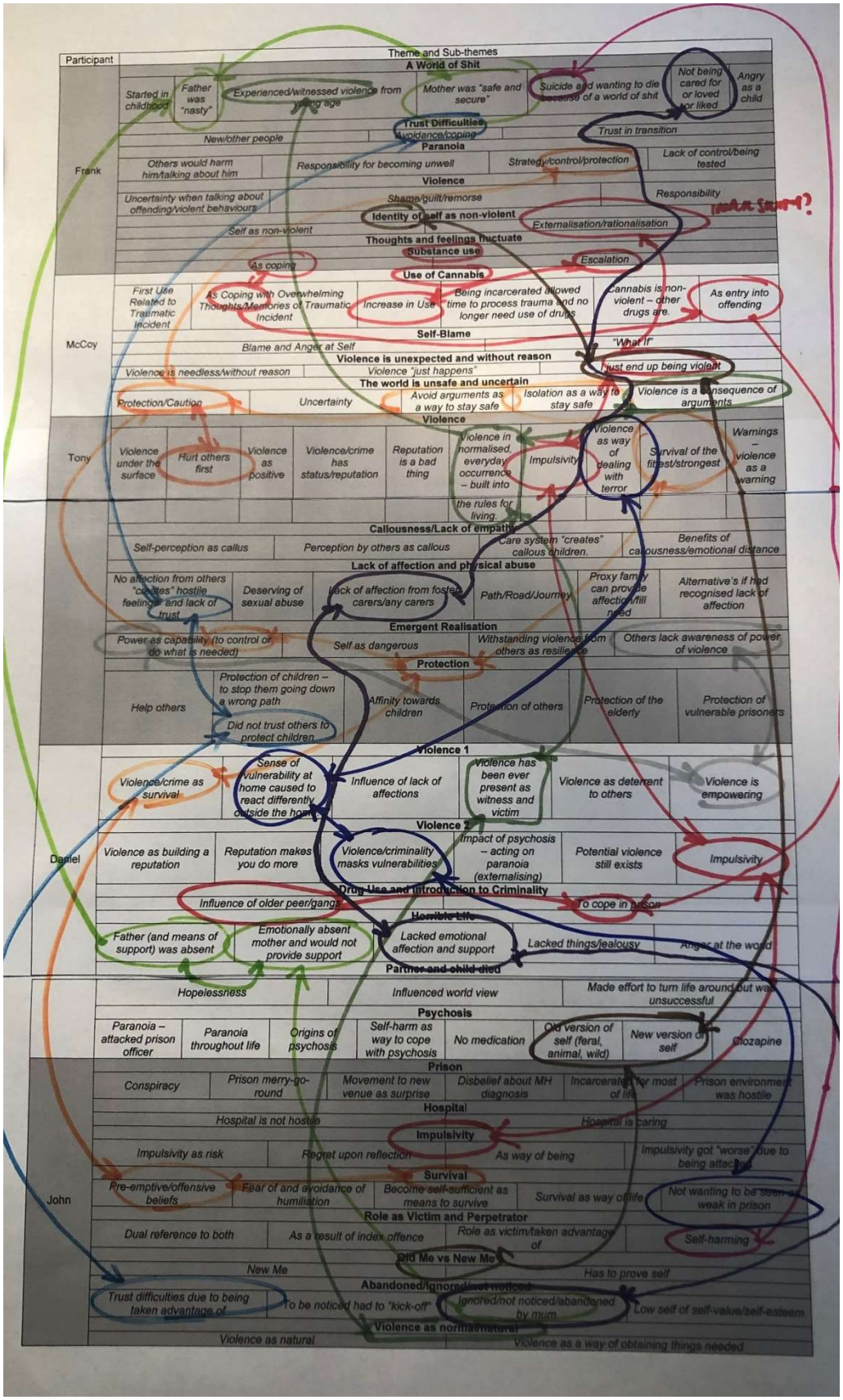
Appendix J – Collation to Emergent Themes for all Participants.

Participant	Theme and Sub-themes						
Frank	**A World of Shit**						
	Started in childhood	*Father was "nasty"*	*Experienced/witnessed violence from young age*	*Mother was "safe and secure"*	*Suicide and wanting to die because of a world of shit*	*Not being cared for or loved or liked*	*Angry as a child*
	Trust Difficulties						
	New/other people			*Avoidance/coping*	*Trust in transition*		
	Paranoia						
	Others would harm him/talking about him		*Responsibility for becoming unwell*		*Strategy/control/protection*	*Lack of control/being tested*	
	Violence						
	Uncertainty when talking about offending/violent behaviours		*Shame/guilt/remorse*		*Responsibility*		
	Identity of self as non-violent						
	Self as non-violent			*Externalisation/rationalisation*			
	Thoughts and feelings fluctuate						
	Substance use						
	As coping			*Escalation*			
McCoy	**Use of Cannabis**						
	First Use Related to Traumatic Incident	*As Coping with Overwhelming Thoughts/Memories of Traumatic Incident*	*Increase in Use*	*Being incarcerated allowed time to process trauma and no longer need use of drugs*	*Cannabis is non-violent – other drugs are*	*As entry into offending*	
	Self-Blame						
	Blame and Anger at Self			*"What If"*			
	Violence is unexpected and without reason						
	Violence is needless/without reason		*Violence "just happens"*		*I just end up being violent*		
	The world is unsafe and uncertain						

Participant	Theme and Sub-themes									
	Protection/Caution		*Uncertainty*		*Avoid arguments as a way to stay safe*		*Isolation as a way to stay safe*		*Violence is a consequence of arguments*	
Tony	**Violence**									
	Violence under the surface	*Hurt others first*	*Violence as positive*	*Violence/crime has status/ reputation*	*Reputation is a bad thing*	*Violence is normalised, everyday occurrence – built into the rules for living*	*Impulsivity*	*Violence as way of dealing with terror*	*Survival of the fittest/ strongest*	*Warnings – violence as a warning*
	Callousness/Lack of empathy									
	Self-perception as callus		*Perception by others as callous*			*Care system "creates" callous children*		*Benefits of callousness/emotional distance*		
	Lack of affection and physical abuse									
	No affection from others "creates" hostile feelings" and lack of trust		*Deserving of sexual abuse*	*Lack of affection from foster carers/any carers*		*Path/Road/Journey*	*Proxy family can provide affection/fill need*		*Alternatives if had recognised lack of affection*	
	Emergent Realisation									
	Power as capability (to control or do what is needed)		*Self as dangerous*			*Withstanding violence from others as resilience*	*Others lack awareness of power of violence*			
	Protection									
	Help others	*Protection of children – to stop them going down a wrong path* *Did not trust others to protect children*		*Affinity towards children*		*Protection of others*	*Protection of the elderly*		*Protection of vulnerable prisoners*	
Daniel	**Violence 1**									
	Violence/crime as survival	*Sense of vulnerability at home caused to react differently outside the home*		*Influence of lack of affections*	*Violence has been ever present as witness and victim*	*Violence as deterrent to others*	*Violence is empowering*			
	Violence 2									
	Violence as building a reputation	*Reputation makes you do more*	*Violence/criminality masks vulnerabilities*		*Impact of psychosis – acting on paranoia (externalising)*	*Potential violence still exists*	*Impulsivity*			
	Drug Use and Introduction to Criminality									

Participant	Theme and Sub-themes							
	Influence of older peer/gangs				*To cope in prison*			
	Horrible Life							
	Father (and means of support) was absent	*Emotionally absent mother and would not provide support*	*Lacked emotional affection and support*	*Lacked things/jealousy*	*Anger at the world*			
	Partner and child died							
	Hopelessness		*Influenced world view*		*Made effort to turn life around but was unsuccessful*			
	Psychosis							
	Paranoia – attacked prison officer	*Paranoia throughout life*	*Origins of psychosis*	*Self-harm as way to cope with psychosis*	*No medication*	*Old version of self (feral, animal, wild)*	*New version of self*	*Clozapine*
John	**Prison**							
	Conspiracy	*Prison merry-go-round*	*Movement to new venue as surprise*	*Disbelief about MH diagnosis*	*Incarcerated for most of life*	*Prison environment was hostile*		
	Hospital							
	Hospital is not hostile			*Hospital is caring*				
	Impulsivity							
	Impulsivity as risk		*Regret upon reflection*	*As way of being*	*Impulsivity got "worse" due to being attacked*			
	Survival							
	Pre-emptive/offensive beliefs	*Fear of and avoidance of humiliation*	*Become self-sufficient as means to survive*	*Survival as way of life*	*Not wanting to be seen as weak in prison*			
	Role as Victim and Perpetrator							
	Dual reference to both		*As a result of index offence*	*Role as victim/taken advantage of*	*Self-harming*			
	Old Me vs New Me							
	New Me			*Has to prove self*				
	Abandoned/Ignored/not noticed							
	Trust difficulties due to being taken advantage of		*To be noticed had to "kick-off"*	*Ignored/not noticed/abandoned by mum*	*Low self or self-value/self-esteem*			
	Violence as normal/natural							
	Violence as natural			*Violence as a way of obtaining things needed*				

Appendix K - Looking for Connections Across Participants



Appendix L – Grouping of Similar Emergent Themes and Sub-themes

Participant	Sub/Theme	Quotes
Frank	As coping	• "When I became eighteen, nineteen I started to… it, it [unintelligible]" (line 596) • "It make me feel okay" (line 598) • "Depressed…I can't find any enjoyment in life" (line 602 – 604) • "It helped me get out me head" (line 610) • "Well, I didn't feel, I didn't feel safe" (line 628)
	Escalation	• "Then it was cannabis… Then it was speed… Then it, then it was fucking acid… Then it was all of them together… I was just smoking, popping, you know" (line 614 – 622).
McCoy	As coping with overwhelming thoughts/memories of traumatic incident	• "And, um, I remember going, um… and when I came back over, my mum had took me to like counselling or something…?... Yeah. And I went there once, and, um, from that I didn't bother going back… So, yeah. That [cannabis] was just way, my way of dealing with it" (line 39 – 46) • "Yeah. And everything just, just went downhill from there…Just constantly thinking about it [the traumatic event]. You know. I wouldn't say constantly, but… sort of smoking, just, took, took over. I didn't even care about anything. Um, my hygiene wasn't good. All I did was smoke, smoke. First thing when I get up, last thing before I go to sleep (line 74 – 80) • [When asked if cannabis helped] "Yeah, I didn't really think much about it [the traumatic event]" (line 89) • "It happened when I was about fourteen, fifteen. And I was back, back then just smoking to get, not thinking about it. I got me flat, just smoking, smoking…" (line 227 – 230) • "Yeah. Back then used to smoke to forget…" (line 244) • [when asked to remind interviewer about use of cannabis and if it worked] "Just, forget about it… Uh, yeah… At the time, yeah, probably" (line 681 – 689)
	Increase in use	• "It started when I was in school, and when I left school, and at school I was smoking more" (line 94 – 95) • "Yeah. I started smoking it more often" (line 110) • "It increased because I didn't have nothing to do in the day Didn't go school anymore, so I had, uh, free… More time on me hands and thought—thinking about it, so… Yeah. So, then I was using more cannabis. Just, didn't think of it as much" (line 681 – 710)
	As entry into offending	• "Um.. it impacted—big impact on, uh, I used to smoke, and I—I, like, used to steal… Yeah. Back then I used to steal to fund the habit" (line 715 – 718) • "Loads. You see when I was in school, when I was in school, I'd steal just to fund the habit as well" (line 738 – 739)
Daniel	Influence of older peer/gangs	• "Go to the park, play with the older kids there. Kids my age was at school, I didn't have school so I just used to go play with the older kids… And they were doing drugs, so I was doing drugs. I started drugs at an early age" (248-253) • "Cannabis. And then [unintelligible] when I was fourteen… To fit in" (line 665-672) • "And once I started getting, like, drugs in my system it feels good. But my original use of drugs was to fit in with peers, the older kids in the park cos I was a kid" (line 670-672) • "There other kids my age at the start, and when I got to like eleven, twelve, they was at school, but didn't never have no school… So it was just me—I was the youngest and they were the kids that had finished school… But I didn't have no school so I used to play with them… And then shoplifting, doing burglaries, selling drugs, pimping, fraud, stealing cars" (line 682-704) • "So I was just me. I used to do crime. Chill, drink, take drugs, drink, do crime, drink, drugs, drink, just a cycle" (line 711-712) • "I've been gang affiliated up until the age of nineteen, twenty" (line 715)
	To cope in prison	• "…so rather than dealing with like with that stress and stuff in prison I smoke and take drugs… to—to—to cope" (line 643-646) • "Everything. How I felt. Voices. What I was going through. Frustrations. Stress" (line 659-660)

Appendix M – Example of Looking for Patterns Across Cases

Substance Use - Cope with life and trauma and being in prison	• "It made me feel okay" (line 598) • "It helped me get out me head" (line 610) • "Then it was cannabis… Then it was speed… Then it, then it was fucking acid… Then it was all of them together… I was just smoking, popping, you know" (line 614 – 622).	Frank
	• "And, um, I remember going, um… and when I came back over, my mum had took me to like counselling or something…?... Yeah. And I went there once, and, um, from that I didn't bother going back… So, yeah. That [cannabis] was just way, my way of dealing with it" (line 39 – 46) • "It increased because I didn't have nothing to do in the day Didn't go school anymore, so I had, uh, free… More time on me hands and thought—thinking about it, so… Yeah. So, then I was using more cannabis. Just, didn't think of it as much" (line 681 – 710)	McCoy
	• "…so rather than dealing with like with that stress and stuff in prison I smoke and take drugs… to—to—to cope" (line 643-646) • "Everything. How I felt. Voices. What I was going through. Frustrations. Stress" (line 659-660)	Daniel

Substance Use – developed as an entry into offending	• "So I was just me. I used to do crime. Chill, drink, take drugs, drink, do crime, drink, drugs, drink, just a cycle" (line 711-712)	Daniel
	• "Um.. it impacted—big impact on, uh, I used to smoke, and I—I, like, used to steal… Yeah. Back then I used to steal to fund the habit" (line 715 – 718)	McCoy

Appendix N – Continuation of Validity and Reflexivity

I observed through these reflections that in my earlier interviews some participants did not always have the vocabulary to describe their experiences fully, and therefore I would make enquiries about how the experiences made them feel; but I am aware that these prompts may have been informed by the knowledge I have acquired through learning about trauma and what this suggests about how individuals might feel in a traumatic situation. For example, when asking how a participant might have felt growing up in a violent home and they were unable to answer, I queried if they possibly felt scared or fearful, to which they then agreed. However, in discussion with my supervisor we reflected that participants agreeing with my interpretations of what they were saying or offering suggestions about how they might feel was not necessarily incorrect. If I asked it curiously it is also possible that they could correct me if I was misunderstanding what they were saying or clarify their experience. Additionally, they may use my curious questioning or suggestions as a platform on which to elaborate, and that their sense-making could be found in these clarifications or elaborations.

In supervision, my supervisor and I discussed the differences in wearing the "caps" of clinician and research interviewer in researching this topic. This was most noted when participants discussed their traumas. The participants spoke about their traumas in different ways: some were emotionally disconnected, noted by the monotone way in which they recalled their traumas without any observable affect; while some appeared to be affected by talking about the trauma, noticeable through their speech rate increasing or body language changing (e.g. appearing deflated). In these instances, it was difficult to not pick up and wear the clinician's cap and engage with the participants in a way I might if we were in a therapeutic session. It was suggested by my supervisor that in these instances it is human to acknowledge the impact and validate any emotion but remain inquisitive and curious and think about the "why" behind the emotion or the impact. Naturally, as a responsible interviewer I continually

checked in with participants about their capability of continuing with the interviews if I they appeared upset, and to their credit each participant agreed to continue, albeit in the end some did request that the interviews end after approximately forty minutes. For this reason once an interview was finished, I made certain to remove the researcher's cap and once more wear the clinician's cap and assess how the participants were feeling afterwards and offered them the opportunity to go through some grounding or relaxation exercises, which each of them declined.

In terms of personal impact, the overall thesis has had some emotional impact on me. Both chapters of my thesis have involved researching and becoming engaged in interpreting the trauma experiences of others; consequently, there have been times when I have felt "saturated" with trauma. However, my doctoral training has prepared me for this and I was able to use various supervision sessions with both my research supervisor and placement supervisors to discuss the impact of this saturation. As a result, I was able to remind myself of the ways in which I practice self-care and the supervision sessions also reminded me of how important it is to take time away from working with trauma, and that it is acceptable to do so. Because of this, I have been able to step away from and then come back to working on this thesis with renewed energy and clarity of mind to try make sense of the experiences of those whose stories I have been afforded the privilege to hear.

Appendix O - Thematic Narrative Structure

Superordinate Theme - Growing Up in a Toxic World		
Shit world	• "Oh, yeah – well my difficulties started as a, as a child…They started me on the path…Because, um [clears throat and moves around his seat] Because I lost my mother…I lost my mother, and, um, that kind of, um, knocked me for six" (line 35-37) • "A world of shit… Because everything that could go wrong did" (line 373 – 376)	Frank
Unsafe world	• "Yeah. Yeah, you never know what's going to happen" (line 379) • "And nowadays that's the scenes. It's just ridiculous the amount of stabbing and people getting killed with knives into them" (line 614 - 617)	McCoy
Horrible world	• "Cos [the world] wasn't, to me it wasn't a nice place. It was horrible" (line 175-179) • "[Death of partner and son] reinforced that the world is a horrible place for me. Like, there's nothing good for me. Like I was cursed… It's like I didn't deserve good. Nothing good ever happened for me… I was like, emotionally and stably unlucky" (line 301-312)	Daniel
Subordinate Theme – "I had a mom, but it was like I didn't have a mom" – Violence and Absences		
Violent and emotionally absent parents or caregivers	• "Oh, my dad was a nasty man" (line 94) • "My dad was violent… Violent within the family" (line 102 – 104) • "I was scared of him" (line 530)	Frank
	• "I think it's mainly [in children's homes]. Yeah. It's not a form of abuse or anything like that, but, just… yeah, you're not getting what other kids would get there's no emotional content towards the children…At the end of the day they're there to do a job, you know, and children's home staff can't hug you or stuff like that. Yeah, you can't do a painting at school and suddenly go home and go, "Mummy, look at this". Yeah, like, it doesn't happen. So, it creates a distance for ya. Your emotional response to them is minimal." (line 935-946)	Tony
	• "She wasn't close. My mom's not touchy-feely, she not the most affectionate. So, I had a mom, but it was like I didn't have a mom…My mom was there, physically, but not emotionally. She was with her—she wouldn't give me a hug, she wouldn't kiss me, things like that, like normal moms do." (line 229-238)	Daniel
	• "And, um—I don't know—my mom went out with abusive people, so I felt that I weren't noticed by mum…And, I just—just felt—I don't know, like, left to my own device. I felt abandoned. There's loads of things." (line 329-337). • "Like, but the sad thing is, no matter what I did wrong the only person that was there for me is my mum. But even though I felt—when I was younger I felt, like, slightly—I don't know, not—abandoned is the wrong word because my mum was always there for us, but—I don't know, like, I felt abandoned" (line 803-808)	John
Absence of a valued parent	• "She was my mother and I felt close to her" (line 48) • "Cos she was kind" (line 100) • "Lost. Quite lost [when mother died]" (line 109).	Frank
	• "I wanted my dad—my dad wasn't around. I didn't have a dad. I've got a dad now—I've got my dad now, but I didn't have him when I was a kid" (line 210-212) • "Everyone else had dads in their houses—someone to turn to, talk to, I didn't. [It made me feel] Bitter…Very bitter." (line 219-224)	Daniel
Affects view of self	• "I saw myself as… unlikable… Well, when I, when I was fostered, you see, my foster parents never let me meet other people…" (line 167 – 170)	Frank
	• "Because… my first foster parents, uh, they were the older generations…and there's no love in their home. They were garden centre people—garden centre types, out in the countryside. And, I didn't get toys to play with…And, the—I had to go down the garden centre—never got pocket money, the tight devils. Yeah, but, uh, they'd use me to do things round the garden centre and that. Didn't really have a life of my own" (line 259-266)	Tony

Subordinate Theme - "I got trust issues with like trusting people" – Trust Difficulties		
Wary of strangers and still affecting the present	• "Yeah, I don't trust people when I meet people" (line 292) • "Bit wary [of strangers]" (line 306) • "Mistrusting people… It does [affect Frank] yeah. It still does" (line 767 – 771) • "I'd avoid.. I still try and avoid [new people]" (line 316 – 318)	Frank
As a result of physical punishment	• "Hmm. I had it [lack of trust] from an early age that was…Cos of the early foster parent hitting me." (line 791)	Tony
Trust difficulties in prison	• "My voices made me paranoid that people would attack me, who wanna hurt me, people want me dead, people'll take what I've got, and they were my daily thoughts. That's how I was every day. Every day I was paranoid. I was given medication that wasn't working. I was just a paranoid wreck. I didn't trust no one. I was—I pushed my family away. I was—I was fucked." (line 781-787)	Daniel
Don't trust others to protect children	• "I just didn't trust people, as far as I knew. I didn't understand it, I was too young, too immature. Er, I think that's why I'm more protecting towards children. Because I don't want to see them in positions where they can't comprehend what's happening to them. You know, it's not about being abused, or anything, but sometimes parents are not good at what they do. Eh, it's sometimes because they don't know how to do things" (line 781-798)	Tony
Can result in choosing to become self-reliant	• "My trust—my trust—I got trust issues with like trusting people and stuff, so, I thought, "You know what, if I'm on my own then—then no one can—can take the piss or not pay me or do whatever". I learnt from an early age—I'm not a loner, but I just learnt to do everything on my own…" (line 784-788)	John
Subordinate Theme - "I didn't have no one to talk to. I felt alone. And I struggled" – Coping with the Toxic World		
Self-Harm and suicide to cope/escape	• "Well, when I was more than six, when I was seven… I wanted to kill myself." (line 67 – 69) • "Yeah, I drank a bottle of Domestos... Cos I missed my, cos I missed my mom" (line 71 – 75) • "And I tried to hang myself when I was, when I was nine" (line 85)	Frank
	• "[Hearing voices] was horrible… I took an overdose. I tried to kill myself… The voices told me to… I was scared… Cos what was going on in my head. I couldn't—I couldn't understand all what was going on. I—I was becoming unwell. I didn't have no one to talk to. I felt alone. And I struggled (line 61-73)	Daniel
Substance Use - Cope with life and trauma and being in prison	• "It made me feel okay" (line 598) • "It helped me get out me head" (line 610) • "Then it was cannabis… Then it was speed… Then it, then it was fucking acid… Then it was all of them together… I was just smoking, popping, you know" (line 614 – 622).	Frank
	• "And, um, I remember going, um… and when I came back over, my mum had took me to like counselling or something…?... Yeah. And I went there once, and, um, from that I didn't bother going back… So, yeah. That [cannabis] was just way, my way of dealing with it" (line 39 – 46) • "It increased because I didn't have nothing to do in the day. Didn't go school anymore, so I had, uh, free… More time on me hands and thought—thinking about it, so… Yeah. So, then I was using more cannabis. Just, didn't think of it as much" (line 681 – 710)	McCoy
	• "…so rather than dealing with like with that stress and stuff in prison I smoke and take drugs… to—to—to cope" (line 643-646) • "Everything. How I felt. Voices. What I was going through. Frustrations. Stress" (line 659-660)	Daniel
Substance use - To "fit in" and cope with feeling unwelcome at home	• "Cannabis. And then [unintelligible] when I was fourteen… To fit in" (line 665-672) • "And once I started getting, like, drugs in my system it feels good. But my original use of drugs was to fit in with peers, the older kids in the park cos I was a kid" (line 670-672)	Daniel
	• "So I was just me. I used to do crime. Chill, drink, take drugs, drink, do crime, drink, drugs, drink, just a cycle" (line 711-712)	Daniel

Substance Use – developed as an entry into offending	• "Um.. it impacted—big impact on, uh, I used to smoke, and I—I, like, used to steal… Yeah. Back then I used to steal to fund the habit" (line 715 – 718)	McCoy

Superordinate Themes – Path to Violence		
Subordinate Theme – "Violence was the everyday thing" – Violence as Normal		
Presence of violence from young age normalised the experience.	• "…started me on a path…" (line 33) • [first memory of violence] "My father… From a very young age" (line 525 – 527) • "I think cos I saw it in me house, it normalised it for me… Me dad.. I was too young. It was the only thing I [fades off]" (line 869-875)	Frank
	• "violence has always been in my life since as—since, like, like, eight years old" (line 386-387) • "[It made me feel] Helpless. Hopeless. Insignificant. Weak. Yeah" (line 455)	Daniel
Violence as a consequence of arguments	• "But looking back at it now, I'm thinking, um, I'm glad that they did catch me with it cos… I could have probably ended up killing someone or a person could have took the knife off me or end up killing, so… You get into an argument, get heated and if this person's swinging punches at ya, you'd get a knife out and stab" (line 402 – 415) • "I could've turned around, say, "Who do you think you talking to?" and this and that and the other. But that's just gonna cause argument… and probably lead to something else." (line 618 – 620)	McCoy
Violence is commonplace in children's homes	• "Yeah. And, uh, my major violence started when I went to the children's homes, in [location]. Then, the rule basically, if you fell out with another kid, you—they'd take you out to the field and you fight it out 'til one can't fight no more, or submits". (line 180-183) • "When I went to [childcare home] that's when the violence really increased…Cos violence was the everyday thing in the children's homes" (line 688-691)	Tony
Violence is insidious	• "Only I wish I had spotted it earlier. The violence. It starts of so simple, and then before you realise it it's become something that you can't get back from… Hmm. And then when it's too late, you should have realised then, and you like, "Oh, why didn't I realise that back then"… It becomes normal to you. You know, it becomes too common… You know, you think, "Oh, that's only natural", you know. But, uh, it's not" (line 1082-1097)	Tony
Violence as a natural action	• "This's what I'm saying, because violence became natural. Being violent was like next to waking up and brushing your teeth. It became—it became like a natural action." (line 688-69)	John
Subordinate Theme - "Impulsive, yeah, very impulsive" - Impulsivity		
Impulsivity as way of being	• "No, that's—the one problem I had is that I quite often do things without thinking about them first… Yeah, it's—on a subconscious level it happens and I don't know it before. I would just go like "punch", and like, "Ah shit, I've just done that now"…And I'm like, "Hmm, can't think right now, it's done"". (line 226-233).	Tony
	• "I've always had a short fuse… It's just—I've always [clicks fingers] snapped. I've always acted on impulse. I've never like, sat and pondered about something first, I just react." (line 597-599)	Daniel
	• "Impulsive, yeah, very impulsive. Yeah. Hmm, um, hmm, as long as I can remember, yeah. As far back as I can remember. That's what I meant. I don't know how far back you've got, like, on my—on my record or whatever, but, like, a good chunk of my prison life" (line 183-189)	John
Queries about relation to mental health	• "That's just that way I've been—I've always been that way. I've always been…like, I don't know if that's because of, like, my schizophrenia, with, like…that—the—that chemical imbalance, that's why my— my…my mental states not the same as somebody else's that's not on medication. So I'm probably cause of my—my mental imbalance—my medical imbalance—chemical imbalance that's probably another—another factor into why I am the way I am. Cos, physiologically I'm wired that way if that makes sense" (line 601-609)	Daniel

	• "I've—I've acted on impulse—I've been impulsive, and if read, like—I don't know if you can get a parole dossier or whatever from when I was in prison and look at all the adjudications I've had for fighting, and the outside charges I've had for assaults and things like that. I've been impulsive for—from—from an early age, but I don't know if that's—that's not a mental health problem, is it?" (line 436-442)	John
Impulsivity related to risk	• "But not only was I a danger to the public, I was a danger to myself…cos, like, I was stopping at nothing. I was just doing whatever, and I was very impulsive. I used to do things on impulse without thinking" (line 172-177) • "I don't know where—where it came from the impulsiveness, but, to be honest yeah, [addresses team psychologist] I've not even discussed that with you, have I, like—like, where it comes from or whatever, but [addresses interviewer again] I don't know where actually it comes from., but it's been the driver" (line 740-744)	John
Subordinate Theme – "As a child growing up, I wasn't shown affection" - Lack of Affection and Support		
No support/role model	• "I had no peers to look up to… No friends, no peers to look up to… I had nobody to keep me going on a straight path rather than committing crime" (line 485 – 489) • "Didn't have any support" (line 501)	Frank
	• "Cos I didn't know myself how to express emotions—I never had that experience. I didn't have that role model to copy" (line 245-246)	Daniel
Lack of affection creates callousness/inability to express emotions	• "The care system. Builds up and it takes away a lot of things from you. One of the core things it takes away is your other emotional states for empathy and things…You go with families, and you see families hug their kid, but you don't get a hug. So, it creates, uh, what I think was a hate back in my early days" (line 92-99)	Tony
	• "Because as a child growing up, I wasn't shown affection, so I didn't know how to—I just didn't show affection myself cos I'd never learnt that…. Without someone showing the right way as a parent. I didn't have that parent input" (line 334-336)	Daniel
Have to prove self or kick-off to get noticed	• "I don't—I don't know, that, like—I don't know, man, always did. Not lied to—listened to, but, I always felt low val—not low value, but low self-esteem. Is it low self-esteem? I felt low in myself. So, I always thought I had to try and prove myself, because as a kid, like, I didn't feel—I don't know—I didn't feel, um… I don't know. I don't know. I just felt like I always had something to prove" (line 851-857)	John
	• "I think I've mentioned it before, but, like, in order to be heard you had to, like—I don't know—be loud. Or, like—not so much kick off, but, like, you had to be—I don't know—like, yeah, basically you had to kick off or whatever to be heard or to be noticed. So, that what instilled in my, like—like, in order to get something or to get something done or to be noticed you had—you had to kick o—I don't know…" (line 312-319)	John
Callousness/lack of affection enables violence	• "So I grew up not knowing how to express affection. I didn't know how to, like, show, like, care and share—I didn't know how to express these things…That made me commit offences…to commit violence and not have it affect me. It made me not have—feel that guilt afterwards, cos I didn't know how to express emotions, so I didn't feel of guilt. So it made me—it helped—it helped to fuel my violence probably—I don't know." (line 342-363)	Daniel
	• "With violence, it gives you that degree of being more violent.. More capability…The lack of emotion means you don't really think of the other person so much. Yeah. You more self-absorbed" (line 916-922)	Tony

Superordinate Theme – Violence had Function and Capability		
Subordinate Theme – "Inside I was just a terrified boy" - Violence as a Mask		
Violence as way of dealing with terror	• "I was acting out the pain. Cos, uh, the other problem I had as well is, um, inside I was just a terrified boy… Now that I'm thinking about it, I was terrified of what was happening" (line 318-354)	Tony
Violence masks vulnerabilities	• "So I'm trying to…maintain that image. Was a false image, but was an image. I was trying to maintain an image—and that image was to mask my vulnerabilities… I was vulnerable inside. I was trying to mask it" (line 491-497)	Daniel
Not wanting to be seen as weak in prison	• "Being seen as being weak in prison—I spent most of my years, teenage years growing up and all my years, growing up in prison and being seen as being weak was a driving factor [sighs]… Not—not wanting to be seen as being weak was a—was a driving factor behind loads of my aggression, my impulsiveness." (line 649-656).	John
Exerting Control	• "I had a Swiss Army penknife, and I pulled it out on the babysitter. Cos by that time I didn't like being touched. I was fully gone from it. And she went to give me a hug, and I just snapped. Yeah. I was well away from it. I shouldn't have done it, I—you know. But it was the first time I realised I could control other people regardless of who they were" (line 114-115) • "And from that point, yeah, I'd become now well aware that, uh, fighting can be seen as a good thing—in my opinion. Because I controlled the others completely" (line 160-162)	Tony
Violence is Empowering	• "I was, like—I can't say I was, like, unstable cos I knew what I was doing when I was committing violence, and, you get that like feeling of like empowerment. And, when you got no self-esteem something that give you that empowerment you latch onto. So, that made me propen—like, made me perceptible—susceptible to commit violent crimes. Commit violent acts. Cos its, like—it's me taking power back" (line 392-399) • "Made me feel powerful" (line 403)	Daniel
Subordinate Theme – "It's like I've always survived" - A Means to Survive		
Survival "of the fittest/strongest"	• "It's, um, you had a pecking order, and that's, um, you know. You always have the alph—strongest person…and there's the next that goes in line. I've been pretty good at staying up there" (line 462-466)	Tony
Surviving to stay alive	• [when asked about use of violence in robberies] "Yes… It's just what I needed to do to get the money… Whatever was necessary" (line 42-47)	Daniel
	• "Yeah—yeah, and so I hung around with older people and, like, it's not like I've lived, it's like I've always survived. Like, I've had to survive, not lived—not lived, obviously, but I mean, like, in survival mode—not—not—I've never been comfortable" (line 365-371)	John
Withstanding violence from others as resilience	• "Realising how powerful I could be… Through being resilient you see… Yeah. A lot of people think it's about being able to punch. But I've always thought it more about, uh, your ability to withstands loads coming at you…You can exhaust the other person down, then take them down yourself" (line 145-154) • "I think it's my early childhood that's built me up for it. Yeah, it's like, um, you're training as a boxer, you know. They centrally rely on their core discipline to not lose control, you know…And before I did that, my discipline was my ability to withstand the abuse" (line 475-480)	Tony
Offensive/pre-emptive cognitions as defence	• "I've always turned to the belief that, uh, I'd rather hurt someone else before they hurt me." (line 82-83)"	Tony
	• "I used to think "get them before they get me", or, like, I don't know. Especially after being stabbed—after being stabbed" (line 221-223)	John
Violence as a warning to others	• "And I've always, like—when I've committed violence I've gone to the extremes, like I wanna make an example of the person I'm hurting to deter them from retaliating back in the future. I've always gone above and beyond what I needed to do." (line 389-392)	Daniel
Paranoia and avoidance/isolation as means of self-preservation	• "Yeah. I'm always, always on guard" (line 737) • "Well, I think a certain amount of paranoia is good for you… Keeps you on your toes" (line 742)	Frank
	• "Yeah, it could—I think it [something like his friend's death] could happen again. If you get into an argument, it increase the chance of it happening…This person doesn't have to have a knife. A punch or kick you the wrong way, and then that's it" (line 655 – 664)	McCoy

	• "Me, I… I just… ain't the type to sit there and argue about something. Wrong or right" (line 626 – 627) • "No, worried that might happen again. But… Yeah. But, that's why I prefer to, like, be on me own… I probably prefer to be on me own—on my own company" (line 956 – 964)	
Protection of others	• "Because I didn't want children seeing this. You know, even if it was normal medication, you shouldn't let children see you using needles… Because they're not able to comprehend what it's about, you know. What a child sees, you know, can develop too much of a fascination for it. And then it stays with them for may years until they finally look at it, and they could go the wrong path with it" (line 593-597) • "Yeah, children need to be protected. That's what we're all—a grown adult should protect a child" (line 809-810)	Tony
Subordinate Theme – "Getting into trouble with the police, that wasn't a terrible thing" – Status and Reputation		
Status and reputation	• "And, I became—well, I don't know, um, a bit of symbol to people. And I started feeding off it" (line 158-16) • "As I sauntered away I picked up my mate off the floor, took him over to the club, and I've got the swagger going, you know. I'm like, "I'm the man", you see how that's done. Took him down in a matter of seconds". (line 733-736)	Tony
	• "Like, getting—but getting into trouble with the police, that wasn't a terrible thing… Um, it was, um, kudos….It's cos in the—in your criminal records, police—that's part of my criminal lifestyle, so, it's not a negative—it's negative. It's like a career hazard. That's the only way I can describe it" (line 466-475)	Daniel
Reputation can make you push you past your own boundaries	• "It made me do more. Made me take more risks. Made me do more things, maybe things I probably wouldn't have done otherwise." (line 489-491)	Daniel
Reputation has consequences	• "at the time you think you're thinking you're the big man and everything. You're fourteen, so you—you can't go to prison. But, you're building up a record quite clearly, and building a strong history. And, uh, as soon as you turn fifteen, you're guaranteed you're getting remand. You know, because the police don't like ya" (line 744-749)	Tony

Superordinate Theme – "That's the old me and this is the new me" - Violence Creates Identity		
Ambivalence about self as violent and externalisation of violence	• "Um, I, I, I'm not really a violent person to tell you the truth" (line 549)	Frank
	• "Um… I wasn't really violent… Yeah. I remember one incident when I… in sort of school. Um, in school [unintelligible] told me, like, told me to, like, hit—hit someone. Um… I ended up hitting him" (line 432 – 436) • "Nah, nah, I've took [ecstasy] before…Yeah, I've took it before. I've took like twelve before… Yeah. Take a few in. Nothing. Took a few. Nothing. Kept on going and…The only thing I was doing, I was just grinding the teeth [*clicks finger*] with the ecstasy tablets. Yeah, but the ones that I took, when I punched that guy, those, like, ecstasy tablets, like, had like blue crystals in it. I can remember that much. Must have been some strong stuff, man… and yeah, affected me maybe more" (line 529 – 553)	McCoy
Protector/Defender	• "But then again, there's always the good side as well… You know, I've done some good things in my life" (line 545-548) • "…sometimes I've used violence in more of a positive way. Yeah, I was in the supermarket, it was only a mini, little thing. And, um, and I was there with my step-sister. And this woman comes up to me and says, "Can you help me?"… She says, uh, "I had my windows put through last night". Yeah. She mentioned the name of the person. Went, "Yeah, I know him". She went, "He's terrorising me. I—I need help". I went, "OK". So, I just walked out. I thought, "I know where this git'll be". So, I just walked up to him in front of his mates, punched him in the face, and went, "By the way, that's a very good friend of mine, you put her windows through last night. You do it again, and I'm not just going to punch you in front of your mates, I am going to mess you up". And he's, like, "Huh?" Like, "You've been warned". Fights can be good. It can be negative. It's a two-way street, you know". (line 848-864)	Tony
Feral/wild animal	• "If you said to my mum, yeah, "Who is this person now?" "This is my son." "That person that she—that was not her son. That was an animal. I was an animal. I'm her son now. I'm a—I'm a brother now. I'm a partner now. Like…I used to be messed up. My head was shot. I'm a—I'm a totally—If you'd met me ten years ago to now, you'd know what I mean. You be like, "Fucking hell, like. Wow" (line 839-845) • "I was feral" (line 852) • "I was wild—I was wild…No, it was horrible" (line 864) • "The voices used to make me do things that if I didn't hear them I probably wouldn't have done. But saying that, I was still a criminal, I done things that wasn't voice-led. That was me-driven, cos of my own insecurities, cos of my home lack of confidence—my lack of emotion. Or… I can't blame the voices for hundred percent of the things I've done wrong, cos a lot of the things I've done wrong, or half the things I've done wrong were done because of me" (line 534-541)	
New Me	• "Confident. Assertive. And good. I'm good. I'm—I'm—I'm—I ain't got no stress, no frustrations. Everything's just going well" (line 145-146) • "I've changed… Everything. I'm not hearing voices no more… I'm a confident person. I've got good self-esteem. Got good relationships. Got family now. I've goals, aims and aspirations. I never had anything before. I ain't self-harmed for years" (line 317-323)	Daniel
	• "Uh…firstly, I've done lots of course work, and…uh, challenged my thoughts and the—the behaviours I had before. So, I've kind of—I think different to how I thought then" (line 22-24). • "That's the old me and this is the new me, now. I don't think like that, I don't think like that. I moved away from it." (line 232-234). • "But, I have moved away from that, I know I have—I know I have because I don't get into half the trouble that I used to get in. I'm progressing, I—I'm halfway through the door. I go out on leaves. I'm different to how I was before, but, sometimes I do question myself, but, I know—I know in my heart of hearts that I—I've moved on" (line 241-245)	John