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Impulsivity, Aggression, and trauma history in repeat and one-off female offenders

Background

In England and Wales in 2015 women made up 16% of all arrests, 27% of convictions, 5% of the prison population (Ministry of Justice, 2015). Most-up-to date statistics show 48% of women return to prison within one year of leaving, 61% for sentences under 12 months, and 78% for women who have served more than 11 sentences previously (Bromley Briefings Prison Fact file, 2016). Female offenders are of growing interest, with the increasing realisation that female offenders are a distinct group with different patterns of offending, risk factors, and criminogenic needs to male offenders (Wright, Van Voorhis, Sailsbury, & Bauman, 2012). Female offenders are generally thought to be less likely to re-offend, showing much lower recidivism rates than men in the US (Deschenes, Owen & Crow, 2006) and in the UK (MoJ, 2015). However, females with a prior history of drug related offences are more likely to re-offend than women who have been sentenced for violent offences (Deschenes et al, 2006). As female offenders represent a small part of the prison population, evidence-based treatment used in correctional institutions is often based on research findings that have used male samples (Gobeil, Blanchette, & Stewart, 2016). To develop interventions and increase their appropriateness, it is imperative to gain a better understanding of risk factors in criminal behaviour of women (Brunelle, Douglas, Pihl, & Stewart 2009). Female- centred perspectives have emerged which advocate a different treatment approach for female offenders and authors have challenged mainstream programmes in an effort to facilitate women's reintegration into the community (Gobeil, Blanchette, & Stewart, 2016).

The "three Principle" or RNR model is a technique used to deliver treatment (Andrews, 2011), inclusive of three principles which are as follows: *Risk principle*, stating that the intensity of treatment should be proportional to the individual's risk, *Need principle*, treatment should address criminogenic needs and *Responsivity principle*, interventions should be designed to suit the offender's learning styles and other personal characteristics (Andrews, 2011). However, there is growing criticism of the RNR model. In a meta-analysis that explored effectiveness of the RNR principle showed that female offenders show a 33%

recidivism rate following treatment, with women who are high risk benefiting more than lower risk (Lovins, Lowenkamp, Latessa & Smith 2007). Nevertheless, some evidence does show that these principles do apply to females (Andrew & Dowden, 2006) however the appropriateness of using these interventions that were primarily designed for male offenders is debated. The vast majority of this research that informs these treatments and their efficacy have been conducted with male offender samples and has not been clarified whether the findings can be applied to female offenders (Andrews et al, 1990).

The “big four” risk factors, antisocial cognition, criminal links, developmental history, and personality factors are highlighted when looking at criminal behaviour (Andrews et al, 2006). This also includes attitudes and beliefs that are used to rationalise criminal behaviours (Bourke, Boduszek & Hyland, 2013), studies show that such cognitions are significantly associated with recidivism amongst female offenders (Andrews et al., 2012; Palmer & Hollin, 2007; Rettinger & Andrews, 2010). Cognitive behavioural therapies (CBT) are often used with male offenders to target thinking styles, attitudes, and beliefs associated with offending behaviour. Although designed for male offenders, programmes such as Enhanced Thinking Skills (Clark, 2000) and Think First (McGuire, 2000) have been used with female offenders. The CBT approach has been shown to be very effective in reducing re-offending in male offenders (Lipsey et al, 2001), with recidivism reduced by 20 to 30% for offenders who engaged in CBT programs compared to those who did not (Wilson, Bouffard & MacKensize, 2005). However the evidence is less clear to support whether this is as effective for treating female offenders and reducing the likeliness of re-offending (Palmer et al, 2014). Some research conflicts this idea and suggests that cognitions are not directly associated with a re-offence in females (Reisig, Holtfreter, & Morash, 2006; Salisbury et al, 2009; Van Voorhis et al., 2010) and therefore CBT is not a suitable method of treatment and perhaps needs modifying to suit females.

Although women commit far fewer violent offenses than men (Mahoney & Karatzias, 2012), it has been seen that there has been an increase in the number of convictions for such offenses. For example, in 2006-2007 it was reported that 35% of violent offenses were committed by female perpetrators (MoJ, 2006). This has weighted particular importance for professionals who are responsible for

delivering treatment and managing risk to employ relevant prevention strategies (Covington & Bloom, 2003; Van Voorhis et al, 2008). However, as previously stated, it is argued that treatment methods come from a male sample and their application must be carefully considered for women (Blanchette & Brown 2006) Despite this, aggression in females is still stereotyped as either mild or infrequent (Koenig, 2018) and as females may display less physical violent behaviour than males, it is often assumed that females are less aggressive (Crick & Grotpeter, 1995). One explanation for the underestimation of aggression in females is how differently females may express their anger, perhaps directing it inward resulting in suicidal or self-injurious behaviours (Conner, Swogger, & Houston, 2009; Swogger, You, Cashman-Brown, & Conner, 2011). Violence and aggression are good predictors of re-offending regardless of gender. Indeed, Langan and Levin (2002) found more than two thirds of aggressive inmates were arrested for more serious crimes within three years of release, compared to 20% of nonviolent offenders.

Despite evidence that a gender-neutral attitude to treatment is effective in reducing re-offending in female offenders, there is still small amounts of evidence that shows that female-centred interventions can produce similar results or increase efficacy (Gobeil, Blanchette, & Stewart, 2016). Feminists argue that this approach is based on the assumption that the main processes of offending and risk factors for criminal behaviour are the same for both males and females (Chesney-Lind & Pasko, 2004). On the contrary, evidence shows that both female and males face challenges in life that can contribute differently to offending (Rettinger & Andrews, 2010). For example, female offenders have higher rates of victimisation and abuse stemming from a young age and continuing onto adulthood (Browne, Miller, & Maguin, 1999; McClellan, Farabee, & Crouch, 1997; Salisbury & Van Voorhis, 2009). There are also differences in substance use in males and females, with studies finding females more likely to “self-medicate” than males (Chesney-Lind, 1997; Chesney-Lind & Shelden, 2004; Holloway & Bennett, 2007; Langan & Pelissier, 2001). Hammersley (2011) suggested that substance misuse acts as a mediator between traumatic life events and criminal behaviour therefore the cycle of substance abuse and offending behaviour may be established (Reckdenwald et al, 2014). This understanding suggests that females who suffer from trauma may be more likely to offend, and often follow gendered

pathways to crime, demonstrating that different risk factors need to be addressed, therefore risk assessment tools that fail to assess gendered experiences are not appropriate for women (Rettingher & Andrews, 2010). Only recently has the utility of risk factors found in the HCR-20 Violence Risk Assessment Scheme (HCR-20; Webster et al, 1997) been given additional gender specific predictors suggested for treating women (Van Voorhis et al., 2010) evidencing the lack of attention for female offenders. Clearly, there is a need for research into female characteristics to better the knowledge for treatments and provide a more gender-responsive approach to assessment (Geraghty, 2015).

Some of the more common predictors of non-violent and violent chronic crimes include impulsivity, antisocial traits, and aggressiveness (Goncalves, Martins & Dirkszwager, 2014). Despite these characteristics being used as part of risk assessments, little research exists to confirm the potential link between these specific characteristics and repeat female offenders (Houser, Belenko, & Brennan, 2012). This lack of knowledge around female offending creates difficulties recognising personality traits, identifying reasons for recidivism, and subsequently effective treatments. Literature has suggested that some risk factors can be gender neutral, however some may be specifically gendered and have higher utility to women (Makarios, Steiner & Travis, 2010). Some research has sought to identify risk factors that may be predictive of female offending, particularly violent offences, dependant on their offence history (Bell, 2004; Verona & Carbonell, 2000; Weizmann-Henelius et al, 2004). Using offending history to categorise participants has been shown to be effective when recognising different types of offenders and their behaviours (Chambers, 2010) and has therefore been suggested that identifying different risk factors and rate of recidivism may improve our understanding of certain developmental paths that result in offending (Chambers, 2010).

When looking at female offenders, Sommers & Baskin, (1993) and Warren et al (2005) proposed that women who act violently are often acting in a reactive way and are more impulsive than in violence in men. Similarly, Shorey Basfield, Febres & Stuart (2011) concluded impulsivity was significantly associated with women showing aggressive traits and who also had been arrested for domestic violence offences. It has also been found that impulsivity can predict aggression in both

male and female forensic populations as well as in the community (Smith & Waterman, 2006). This was then a reliable finding in female offenders who are physically aggressive, acting more impulsively than non-aggressive female offenders (Komarovskaya et al, 2007).

Following this, it can be assumed that the different risk factors males and females pose can have an impact on how effective male-focused treatments can be with female offenders (Logan & Blackburn, 2009). It is therefore necessary to expand the understanding of female offender's risk factors in an effort to create better and more effective treatment programmes to assist in preventing further offending (Odgers et al, 2007; Scott & Ruddell, 2011).

Aims

To develop more appropriate prevention strategies, a better understanding of criminal behaviour in women is needed (Brunelle et al, 2008). There is already evidence of a relationship between disinhibitory traits and criminality (Dåderman, 1999; Howard, Kivlahan, & Walker, 1997; Luengo, Carillo-de-la-Pena, Otero, & Romero, 1994; Sher & Trull, 1994), but there is little research using female samples. Characteristics of women who are repeat offenders also remains a relatively unexplored area. There is a need for research to investigate the role of personality traits in females who offend (Brunelle, Dougal, Phil & Stewart, 2009). Therefore, this study will explore traits such as impulsivity and aggression in chronic female offenders (females who have violated criminal laws more than twice as used in Mahoney & Karatzia's study (2012)). Previous literature that measured impulsivity, violence and aggressive behaviour in incarcerated women indicates that there will be a relationship between impulsivity and aggression in offenders, more so than in non-offenders (Komarovskaya et al, 2007). It has also been suggested that women who act aggressively and violently will be acting so in a more impulsive way than males (Warren et al., 2005), therefore we can hypothesise that similar results will be found in this study. As discussed, trauma plays a significant role in offending behaviour, but even more so in female offending than male (Rettinger & Andrews, 2010). Given this, trauma will also be looked into during this study to further research the links between trauma and offending. Previous studies (Cuomo, Sarchiapone, Giannantonia, Mancini & Roy,

2008) indicate that females who have experienced trauma will have higher levels of aggression and impulsivity therefore a relationship between these constructs is predicted.

Method

Design

This is a cross-sectional, quantitative survey-based study measuring personality traits, levels of aggression and trauma history and among female offenders. A two-group comparison will be conducted of repeat offenders and one off offenders. Homogenous purposive sampling will be used to recruit the repeat offender group. Data will be collected face-to-face.

Participants

Participants will consist of two groups of female offenders, all aged 18 or over. Two contrasting female offender groups consisting of repeat offenders and one-off offenders will be recruited, but this will be assessed after data collection (no specific screening will be conducted). Chronic offenders are defined as women who have returned to prison more than two times, as used in Mahoney and Karatzias' (2012) study.

Setting and recruitment

Each group will voluntarily take part in the study. It is a single session one-off participation and will only take place face-to-face. Recruitment will take place at Together Women Project establishments. Together Women Project is an organisation which was developed in December 2006 and funded by the Ministry of Justice. This is a gender-specific community based organisation with the aim of moving women out of crime and into a more positive future. Together Women Project work across Bradford, Leeds, Newhall, Sheffield and Hull and offer vulnerable women tailored support as well as managing and supporting female offenders with personality disorders.

Participants will be approached to take part in the study by the researcher (LB). Access to the service will be given by gatekeepers (e.g., managers of the service) who will assist LB by allowing advertising materials (e.g., posters, Appendix F) to be displayed in the service, and by telling participants about the study using standardised wording. Staff will be advised with a formal letter (Appendix B).

Ethical considerations

The researcher will take informed written consent (Appendix D) prior to taking part. As the study includes vulnerable participants, if it is speculated that the participant is unable to fully consent as their thought process is skewed, for example being intoxicated, then they will not take part in the study. This judgment will be made by the researcher who will be present at the service (LB). Advice can be given by supervisor (KJ) if necessary, but KJ will not be present at the service. The information (Appendix C) sheet will be read out to the participant before the study begins so to allow those with low literacy to understand. The participants will be asked to circle on the questionnaire if they are female, or other (with option to specify). This is so that the participants will not be discriminated against because of their gender. However, we will not be approaching anyone who identifies as male. As the study asks about trauma, participants will be given all the appropriate support should this section of the research become upsetting. For example, a debrief will be offered to each participant which will also offer further support (Appendix E). Liaising will also occur with members of staff who work closely with each participant to ensure they are suitable to take part in the research. Staff will be aware of the ethical considerations and asked to sign an ethics information sheet related to this study.

Measures

The following paper-based questionnaires will be completed by all participants. Questionnaires will be completed while the researcher is present due to potential issues with literacy. It is anticipated that the entire study will take 20 minutes to complete.

Demographics and offending history

Participant's offending history (number of previous convictions) will be self-reported on the questionnaire by the participant. No specific details of the offence will be required.

Aggression

The Buss and Perry (1992) model will be used to measure aggression (Appendix A). This has become a popular and widely used self-report questionnaires for measuring aggression since it was published (Vigil-Colet et al, 2005), therefore increasing its validity. The questionnaire comprises four categories representing different components of aggression: physical aggression, verbal aggression, anger, and hostility. The first two factors are representative of the contributory element. Anger, suggests that there is a psychological activation and represents emotion whilst hostility represents feelings of opposition and injustice, including a cognitive perspective of aggression (Reyna, Sanchez, & Brussino, 2011). Questions for each subscale are for example; in physical aggression *If somebody hits me, I hit back*, in verbal aggression, *I often find myself disagreeing with people*, in anger, *I have trouble controlling my temper* and hostility, *I am sometimes eaten up with jealousy*.

Impulsivity

The Barratt Impulsiveness Scale (BIS-11) (Appendix A) (Patton, Stanford, & Barratt, 1995) is a commonly administered self-reporting measure of impulsivity (Standford et al, 2009). Its use has been extensive over the last 50 years, and therefore shaping the understanding of impulsivity across psychology and psychiatry (Weinstein, Crocker, Ayllon, & Caron, 2015). Further changes have been made to the BIS-11 since its first edition in 1959, in an effort to improve its validity and as an attempt to clarify impulsivity's definition (Patton, Standford, & Barratt, 1995). The BIS-11 has now been found be the most reliable and valid so far (Weinstein, Crocker, Ayllon, & Caron, 2015). The BIS identifies different subscales, Attentional which looks at attention and cognitive instability, Motor which looks at motor impulsivity and perseverance and finally, non-planning which looks at self-control and cognitive complexity. Questions for each subscale are for

example; in attentional, *I don't pay attention*, in motor; *I do things without thinking*, and in non-planning; *I plan tasks carefully*.

Trauma

The International Trauma Questionnaire (ITQ) (Appendix A) (Cloitre et al, 2018) was developed to represent symptoms of post-traumatic stress disorder (PTSD) and disturbances in self-organisation DSO. The ITQ includes simply worded items to facilitate easy translation and a quick diagnostic algorithm which expands the clinical and research utility. It was concluded by Cloitre, et al (2018) that the ITQ is the first instrument that has been designed to capture the ICS-11 PTSD and complex post-traumatic stress disorder (CPTSD) diagnoses. Since the initial publication of the ITQ many studies have been undertaken utilising the measure, suggesting strong empirical support (Brewin, Cloitre & Hyland, 2018). The measure is divided into two sections, the first asks the individual to circle how much they have been affected by a problem that some people report after a traumatic or stressful event in the past month, for example, *feeling jumpy or easily startled?* The second section asks the individual to repeat this, except these questions are related to problems or symptoms that people who have experienced trauma or stress sometimes experience, for example, *I feel like a failure*.

Statistical analysis

Data will be analysed using SPSS (Version 25). Relationships between all variables will be examined using correlational analysis. Offending history groups will be constructed based on the range of offending history scores women report. A between-group comparison between mean scores on subscales of impulsivity and aggression and trauma will be conducted. Logistic regression will be used to predict membership of the offender groups using key variables collected. This will be compared to similar studies that have used male samples (Andrew & Dowden, 2006).

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Appendices

Appendix A



The University of
Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Participant number:

Impulsivity, Aggression and trauma history in repeat and one-off female offenders

Please circle below -

Gender: Male / Female/Other (please specify) _____

Amount of offences, Please write number

Amount of prison convictions, please write number

First Questionnaire-BIS

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate number on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.

①

Rarely/Never

②

Occasionally

③

Often

④

Almost Always/Always

1. I plan tasks carefully	1	2	3	4
2. I do things without thinking	1	2	3	4
3. I make-up my mind quickly	1	2	3	4

4. I am happy-go-lucky	1	2	3	4
5. I don't "pay attention"	1	2	3	4
6. I have "racing" thoughts	1	2	3	4
7. I plan trips well ahead of time	1	2	3	4
8. I am self controlled	1	2	3	4
9. I concentrate easily	1	2	3	4
10.I save regularly	1	2	3	4
11.I squirm at plays or lectures	1	2	3	4
12.I am a careful thinker	1	2	3	4
13.I plan for job security	1	2	3	4
14.I say things without thinking	1	2	3	4
15.I like to think about complex problems	1	2	3	4
16.I change jobs	1	2	3	4
17.I act on impulse	1	2	3	4
18.I get easily bored when solving thought problems	1	2	3	4
19.I act on the spur of the moment	1	2	3	4
20.I am a steady thinker	1	2	3	4
21. I change residences	1	2	3	4
22.I buy things on impulse	1	2	3	4
23.I can only think about one thing at a time	1	2	3	4
24.I change hobbies	1	2	3	4
25.I spend or charge more than I earn.	1	2	3	4
26.I often have extraneous thoughts when thinking.	1	2	3	4
27.I am more interested in the present than the future	1	2	3	4
28.I am restless at the theatre or lectures	1	2	3	4
29.I like puzzles	1	2	3	4
30.I am future oriented	1	2	3	4

Second Questionnaire-Aggression Questionnaire

Aggression Questionnaire (Buss & Perry, 1992) Instructions:

Using the 5 point scale shown below, indicate how uncharacteristic or characteristic each of the following statements is in describing you. Place your rating in the box to the right of the statement.

1 = extremely uncharacteristic of me

2 = somewhat uncharacteristic of me

3 = neither uncharacteristic nor characteristic of me 4 = somewhat characteristic of me

5 = extremely characteristic of me

1. Some of my friends think I am a hothead
2. If I have to resort to violence to protect my rights, I will.
3. When people are especially nice to me, I wonder what they want.
4. I tell my friends openly when I disagree with them.
5. I have become so mad that I have broken things.
6. I can't help getting into arguments when people disagree with me.
7. I wonder why sometimes I feel so bitter about things.
8. Once in a while, I can't control the urge to strike another person.
9. * I am an even-tempered person.
10. I am suspicious of overly friendly strangers.
11. I have threatened people I know.
12. I flare up quickly but get over it quickly.
13. Given enough provocation, I may hit another person.
14. When people annoy me, I may tell them what I think of them.
15. I am sometimes eaten up with jealousy.
16. * I can think of no good reason for ever hitting a person.
17. 17. At times I feel I have gotten a raw deal out of life.
18. I have trouble controlling my temper.
19. When frustrated, I let my irritation show.
20. I sometimes feel that people are laughing at me behind my back.
21. I often find myself disagreeing with people.
22. If somebody hits me, I hit back.
23. I sometimes feel like a powder keg ready to explode.
24. Other people always seem to get the breaks.
25. There are people who pushed me so far that we came to blows
26. I know that my "friends" talk about me behind my back.
27. My friends say that I'm somewhat argumentative.
28. I sometimes fly off the handle for no good reason.
29. I get into fights a little more than the average person.

Third Questionnaire-The International Trauma Questionnaire

Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of experience-

When did the experience occur? (circle one)

- a. less than 6 months ago
- b. 6–12 months ago
- c. 1–5 years ago
- d. 5–10 years ago
- e. 10–20 years ago
- f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Having upsetting dreams that replay part of	0	1	2	3	4

the experience or are clearly related to the experience?					
2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3. Avoiding internal reminders of the experience (for example, thoughts, feelings or physical sensations)?	0	1	2	3	4
4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities or situations)?	0	1	2	3	4
5. Being 'super-alert', watchful or on guard?	0	1	2	3	4
6. Feeling jumpy or easily startled?	0	1	2	3	4
<i>In the past month, have the above symptoms..</i>	-	-	-	-	-
7. Affected your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

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Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you*

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. When I am upset, it takes me a long time to calm down	0	1	2	3	4
2. I feel numb or emotionally shut down	0	1	2	3	4
1. I feel like a failure	0	1	2	3	4
2. I feel worthless.	0	1	2	3	4
5. I feel distant or cut-off from people.	0	1	2	3	4
6. I find it hard to stay emotionally close to people.	0	1	2	3	4
<i>In the past month, have the above problems in emotions in beliefs about yourself and in relationships..</i>	-	-	-	-	-
7. Created concern or distress about your relationships or social life?	0	1	2	3	4

8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Thank you for taking part in this study. Please take a debrief sheet.

Appendix B



UNITED KINGDOM · CHINA · MALAYSIA

Dear staff at Together Women,

This is a letter to inform you that the following research study (Impulsivity, Aggression, and trauma history in repeat and one-off female offenders) will be conducted from the time period of March to June 2019 and that MSc student Lydia Braham will be on site during this time collecting data and recruiting women who attend your service. We have had permission from Jo Smith and Carole Ashton to be at the service during this time period and this study has been approved by the Faculty of Medical and Health Sciences Ethics Committee at the University of Nottingham.

The main aim of the study is to explore the relationship between past trauma, current aggression and 'impulsiveness' and offending history. We ideally would like to recruit women with a range of offending history to get a broad sample of experiences.

We plan to put up posters in the service to give people information about the study and also to approach women to ask if they would like to take part. We have three questionnaires we'd like them to fill in. Depending on levels of literacy we expect this will take approximately 20 minutes. Researcher Lydia Braham will be on hand with the women at all times to provide explanation and support if necessary. Only one questionnaire we consider particularly sensitive, and that is the trauma questionnaire.

You do not have to do anything specific to help us, but one consideration is concern about particularly vulnerable participants you think we should not approach during key times. Some examples would be participants not being in a current frame of mind that deems them stable enough to take part in the study, or participants who were intoxicated at the time. We will be careful to monitor these issues, but it would be helpful to have an open dialogue with staff in the service during this time to ensure we minimise any risks as much as we possibly can.

Thank you for your support, we hope this information will further our knowledge about the needs of vulnerable women.

Best wishes and thank you,

Lydia Braham (Msc Forensic and Criminological Psychology, Lydia.braham@nottingham.ac.uk), Dr Katy Jones (Assistant Professor of Applied Psychology and Primary Supervisor, katy.jones@nottingham.ac.uk) and Dr Shihning Chou (Professor of forensic psychology, shihning.chou@nottingham.ac.uk)
University of Nottingham

Appendix C

Impulsivity, Aggression, and trauma history in repeat and one-off female offenders

PARTICIPANT INFORMATION SHEET

Research Ethics Reference: [295-1902]

Version 1.0 Date: 25.01.19

We would like to invite you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. One of our team will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask us anything that is not clear.

What is the purpose of the research?

The research is being carried out as part of an MSc research project at The University of Nottingham. This specific area is being researched is due to the lack of research around female offenders. The aim of this study is to learn more about “impulsivity” (for example, the inability to control urges, or acting without thinking), aggression and past trauma in females who have different offending histories. We hope studies such as this one will help vulnerable women in the future.

Why have I been invited to take part?

You have been invited to take part in this research because you have attended the Together Women Project at the time we are recruiting people. We want to speak to women who are aged over 18 who feel in a stable state of mind to talk to us (for example, if you’re feeling a bit vulnerable or upset at the time, it might be better to participate another time).

Do I have to take part?

No. It is up to you to decide if you want to take part in this research. We will describe the study and go through this information sheet with you to answer any questions you may have. If you agree to participate, we will ask you to sign a consent form and will give you a copy to keep. Even if you’ve signed the form, you can still stop the study at any time, without giving a reason and without any negative consequences. All you need to do is tell the researcher. This would not affect your legal rights.

What will happen to me if I take part?

The researcher Lydia Braham will speak to you while you are at Together Women Project and go through the information sheet. She will be able to answer any questions you have before you take part. If you are happy to take part, you will be asked to agree to the study by signing a consent form, and then fill out three questionnaires that measure impulsivity, aggression and trauma. We’d like you to complete the questionnaires as fully and as honestly as possible. Although, you can tell the researcher if you find a question too upsetting. These questionnaires should take about 20 minutes to complete, however there is no time limit and you may take as long as needed. Let the researcher know if you don’t understand a question and she can explain it to you. You will only need to take part in this once. You will be asked to note if you have offended once or more than twice. All information is kept anonymous, however you will be given a unique participant number so that you can confidentially access your information at any point throughout the study.

What are these Questionnaires?

These questionnaires are designed to measure impulsiveness, aggression, and past trauma. Some examples of questions are: *I don’t pay attention, I feel like a failure* and *If somebody hits me, I hit back*.

Are there any risks in taking part?

There are no physical risks in taking part. However, some of the questions you will be asked to answer may make you remember things you don't want to think about, or may make you feel upset. We will be careful for this to not happen however we will be on hand to provide support should you feel you need it. If you feel at risk you should contact the member of staff nearby or contact Samaritans on 0113 254 6789.

Are there any benefits in taking part?

There will be no direct benefit to you from taking part in this research, but your help may help other women to receive better treatment programmes.

Will my time/travel costs be reimbursed?

We do not provide any money for taking part in this study.

What happens to the data provided?

The **research data** will be stored confidentially using your unique participant number. To help ensure your privacy, you will be assigned a unique participant number and it will be used instead of your name. All information will be stored confidentially. Your name and any information about you will not be disclosed outside the study centre.

Only the researcher and supervisor will have access to any research data.

All research data and records will be stored for a minimum of 7 years after publication or public release of the work of the research.

What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, you are free to withdraw from the study at any time without giving any reason and without your legal rights being affected. Any personal data will be destroyed. If you withdraw we will no longer collect any information about you or from you but we will keep the anonymous research data that has already been collected and stored as we are not allowed to tamper with study records. This information may have already been used in some analyses and may still be used in the final study analyses. To safeguard your rights, we will use the minimum personally-identifiable information possible.

Who will know that I am taking part in this research?

All information collected about you during this research would be kept strictly confidential. All such data are kept on password-protected databases sitting on a restricted access computer system and any paper information (such as your consent form, contact details and any research questionnaires) would be stored safely in

lockable cabinets in a swipe-card secured building and would only be accessed by the research team.

Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study (named above) is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To safeguard your rights we will use the minimum personally – identifiable information possible.

You can find out more about how we use your information and to read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Designated individuals of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines.

What will happen to the results of the research?

The research may be published in student thesis online publication.

The research will be written up as dissertation for the degree of the MSc Forensic and Criminological Psychology qualification.

Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS 295-1902).

Who is organising and funding the research?

Lydia Braham, Dr Katy Jones and Dr Shihning Chou are organising this research. This is assisted by Claire Vilarubbi and Jo Smith at the Together Women Project.

What if something goes wrong?

If you have a concern about any aspect of this project, please speak to the researcher, Lydia Braham or the Principal Investigator Dr Katy Jones, who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how he/she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

Contact Details

If you would like to discuss the research with someone beforehand then please e-mail Lydia Braham (Lydia.braham@nottingham.ac.uk). If you have questions afterwards then please contact the Principal Investigator:

Dr Katy Jones

Assistant Professor in Applied Psychology
Division of Psychiatry and Applied Psychology
School of Medicine
Tel: 0115 82 30418
Email: katy.jones@nottingham.ac.uk.

Dr Shihning Chou (second supervisor)
Associate Professor of Forensic Psychology
Division of Psychiatry and Applied Psychology
School of Medicine
Tel: 0115 846 6623

Email – Shihning.Chou@nottingham.ac.uk

Appendix D

Participant Consent Form Final version 1.0: 25.01.2019

Title of Study: **Impulsivity, Aggression, and trauma history in repeat and one-off female offenders**

REC ref: (please add when approved)

Name of Researchers: Lydia Braham, Student. MSc Forensic and Criminological Psychology.
Dr Katy Jones and Dr Shihning Chou (Supervisors).

Name of Participant:

1. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that should I withdraw, more than 7 days after the study has taken place then the information collected so far cannot be erased and that this information may still be used in the study analysis.
4. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
5. I understand that information about me recorded during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer kept in a secure place. Data will be kept for 7 years after the study has ended and then destroyed.
6. **Optional:** I agree that my research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.
7. I agree to take part in the above study.

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

Appendix E

Debriefing sheet

Impulsivity, Aggression, and trauma history in repeat and one-off female offenders

Thank you for taking the time to take part in this study which looked impulsivity, aggression and trauma in women with different offending histories.

Aims of the study: This aim of this study was to explore how impulsivity, aggression and a person's life history relates to the number of times a person offends. There is little research into female offenders therefore this research is very important.

Confidentiality: All information you have provided is confidential.

Withdrawal: Please remember you have the right to withdraw your data from the study for up to 1 week after all the data has been collected.

Complaints: If you have a concern about any aspect of this project, please speak to the researcher, Lydia Braham (Lydia.braham@nottingham.ac.uk) the Principal Investigator Dr Katy Jones (katy.jones@nottingham.ac.uk) or Dr Shihning Chou (shihning.chou@nottingham.ac.uk) who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how he/she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

If you feel as though you have been affected by this research and wish to speak to someone about this, please contact your support worker or Lydia Braham

msxb12@nottingham.ac.uk

Alternatively you can contact other agencies such as Samaritans on 0113 245 6789

or visit www.samaritans.org

Thank you



The University of
Nottingham

UNITED KINGDOM • CHINA • MALAYSIA

We need you!

My name is Lydia and I'm looking for people to help me conduct research into impulsivity, aggression and trauma. This research is really important and its goal is to help improve services for women.

Want to can take part?

Either contact Lydia (She's the one wearing a sticker!) or a member of staff for an information sheet to find out more.

Thank you!



Application form

Application for approval of all studies involving **Healthy Human Participants only conducted by Staff and Students of the University of Nottingham which don't involve an invasive procedure**



The University of
Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Please complete one application form, consent form (template attached) and participant information sheet (template attached), one detailed study proposal (template attached) Please e-mail 1 copy of each as attachments

- 1 Title of Project:** Impulsivity, Aggression, and trauma history in repeat and one-off female offenders
Short title Impulsiveness, Aggression, and trauma in Female offenders

2 Names, Qualifications, Job Title, School/Divisional/Unit/Address, email of all Researchers:

Chief Academic/Supervisor: Dr Katy Jones, Assistant Professor of Applied Psychology, School of Medicine. C24 Institute of Mental Health, Triumph Road. E-mail: Katy.jones@nottingham.ac.uk. Tel: 0115 82 30418.

Other key researchers/collaborators: Dr Shihning Chou. Email – Shihning.Chou@nottingham.ac.uk

Students name and course: Lydia Braham. MSc Forensic and Criminological Psychology. *To gain MSc qualification and proceed onto the Forensic and Criminological Psychology Doctorate at the University of Nottingham.*

3 Type of Project: (Please select one or more from list below and delete as appropriate)

UG, Masters or PhD Student project – MSc Forensic and Criminological Psychology,
Questionnaire-based study,
Study involving Vulnerable Adults

- 4 Location of study:** Together Women Project, 13 Park Square E, Leeds, LS1 2LF.
Start date data collection: March 2019
End date data collection: July 2019
Length of study: 4 months

5 Description and number of participants to be studied:

Participants will consist of two groups of female offenders, all aged 18 or over. The participants will be attending the service for a multitude of reasons but the general aim of the service is to guide the women to a brighter future and away from a criminal life. This means that it can be assumed that the women will have been to prison or involved with the law at some point in their life. Women may also have been in violent relationships or have partners who are in custody. The women may also have been involved with or still using substances. Two contrasting female offender groups consisting of chronic offenders and one-off female offenders will be recruited. Chronic offenders are defined as women who have returned to prison more than two times, as used in Mahoney and Karatzias' (2012) study. Sample will be

opportunistic and will depend on availability and interest at the time of recruitment. It is estimated that 40 number of women attend the service on a given week therefore we expect to recruit 50% of the attendees during the time we are there.

6 Summary of Experimental Protocol

Background: In England and Wales in 2015 women made up 16% of all arrests, 27% of convictions, 5% of the prison population (Ministry of Justice, 2015). Most up to date statistics show 48% of women are reconvicted within one year of leaving prison, 61% for sentences under 12 months, and 78% for women who have served more than 11 previous sentences (Bromley Briefings Prison Fact file, 2016). Female offenders are of growing interest, with the increasing realisation that female offenders are a distinct group with different patterns of offending, risk factors, and criminogenic needs to male offenders (Write, Van Voorhis, Sailsbury, & Bauman, 2012). To develop more appropriate prevention strategies, a better understanding of criminal behaviour in women is needed (Brunelle et al, 2009). There is already evidence of a relationship between disinhibitory traits and criminality (E.g., Dåderman, 1999; Howard, Kivlahan, & Walker, 1997), but there is little research using female samples.

Aims: Characteristics of women who are repeat offenders also remains a relatively unexplored area. There is a need for research to investigate the role of personality traits in females who offend (Brunelle, Dougal, Phil & Stewart, 2009). This study will explore traits such as impulsivity and aggression in repeat female offenders (females who have violated criminal laws more than twice) (Mahoney and Karatzias, 2012). Previous literature indicates that there will be a relationship between impulsivity and aggression in offenders, more so than in one-off (Komarovskaya et al, 2007). Trauma history and impact will also be measured. It can be hypothesised that there will be a direct link between trauma, impulsivity, aggression and offending. The nature of these relationships will be explored in this study.

Research protocol and methods: This is a cross-sectional, quantitative survey-based study measuring personality traits amongst female offenders. A two-group comparison will be conducted of chronic offenders and one-off offenders. Homogenous purposive sampling will be used to recruit the chronic offender group. The Buss and Perry (1992) model will be used to measure aggression and The Barratt Impulsiveness Scale (BIS) (Patton, Stanford & Barratt, 1995) will be used to measure impulsivity. The Buss and Perry (1992) model will be used to measure aggression and the International Trauma Questionnaire (Cloitre, 2018) will measure trauma (Appendix A). Research will be carried out at Together Women Project in Leeds. Informed consent (Appendix D) will be taken from every woman taking part, and each participant will be provided with information (Appendix C) and a debriefing sheet after the study (Appendix E)

Measurable endpoint/statistical power: Participants will be organised into offending groups depending on their response to the self-report questionnaire. Correlational analysis will examine relationships between variables across the whole sample. Between-group analysis will be conducted by offender group. Logistic regression will be conducted to examine the utility of each questionnaire for predicting membership of each group. It is expected that 90 participants will be recruited (based on previous work by Mahoney & Karatzias, 2012). However, this is an opportunistic and 'hard to reach' sample, thus recruitment rate will largely depend on interest in the study and availability of women at the time of recruitment.

Key references:

- Barratt, E.S. (1994). Impulsiveness and Aggression. In Monahan, J. and H. J. Steadman (Eds.), *Violence and Mental Disorder: Developments in Risk Assessment* (pp. 61-79). University of Chicago Press, Chicago, IL.
- Bromley Briefings Prison Fact file, *Prison Reform Trust*, (2016).
- Brunelle, C., Douglas, R., Pihl, R., & Stewart, S. (2009). Personality and substance use disorders in female offenders: A matched controlled study. *Personality and Individual Differences*, 46(4), 472-476. doi: 10.1016/j.paid.2008.11.017
- Buss, A.H., & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology*, 63, 452-459.
- Dåderman, A. (1999). Differences between severely conduct-disordered juvenile males and normal juvenile males: the study of personality traits. *Personality and Individual Differences*, 26(5), 827-845.

Howard, M., Kivlahan, D., & Walker, R. (1997). Cloninger's tridimensional theory of personality and psychopathology: applications to substance use disorders. *Journal of Studies on Alcohol*, 58(1), 48-66. <http://dx.doi.org/10.15288/jsa.1997.58.48>

Mahoney, A., & Karatzias, T. (2012). Violent Female Offending: An Exploration of Repeat and One-Time Offending. *International Journal of Forensic Mental Health*, 11(3), 191-202. doi: 10.1080/14999013.2012.723664

Wright, E., Van Voorhis, P., Salisbury, E., & Bauman, A. (2012). Gender-Responsive Lessons Learned and Policy Implications for Women in Prison. *Criminal Justice and Behavior*, 39(12), 1612-1632. doi: 10.1177/0093854812451088

Do not go over the page

7 Lay Summary of project (in lay words):(maximum 200 words) *Summaries which include language which is too technical for lay members of the Committee will be rejected.*

The following study aims to contribute to the limited research of female offenders by looking at “impulsivity” (acting without thinking about the consequences), aggression, and traumatic things people have experienced in their life in people who have offended and/or been to prison. This is valuable research that will help to understand why women offend and hopefully benefit treatment programmes that up until now have been based on research with men. The participants will be recruited from Together Women Project. This is an organisation that works with females to get them away from criminal lifestyles and supports both female offenders and women with personality disorders. Three questionnaires, the Buss and Perry (1992), the Barratt Impulsiveness Scale (1995), and the International Trauma Questionnaire (ITQ) will be used to measure the areas we’re interested in. We will examine how all these variables relate to one another and if you can predict the number of offences a person will have had based on their responses on these questionnaires. The results aim to expand limited research on female offending and trauma.

8 Will written consent be obtained from all volunteers? **Yes**

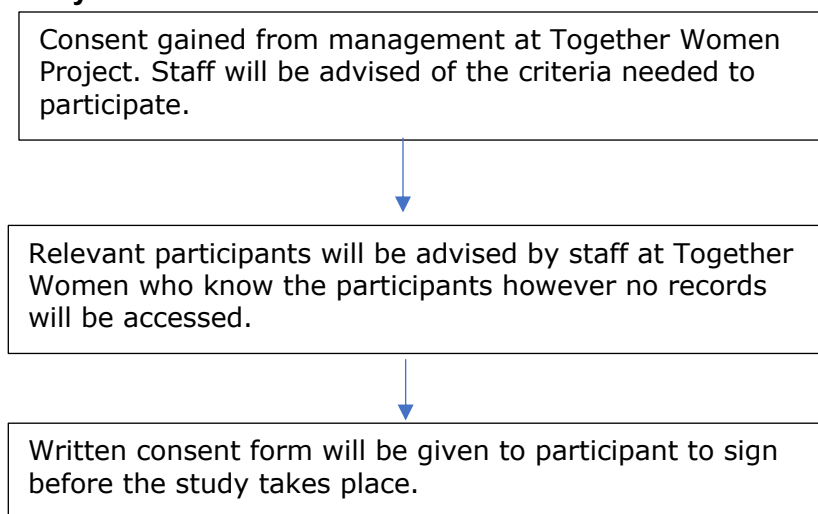
Please give the name, status and relevant qualifications of the person who will give a verbal explanation and obtain consent.

Lydia Braham.

Student – MSc Forensic and Criminological Psychology.

BSc Forensic Psychology (Leeds Trinity University). Lydia also researched adolescents who self-harm previously and gained consent from them. This was for the final year project at Leeds Trinity University. Young vulnerable adults participated in this study.

Please include flowchart to show the process from recruitment to informed consent for this study.



If answer is no explain the reasons why and alternative methods of consent that may be used and why.

9 Will an inconvenience allowance be offered

No

If Yes, give rate.

10 FUNDING

Will there be any material benefits from the study for the Department or individual investigator? (E.g. equipment, research salaries, consumables etc)

No

If yes please specify in general terms what the benefits will be:

11 Studies involving NHS Staff, organisations, Services

Does the study involve any premises, services staff who hold a contract with a hospital, Primary Healthcare or Social Care Trust?

No

If you answer yes please contact the University Sponsor Office before you start and submit your application to this Committee: Please e-mail sponsor@nottingham.ac.uk who will advise you where you need to apply to for approvals i.e. HRA/Hospital Trust R&D approval which is a University research governance requirement

12 How will the subjects be chosen?

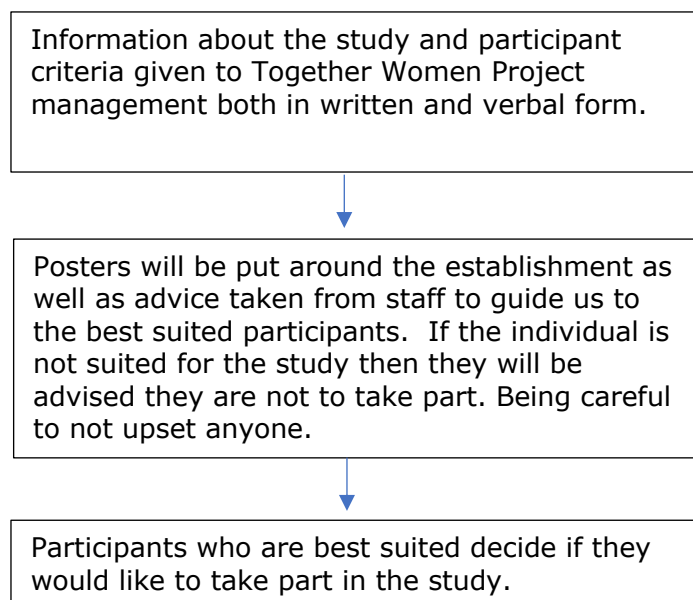
Recruitment will take place at Together Women Project in Leeds. Together Women Project is an establishment which was developed in December 2006 and funded by the Ministry of Justice. This is a gender-specific community based organisation with the aim of moving women out of crime and into a more positive future. Together Women Project work across Bradford, Leeds, Newhall, Sheffield and Hull and offer vulnerable women tailored support as well as managing and supporting female offenders with personality disorders.

Female offenders will be recruited who will have a range of offending histories. This will be self-reported on the questionnaires and categorised into offending groups after collecting data. Repeat offenders are defined as women who have returned to prison more than two times, as used in Mahoney and Karatzias' (2012) study, one-off offenders will be females who have been convicted for one crime. If the women are unfit to consent, for example for being intoxicated, then they will not be included in the study .

Please include a copy (as a separate attachment) of your proposed poster or advert, e-mail/letter of invitation text to be posted on social media sites.

Appendix F

13 Describe how possible participants will be approached.



14 What sources of information will be included? i.e, pre-existing research database, student records, visits to other organisation, online resource

The participants will self-report their offending history therefore no sensitive information will need to be accessed.

Please submit a copy of your proposed questionnaire if you are a student please make sure your supervisor has reviewed and approved it. If it is an online survey please provide a link if possible. Use of Survey Monkey is not recommended and the “Bristol University Survey service”(BOS) is preferred (details available from Graduate School). Please justify the reasons for using Survey Monkey or other online tool rather than Bristol Online Survey i.e specific functionality to download to stats packages, better security etc.

15 Whose permission will be sought to access this information (eg GP, consultant Head of Organisation)?

Permission to recruit from the service has been provided through Claire Vilarubbi who is on the board for Together Women Project. She has been in touch with the manager Jo Smith and Carole Ashton on behalf of us (See attached letter of support, Appendix G).

16 For interview/focus groups:

N/A

17 Data Storage and Data management

The data will be collected anonymously and kept in a confidential file. Each participant will be given a unique participant number which will consist of their day and month of birth and what number participant they are (for example, someone born on the 1st of January and who is the first participant will have the number 010101). This means that the participant can access their information whenever they wish. The data will only be stored for the duration of the research and the researcher is responsible for this. The data will be kept in a locked cabinet in the service to ensure confidentiality while data collection takes place, when the study has finished, data will be stored in a locked cabinet at the Institute of Mental Health (Office C24).

18 What ethical problems do you foresee in this project?

- 1. Recruiting vulnerable participants:** Individuals taking part in the study will be vulnerable adults, who also may have limited reading and writing skills. These elements mean that the study will be carried out thoughtfully and will have LB and/or a member of staff nearby to offer support to the participant throughout. The questions used in the questionnaires have the potential to be sensitive or though provoking, most notably those on the trauma questionnaire. The person will be monitored throughout and will be aware that they do not have to complete anything they find upsetting. The researcher (LB) will check in regularly with the participant to monitor their comfort, and participants will be reminded they can withdraw if they feel upset. As well as this, a debrief will be given to all participants afterwards which will include contact details of relevant agencies should the participants feel they need any further support, such as contacting Samaritans on 0113 254 6789. Participants will also physically be in a supportive and therapeutic space should they require additional signposting for help. All data will be kept confidential and the participant is allowed to withdraw at any time. The study will be carried out at Together Women Project premises to ensure the participant is in comfortable surroundings.
- 2. Capacity to consent:** As the study includes vulnerable individuals, if the participant is deemed unable to give full consent at that time (such as it is thought the participant is intoxicated, or is visibly upset), the researcher (LB) will make a judgment that they will not take part in the study. Participants will be advised on the information sheet not to take part if they do not feel they are in a good frame of mind at the time. The participants will be signposted to appropriate agencies that may help if they feel they have been affected by the study.
- 3. Staff in the service assisting with recruitment:** A letter will be provided to staff to ensure that they are a) aware of the study taking place at the service and b) briefed on the aims of the study and the nature of the questionnaires. Advice may be sought from staff about potentially vulnerable participants who may be attending the service that day and are not to be approached. This will mean that no participants who are currently emotionally unstable or struggle with talking about themselves are included and subsequently upset by the research. Please see the staff information sheet in Appendix B.

18. What are the possible limitations of the proposed design of this study?

Limitations may include issues such as participants not wanting to take part or not having the time to whilst attending a group at Together Women Project. To enable the study gathers enough information, the researcher will be at the premises as much as possible to maximise the sample. Reading ability may also limit this study, however this has been discussed in the ethical considerations.

DECLARATION: I will inform the Medical School Ethics Committee as soon as I hear the outcome of any application for funding for the proposed project and/or if there are any significant changes to this proposal. I have read the notes to the investigators and clearly understand my obligations as to

the rights, welfare and dignity of the subjects to be studied, particularly with regard to the giving of information and the obtaining of consent.

Signature of Lead Investigator: Dr Katy Jones



Date: 25.01.19

****Nb If you are student your supervisor must sign this form otherwise it will be rejected**

Name and address for correspondence with applicant:

Please submit your completed application to:

Administrative Support
Faculty of Medicine & Health Sciences Research Ethics Committee
c/o Faculty PVC Office
B Floor, Medical School (nr Bridge)
QMC Campus, Nottingham University Hospitals
Nottingham
NG7 2UH

e-mail: louise.sabir@nottingham.ac.uk

Appendices

Appendix A



The University of
Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Participant number:

Impulsivity, Aggression and trauma history in repeat and one-off female offenders

Please circle below -

Gender: Male / Female/Other (please specify)_____

Amount of offences, Please write number

Amount of prison convictions, please write number

First Questionnaire-BIS

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate number on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.

①
②
③
④

Rarely/Never
Occasionally
Often
Almost Always/Always

31.I plan tasks carefully	1	2	3	4
32.I do things without thinking	1	2	3	4
33.I make-up my mind quickly	1	2	3	4
34.I am happy-go-lucky	1	2	3	4
35.I don't "pay attention"	1	2	3	4
36.I have "racing" thoughts	1	2	3	4
37.I plan trips well ahead of time	1	2	3	4
38.I am self controlled	1	2	3	4
39.I concentrate easily	1	2	3	4
40.I save regularly	1	2	3	4
41.I squirm at plays or lectures	1	2	3	4
42.I am a careful thinker	1	2	3	4
43.I plan for job security	1	2	3	4
44.I say things without thinking	1	2	3	4
45.I like to think about complex problems	1	2	3	4
46.I change jobs	1	2	3	4
47.I act on impulse	1	2	3	4

48.I get easily bored when solving thought problems	1	2	3	4
49.I act on the spur of the moment	1	2	3	4
50.I am a steady thinker	1	2	3	4
51. I change residences	1	2	3	4
52.I buy things on impulse	1	2	3	4
53.I can only think about one thing at a time	1	2	3	4
54.I change hobbies	1	2	3	4
55.I spend or charge more than I earn.	1	2	3	4
56.I often have extraneous thoughts when thinking.	1	2	3	4
57.I am more interested in the present than the future	1	2	3	4
58.I am restless at the theatre or lectures	1	2	3	4
59.I like puzzles	1	2	3	4
60.I am future oriented	1	2	3	4

Second Questionnaire-Aggression Questionnaire

Aggression Questionnaire (Buss & Perry, 1992) Instructions:

Using the 5 point scale shown below, indicate how uncharacteristic or characteristic each of the following statements is in describing you. Place your rating in the box to the right of the statement.

- 1 = extremely uncharacteristic of me
 2 = somewhat uncharacteristic of me
 3 = neither uncharacteristic nor characteristic of me 4 = somewhat characteristic of me
 5 = extremely characteristic of me

30. Some of my friends think I am a hothead
31. If I have to resort to violence to protect my rights, I will.
32. When people are especially nice to me, I wonder what they want.
33. I tell my friends openly when I disagree with them.
34. I have become so mad that I have broken things.
35. I can't help getting into arguments when people disagree with me.
36. I wonder why sometimes I feel so bitter about things.
37. Once in a while, I can't control the urge to strike another person.
- 38.* I am an even-tempered person.
39. I am suspicious of overly friendly strangers.

- 40.I have threatened people I know.
- 41.I flare up quickly but get over it quickly.
- 42.Given enough provocation, I may hit another person.
- 43.When people annoy me, I may tell them what I think of them.
- 44.I am sometimes eaten up with jealousy.
- 45.* I can think of no good reason for ever hitting a person.
- 46.17. At times I feel I have gotten a raw deal out of life.
- 47.I have trouble controlling my temper.
- 48.When frustrated, I let my irritation show.
- 49.I sometimes feel that people are laughing at me behind my back.
- 50.I often find myself disagreeing with people.
- 51.If somebody hits me, I hit back.
- 52.I sometimes feel like a powder keg ready to explode.
- 53.Other people always seem to get the breaks.
- 54.There are people who pushed me so far that we came to blows
- 55.I know that my "friends" talk about me behind my back.
- 56.My friends say that I'm somewhat argumentative.
- 57.I sometimes fly off the handle for no good reason.
- 58.I get into fights a little more than the average person.

Third Questionnaire-The International Trauma Questionnaire

Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of experience-

When did the experience occur? (circle one)

- g. less than 6 months ago

- h. 6–12 months ago
- i. 1–5 years ago
- j. 5–10 years ago
- k. 10–20 years ago
- l. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3. Avoiding internal reminders of the experience (for example, thoughts, feelings or physical sensations)?	0	1	2	3	4
4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities or situations)?	0	1	2	3	4

5. Being 'super-alert', watchful or on guard?	0	1	2	3	4
6. Feeling jumpy or easily startled?	0	1	2	3	4
<i>In the past month, have the above symptoms..</i>	-	-	-	-	-
7. Affected your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience*. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. When I am upset, it takes me a long time to calm down	0	1	2	3	4
2. I feel numb or emotionally shut down	0	1	2	3	4
3. I feel like a failure	0	1	2	3	4
4. I feel worthless.	0	1	2	3	4

5. I feel distant or cut-off from people.	0	1	2	3	4
6. I find it hard to stay emotionally close to people.	0	1	2	3	4
<i>In the past month, have the above problems in emotions in beliefs about yourself and in relationships..</i>	-	-	-	-	-
7. Created concern or distress about your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Thank you for taking part in this study. Please take a debrief sheet.

Appendix B



**The University of
Nottingham**

UNITED KINGDOM · CHINA · MALAYSIA

Dear staff at Together Women,

This is a letter to inform you that the following research study (Impulsivity, Aggression, and trauma history in repeat and one-off female offenders) will be conducted from the time period of March to June 2019 and that MSc student Lydia Braham will be on site during this time collecting data and recruiting women who attend your service. We have had permission from Jo Smith and Carole Ashton to be at the service during this time period and this study has been approved by the Faculty of Medical and Health Sciences Ethics Committee at the University of Nottingham.

The main aim of the study is to explore the relationship between past trauma, current aggression and 'impulsiveness' and offending history. We ideally would like to recruit women with a range of offending history to get a broad sample of experiences.

We plan to put up posters in the service to give people information about the study and also to approach women to ask if they would like to take part. We have three questionnaires we'd like them to fill in. Depending on levels of literacy we expect this will take approximately 20 minutes. Researcher Lydia Braham will be on hand with the women at all times to provide explanation and support if necessary. Only one questionnaire we consider particularly sensitive, and that is the trauma questionnaire.

You do not have to do anything specific to help us, but one consideration is concern about particularly vulnerable participants you think we should not approach during key times. Some examples would be participants not being in a current frame of mind that deems them stable enough to take part in the study, or participants who were intoxicated at the time. We will be careful to monitor these issues, but it would be helpful to have an open dialogue with staff in the service during this time to ensure we minimise any risks as much as we possibly can.

Thank you for your support, we hope this information will further our knowledge about the needs of vulnerable women.

Best wishes and thank you,

Lydia Braham (Msc Forensic and Criminological Psychology, Lydia.braham@nottingham.ac.uk), Dr Katy Jones (Assistant Professor of Applied Psychology and Primary Supervisor, katy.jones@nottingham.ac.uk) and Dr Shihning Chou (Professor of forensic psychology, shihning.chou@nottingham.ac.uk)
University of Nottingham

Appendix C

**Impulsivity, Aggression, and trauma history in repeat and one-off
female offenders**

PARTICIPANT INFORMATION SHEET

Research Ethics Reference: [295-1902]

Version 1.0 Date: 25.01.19

We would like to invite you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. One of our team will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask us anything that is not clear.

What is the purpose of the research?

The research is being carried out as part of an MSc research project at The University of Nottingham. This specific area is being researched is due to the lack of research around female offenders. The aim of this study is to learn more about “impulsivity” (for example, the inability to control urges, or acting without thinking), aggression and past trauma in females who have different offending histories. We hope studies such as this one will help vulnerable women in the future.

Why have I been invited to take part?

You have been invited to take part in this research because you have attended the Together Women Project at the time we are recruiting people. We want to speak to women who are aged over 18 who feel in a stable state of mind to talk to us (for example, if you’re feeling a bit vulnerable or upset at the time, it might be better to participate another time).

Do I have to take part?

No. It is up to you to decide if you want to take part in this research. We will describe the study and go through this information sheet with you to answer any questions you may have. If you agree to participate, we will ask you to sign a consent form and will give you a copy to keep. Even if you’ve signed the form, you can still stop the study at any time, without giving a reason and without any negative consequences. All you need to do is tell the researcher. This would not affect your legal rights.

What will happen to me if I take part?

The researcher Lydia Braham will speak to you while you are at Together Women Project and go through the information sheet. She will be able to answer any questions you have before you take part. If you are happy to take part, you will be asked to agree to the study by signing a consent form, and then fill out three questionnaires that measure impulsivity, aggression and trauma. We’d like you to complete the questionnaires as fully and as honestly as possible. Although, you can tell the researcher if you find a question too upsetting. These questionnaires should take

about 20 minutes to complete, however there is no time limit and you may take as long as needed. Let the researcher know if you don't understand a question and she can explain it to you. You will only need to take part in this once. You will be asked to note if you have offended once or more than twice. All information is kept anonymous, however you will be given a unique participant number so that you can confidentially access your information at any point throughout the study.

What are these Questionnaires?

These questionnaires are designed to measure impulsiveness, aggression, and past trauma. Some examples of questions are: *I don't pay attention, I feel like a failure* and *If somebody hits me, I hit back*.

Are there any risks in taking part?

There are no physical risks in taking part. However, some of the questions you will be asked to answer may make you remember things you don't want to think about, or may make you feel upset. We will be careful for this to not happen however we will be on hand to provide support should you feel you need it. If you feel at risk you should contact the member of staff nearby or contact Samaritans on 0113 254 6789.

Are there any benefits in taking part?

There will be no direct benefit to you from taking part in this research, but your help may help other women to receive better treatment programmes.

Will my time/travel costs be reimbursed?

We do not provide any money for taking part in this study.

What happens to the data provided?

The **research data** will be stored confidentially using your unique participant number. To help ensure your privacy, you will be assigned a unique participant number and it will be used instead of your name. All information will be stored confidentially. Your name and any information about you will not be disclosed outside the study centre.

Only the researcher and supervisor will have access to any research data.

All research data and records will be stored for a minimum of 7 years after publication or public release of the work of the research.

What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, you are free to withdraw from the study at any time without giving any reason and without your legal rights being affected. Any personal data will be destroyed. If you withdraw we will no longer

collect any information about you or from you but we will keep the anonymous research data that has already been collected and stored as we are not allowed to tamper with study records. This information may have already been used in some analyses and may still be used in the final study analyses. To safeguard your rights, we will use the minimum personally-identifiable information possible.

Who will know that I am taking part in this research?

All information collected about you during this research would be kept strictly confidential. All such data are kept on password-protected databases sitting on a restricted access computer system and any paper information (such as your consent form, contact details and any research questionnaires) would be stored safely in lockable cabinets in a swipe-card secured building and would only be accessed by the research team.

Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study (named above) is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To safeguard your rights we will use the minimum personally – identifiable information possible.

You can find out more about how we use your information and to read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Designated individuals of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines.

What will happen to the results of the research?

The research may be published in student thesis online publication.

The research will be written up as dissertation for the degree of the MSc Forensic and Criminological Psychology qualification.

Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS 295-1902).

Who is organising and funding the research?

Lydia Braham, Dr Katy Jones and Dr Shihning Chou are organising this research. This is assisted by Claire Vilarubbi and Jo Smith at the Together Women Project.

What if something goes wrong?

If you have a concern about any aspect of this project, please speak to the researcher, Lydia Braham or the Principal Investigator Dr Katy Jones, who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how he/she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

Contact Details

If you would like to discuss the research with someone beforehand then please e-mail Lydia Braham (Lydia.braham@nottingham.ac.uk). If you have questions afterwards then please contact the Principal Investigator:

Dr Katy Jones

Assistant Professor in Applied Psychology
Division of Psychiatry and Applied Psychology
School of Medicine
Tel: 0115 82 30418
Email: katy.jones@nottingham.ac.uk.

Dr Shihning Chou (second supervisor)

Associate Professor of Forensic Psychology
Division of Psychiatry and Applied Psychology
School of Medicine
Tel: 0115 846 6623

Email – Shihning.Chou@nottingham.ac.uk

Appendix D

Participant Consent Form Final version 1.0: 25.01.2019

Title of Study: **Impulsivity, Aggression, and trauma history in repeat and one-off female offenders**

REC ref: (please add when approved)

Name of Researchers: Lydia Braham, Student. MSc Forensic and Criminological Psychology.
Dr Katy Jones and Dr Shihning Chou (Supervisors).

Name of Participant:

- 8. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.
- 9. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- 10. I understand that should I withdraw, more than 7 days after the study has taken place then the information collected so far cannot be erased and that this information may still be used in the study analysis.
- 11. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
- 12. I understand that information about me recorded during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer kept in a secure place. Data will be kept for 7 years after the study has ended and then destroyed.
- 13. **Optional:** I agree that my research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.
- 14. I agree to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

Appendix E

Debriefing sheet

Impulsivity, Aggression, and trauma history in repeat and one-off female offenders

Thank you for taking the time to take part in this study which looked impulsivity, aggression and trauma in women with different offending histories.

Aims of the study: This aim of this study was to explore how impulsivity, aggression and a person's life history relates to the number of times a person offends. There is little research into female offenders therefore this research is very important.

Confidentiality: All information you have provided is confidential.

Withdrawal: Please remember you have the right to withdraw your data from the study for up to 1 week after all the data has been collected.

Complaints: If you have a concern about any aspect of this project, please speak to the researcher, Lydia Braham (Lydia.braham@nottingham.ac.uk), the Principal Investigator Dr Katy Jones (katy.jones@nottingham.ac.uk) or Dr Shihning Chou (shihning.chou@nottingham.ac.uk) who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how he/she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

If you feel as though you have been affected by this research and wish to speak to someone about this, please contact your support worker or Lydia

Braham msxlb12@nottingham.ac.uk

Alternatively you can contact other agencies such as Samaritans on 0113 245

6789 or visit www.samaritans.org

Thank you

Appendix G

From: Joanna Smith <JoannaS@togetherwomen.org>
Date: 18 December 2018 at 10:08:49 GMT
To: Claire Vilarrubi GTA <C.Vilarrubi@leedstrinity.ac.uk>
Cc: Carole Ashton <CaroleA@togetherwomen.org>
Subject: RE: Research Help

Hi Claire,

Sorry i've not been in touch sooner, it has been the busiest time! We are more than happy to go ahead with the interviews, would you like to send me some dates that suit you in January and once we confirm, i will start to speak with Key Workers about identifying some women.

Carole is more than happy to facilitate the research in March / April and will be in touch shortly about next steps.

I hope you have a wonderful Christmas with your loved ones, enjoy!

Thanks

Jo



University of Nottingham
UK | CHINA | MALAYSIA

**Faculty of Medicine & Health Sciences
Research Ethics Committee**

Faculty Hub
Room E41, E Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH

Email: FMHS-ResearchEthics@nottingham.ac.uk

26 April 2019

Ms Lydia Braham
MSc Forensic Psychology Student
c/o Dr Katy Jones
Assistant Professor in Applied Psychology
Division of Psychiatry and Applied Psychology
University of Nottingham
Room C24, Institute of Mental Health
Jubilee Campus
Nottingham, NG7 2TU

Dear Ms Braham

Ethics Reference No: 295-1902 – please always quote	
Impulsivity, Aggression, and trauma history in repeat and one-off female offenders.	
Chief Investigator/Supervisor: Dr Katy Jones, Assistant Professor in Applied Psychology, Psychiatry and Applied Psychology, School of Medicine.	
Lead Investigators/student: Lydia Braham MSc Forensic and Criminological Psychology	
Other Key Investigators: Dr Shihning Chou, Associate Professor, Deputy Director of Centre of Forensic and Family Psychology, Psychiatry and Applied Psychology, School of Medicine.	
Proposed Start Date: 01/03/2019	Proposed End Date: 31/08/2019

Thank you for submitting the above application and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 25.01.2019

These have been reviewed and are satisfactory and the study has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
2. The Chair is informed of any serious or unexpected event.
3. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Student No: 4342031

Module Code: C84FRP

University of Nottingham

Assessed Coursework Cover Sheet for Applied Psychology Postgraduate Courses

Module Title: Forensic Research Project

Coursework Title: Impulsivity, aggression, and trauma history in repeat and one-off female offenders.

Word Count (6000)

This is to confirm that I submit this piece of assessed work in the full knowledge of the published guidelines on plagiarism and its consequences

Lydia Braham

This research paper has been written in the style of Mahoney and Karatzias' (2012) study. It was advised to use Times New Roman, 12-point and double line spaced.

The University of Nottingham

Impulsivity, aggression, and trauma history in repeat and one-off female offenders.

Lydia Braham

Acknowledgements; With thanks to Katy Jones, Claire Villarubbi, Jo Smith & Shihning Chou.

Abstract

The aim on this study was to investigate self-reported impulsivity, aggression and trauma history in repeat and one-off female offenders. This research was deemed necessary, due to the small amount of knowledge surrounding female offending behaviour and repeat offending. Female service users recruited at Together Women Project Leeds, Bradford and Sheffield (n=22) completed the Barratt Impulsivity Scale, Aggression Questionnaire and International Trauma Questionnaire presented in a paper format. Participants were grouped by number of convictions, one conviction or more than one. Previous research indicates that females with more than one conviction will score higher on each scale than those with one conviction. A t-test and Mann-Whitney U test found that whilst overall, those with more than one conviction obtained higher means than those with one conviction, only significant results were found in physical aggression and attentional impulsivity sub scales. This research was not without its limitations however, finding the sample difficult to access resulting in a low sample size, as well as low literacy skills effecting participation.

Introduction

In England and Wales in 2015 women accounted for 16% of all arrests, 27% of convictions and 5% of the prison population (Ministry of Justice, 2015). Recent statistics show that 48% of women return to prison within one year of leaving, 61% return after serving sentences of under 12 months, and 78% for women who have served more than 11 sentences (Bromley Briefings Prison Fact file, 2016). Female offenders are of growing interest, due to evidence that female offenders are a distinct group with different patterns of offending, risk factors, and criminogenic needs compared to male offenders (Wright, Van Voorhis, Salsbury, & Bauman, 2012). Female offenders are thought to be less likely to re-offend, showing lower recidivism

rates than men in the United States (US, Deschenes, Owen & Crow, 2006) and in the United Kingdom (UK, MoJ, 2015). Because of this, evidence-based treatment used in correctional institutions is often based on research findings that have used male samples (Gobeil, Blanchette, & Stewart, 2016). Recently, female-centred perspectives have emerged which advocate a different treatment approach for female offenders and authors have challenged mainstream programmes in an effort to facilitate women's reintegration into the community (Gobeil, Blanchette, & Stewart, 2016). To develop interventions and increase their appropriateness, it is imperative to gain a better understanding of risk factors in criminal behaviour of women (Brunelle, Douglas, Pihl, & Stewart 2009).

Violence

Although women commit fewer violent offences than men (Mahoney & Karatzias, 2012), it has been seen that there is an increase in the number of convictions for such offences perpetrated by females. In 2006-2007 it was reported that 35% of violent offenses were committed by female perpetrators (MoJ, 2005). Despite this, aggression in women is still stereotyped as uncommon (Koenig, 2018). It is thought women display less physical violent behaviour than men, and as a result assumed that women are less aggressive (Crick & Grotpeter, 1995). One explanation for the underestimation of aggression in women is how differently they may express their anger. For example, it has been suggested anger is directed inward resulting in suicidal or self-injurious behaviours (Conner, Swogger, & Houston, 2009; Gvion & Apter, 2011; Swogger, You, Cashman-Brown, & Conner, 2011). However, some studies have found that females adopt a more indirect method of expression, for example Murray-Close and Crick (2007) whose study found that women's expression of anger can include gossiping or spreading rumours. It is important to measure violence and aggression in

offenders as they are good predictors of re-offending regardless of gender. Indeed, Langan and Levin (2002) found more than two thirds of aggressive inmates were arrested for more serious crimes within three years of release, compared to 20% of non-violent offenders.

Violence and Impulsivity

Sommers & Baskin, (1993) and Warren et al (2005) proposed female offenders who act violently are often acting in a reactive way and are more impulsive than in violence in men. Similarly, Shorey Basfield, Febres & Stuart (2011) concluded impulsivity was significantly associated with women showing aggressive traits and who also had been arrested for domestic violence offences. It has also been found that impulsivity can predict aggression in both male and female forensic populations as well as in the community (Smith & Waterman, 2006). This is a reliable finding to suggest that female offenders who are physically aggressive, act more impulsively than non-aggressive female offenders (Komarovskaya et al, 2007).

Understanding characteristics of female offenders

Some of the more common predictors of non-violent and violent crimes include impulsivity, antisocial traits, and aggressiveness (Goncalves, Martins & Dirkszwager, 2014). Despite this, little research exists to confirm the link between these characteristics and repeat offending in women (Houser, Belenko, & Brennan, 2012; Kruttschnitt & Gartner, 2005). This lack of knowledge creates difficulties recognising personality traits and identifying reasons for recidivism. Komarovskaya et al (2007) used the Barratt Impulsivity Scale (BIS-11, Patton, Stanford, & Barratt, 1995) to measure impulsivity in females and found that attentional impulsivity and non-planning impulsivity had a small significant relationship with self-

reported violent behaviour. This therefore supports the notion that understanding impulsivity in females multidimensionally is imperative to create more tailored approaches to reducing recidivism (Lynam & Miller, 2004).

The effect of trauma

A gender-neutral approach is criticised by feminists as this assumes that the processes of offending and risk factors for criminal behaviour are the same for both genders (Chesney-Lind 1997; Hannah-Moffat, 2009). On the contrary, evidence shows that both women and men face challenges in life that can contribute differently to offending (Rettinger & Andrews, 2010). For example, female offenders have higher rates of victimisation and abuse stemming from a young age (Browne, Miller, & Maguin, 1999; McClellan, Farabee, & Crouch, 1997; Salisbury & Van Voorhis, 2009). Research furthers this, interlinking traumatic experiences as such to criminal behaviour (Ardino, 2011) and the development of Post-Traumatic Stress Disorder (PTSD). There are also differences in substance use, with studies finding female offenders more likely to “self-medicate” than males (Chesney-Lind & Sheldon, 2004; Holloway & Bennett, 2007; Langan & Pelissier, 2001). Hammersley (2011) suggested that substance misuse acts as a mediator between traumatic life events, and criminal behaviour therefore the cycle of substance abuse and offending behaviour is established (Reckdenwald et al, 2014). This understanding suggests that women who experience trauma may be more likely to offend, and often follow gendered pathways to crime, demonstrating that different risk factors need to be addressed (Rettinger & Andrews, 2010).

Why this study is needed

To develop more appropriate prevention strategies and an understanding of risk factors for recidivism, a better understanding of criminal behaviour in women is needed (Brunelle et al,

2009; Goldweber, Broidy & Cauffman, 2009). There is already evidence of a relationship between impulsivity, aggression and criminality (Dåderman, 1999; Howard, Kivlahan, & Walker, 1997; Luengo, Carillo-de-la-Pena, Otero, & Romero, 1994; Sher & Trull, 1994), but there is little research using female samples and trauma. Clearly, there is a need for research into female characteristics to better the knowledge for treatments and provide a more gender-responsive approach to assessment (Geraghty, 2015).

Aims

The aim of this study is to explore traits such as impulsivity and aggression in repeat female offenders (females who have violated criminal laws and have received a custodial sentence more than once) as used in Mahoney & Karatzia's study (2012). Using offending history to categorise participants has been shown to be effective when recognising different types of offenders and their behaviours (Chambers, 2010; Mahoney & Karatzia, 2012). It can be hypothesised that women who have had more than one conviction are more likely to score highly in aggression, impulsivity and more likely to be effected by a traumatic event than those who have had one conviction given the research previously discussed (Langan and Levin 2002; Komarovskaya et al, 2007; Cuomo, Sarchiapone, Giannantonia, Mancini & Roy, 2009; Ardino, 2011). Komarovskaya et al (2007) recommended that further research is needed to explore such characteristics in female offenders therefore this study aims to do this.

Method

Design

This is a cross-sectional, quantitative survey-based study measuring levels of impulsivity, aggression and trauma history and among female offenders. A two-group comparison will be conducted of repeat (defined as women who have violated criminal laws and have received a custodial sentence more than once) and one-off offenders. Homogenous purposive sampling will be used to recruit both groups. Data will be collected face-to-face.

Participants

Participants will consist of two groups of female offenders, aged over 18. Two contrasting offender groups consisting of repeat offenders and one-off offenders will be recruited, but groups will be allocated after data collection (no specific screening will be conducted). Women who are currently in crisis and not fit to take part in the study will be excluded.

Setting and recruitment

Participants will voluntarily take part in the study. It is a single session, one-off participation and will only take place face-to-face. Recruitment will take place at Together Women Project establishments. Together Women Project is an UK-based organisation which was developed in December 2006 and funded by the Ministry of Justice. This is a gender-specific community-based organisation with the aim of moving women out of crime and towards a better future. Together Women Project work across various sites across the North of the United Kingdom and offer vulnerable women and ex-offenders tailored support.

Participants will be approached to take part in the study by the researcher (LB). Access to the service will be given by gatekeepers (e.g., managers of the service) who will assist LB by

allowing advertising materials (e.g., posters, Appendix E) to be displayed in the service, and by telling participants about the study using standardised wording. Staff will also be given guidance (Appendix F).

Together Women Project sees on average 20 women a day. This is dependent on what groups the centre may have on that day and if women attend the centre for appointments.

Ethical considerations

The researcher will take informed written consent (Appendix C) prior to taking part. As the study includes vulnerable participants, if it is speculated that the participant is unable to consent as their thought process is skewed, for example being intoxicated, then they will not take part in the study. This judgment will be made by the researcher who will be present at the service (LB). Remote advice can be given by supervisor (KJ) if necessary, but KJ will not be present at the service. The information sheet (Appendix B) will be read out to the participant before the study to not exclude those with low literacy skills. The participants will be asked to report on the questionnaire if they are female or other (with option to self-identify), to avoid discrimination of their gender. However, any of the sample who identifies as male will have their data removed from the study. As the study asks about trauma, participants will be given the appropriate support should this section become upsetting. Debriefing will be offered to each participant which will offer further support (Appendix D). Liaising will occur with members of staff who work closely with each participant to ensure they are suitable to take part in the research. Staff will be aware of the ethical considerations and asked to sign an ethics information sheet related to this study.

Demographics and offending history

Participant's offending history (number of previous offences and convictions) will be self-reported on the questionnaire by the participant. No specific details of the offence will be required. No further demographics were obtained. This was decided due to the site of data collection being small, where specific demographics could lead to easy identification of the participant meaning loss of anonymity. Information of which site each questionnaire was completed will also not be recorded due to these reasons.

Measures

The following paper-based questionnaires will be completed by all participants. Questionnaires will be completed while the researcher is present due to potential issues with literacy. It is anticipated that the entire study will take 20 minutes to complete.

Aggression

The Buss and Perry (1992) Aggression Questionnaire (AQ) will be used to measure aggression (Appendix A). This has become a popular and widely used self-report questionnaire for measuring aggression (Morren & Meesters, 2002, Vigil-Colet et al, 2005), demonstrating reliability and validity. The questionnaire is comprised of four categories representing different components of aggression; physical aggression ("*If somebody hits me, I hit back*"), verbal aggression ("*I often find myself disagreeing with people*"), anger ("*I have trouble controlling my temper and hostility*"), and hostility ("*I am sometimes eaten up with jealousy*"). A 5 point scale is used, ranging from 1 (extremely uncharacteristic of me) to 5 (extremely characteristic

of me). The first two factors are representative of the contributory element, the anger factor suggests that there is a psychological activation and represents emotion and the hostility factor represents feelings of opposition and injustice, involving a cognitive perspective of aggression (Reyna, Sanchez, & Brussino, 2011). Total scores can be calculated, with high scores meaning a likeliness to act in that specifically aggressive way. Two of the questions will be reverse scored.

Impulsivity

The Barratt Impulsiveness Scale (BIS-11) (Appendix A) (Patton, Stanford, & Barratt, 1995) is a commonly administered self-reporting measure of impulsivity (Standford et al, 2009). Its use has been extensive over the last 50 years, and therefore shaping the understanding of impulsivity across psychology and psychiatry (Weinstein, Crocker, Ayllon, & Caron, 2015). Further changes have been made to the BIS-11 since its first edition in 1959, in an effort to improve its validity and as an attempt to clarify impulsivity's definition (Patton, Standford, & Barratt, 1995). The BIS-11 has now been found be the most reliable and valid so far (Weinstein, Crocker, Ayllon, & Caron, 2015). The present BIS-11 structure of impulsivity has been previously used when researching prisoners (Ireland & Archers, 2008), where levels of impulsivity are anticipated to be elevated. This is comparable to the present study and therefore suggests suitability. The BIS-11 identifies three subscales; attentional (attention and cognitive instability, "*I don't pay attention*"), motor (motor impulsivity and perseverance, "*I do things without thinking*") and non-planning (self-control and cognitive complexity, "*I plan tasks carefully*"). The scale ranges from 1 (rarely/never) to (almost always/always). When scoring the scale, 11 of the questions are reverse scored. A total score can be calculated, with high scores indicating high levels of impulsivity.

Trauma

The International Trauma Questionnaire (ITQ) (Appendix A) (Cloitre et al, 2018) was developed to represent symptoms of (PTSD) and disturbances in self-organisation (DSO). The ITQ includes simply worded items to facilitate easy translation and a quick diagnostic process which expands the clinical and research utility. It was concluded by Cloitre, et al (2018) that the ITQ is the first instrument that has been designed to capture the International Classification of Diseases criteria for PTSD and complex post-traumatic stress disorder (CPTSD) diagnoses. Since the initial publication of the ITQ, limited studies have used the measure (Brewin, Cloitre & Hyland, 2018). Therefore, using this in the present study adds to further utility of the scale. Most previous studies using the ITQ have not specifically researched an offender sample but more for trauma-exposed participants (Hyland et al, 2017; Shevlin et al, 2018). However similarity can be assumed here, as offenders are more likely to have experienced trauma (Rettinger & Andrews, 2010). Firstly, participants are to define their trauma and write briefly about their experience. The measure is then divided into two sections. The first asks the individual to circle how much they have been affected the reported traumatic event in the past month, for example, “*feeling jumpy or easily startled?*”. The second section asks the individual to repeat this, however these questions are related to problems or symptoms that those who have experienced trauma sometimes experience, for example, “*I feel like a failure*”. The scale used ranges from 0 (not at all) to 4 (extremely). Scoring the scale is divided into two categories, PTSD and CPTSD. PTSD is further divided into the subscales, re-experiencing, avoidance and sense of current threat and PTSD functional impairment (PTSDFI), whilst CPTSD is divided into affective dysregulation, negative self-concept, disturbances in relationships and disturbances in in self-organisation and functional impairment (DSOFI). It is instructed that scores of more than 2 in each of the subscales indicate meeting the criteria for such experiences the subscales are named. A score of more than 2 on the PTSDFI subscale indicates meeting the criteria for PTSDFI and similarly, a score of more than 2 all of the PTSD further subscales

indicate PTSD. Again, a score of more than 2 in in the DSOFI subscale indicates DSFOI and if a score of more than 2 is found the CPTSD subscales then the criteria for disturbances in self-organisation (DSO) is met.

Procedure

Data collection took place across Together Women Project sites in Leeds, Bradford and Sheffield. The participant was approached to take part in the study following advice from the staff. This was necessary so that no individuals going through any significant distress, or who are likely to be intoxicated took part in the study. It was also necessary to ensure that the individual had adequate literacy skills. Following interest from the individual, the researcher read out the information sheet, which entailed all details of the study and how to report any issues. The individual would then be asked to sign a consent form and complete the questionnaire. The researcher or a member of staff would be either outside of the room or in the same room as the individual to assist should the participant need any support. Participants were advised to allow 20 minutes to complete the questionnaire, but it was also acknowledged that there was no time-limit. Following completion, the participant was offered a debrief sheet. Both the consent form and questionnaire were put in a folder and kept in a lockable drawer.

Statistical analysis

Data was analysed using SPSS (Version 24). Data from each questionnaire were prepared for analysis. Scoring instructions for each scale were followed such as reverse scoring in the AQ and BIS-11 and scores were divided into the appropriate subscales. The BIS-11 total score and AQ total score was calculated and their appropriate sub-scales. The ITQ total scores and

diagnostic criteria were calculated as per the previous instructions mentioned. A 2x2 Chi Square analysis was also conducted to calculate percentages for the diagnostic criteria discussed in the ITQ.

The Shapiro-Wilk test of normality was conducted and concluded that the subscales physical aggression, PTSD Re-experiencing, PTSD avoidance, PTSDFI, CPTSD negative self-concept, CPTSD disturbances in relationships and DSFOI were not normally distributed. As they were positively skewed, a square root transformation was attempted to correct this. All attempts were unsuccessful and non-parametric statistics (Mann-Whitney U) were used to analyse these subscales with their median and range reported. All normally distributed variables were analysed using independent t-tests with mean and standard deviation reported for descriptive statistics. The number of non-convicted offences and number of sentenced convictions were measured, with number of convictions being used as a grouping variable. This is based on Mahoney & Karatzia's study (2012) where similar grouping was used.

Results

A total of 22 women were recruited to the study from Together Women sites in Leeds, Bradford and Sheffield. Their overall total score on BIS-11 was 1,022 , AQ 1,029 and ITQ 335. The total mean for the full sample was 163.95 (SD= 43.78, range 89 – 242). The mean number of convictions for the whole sample was 5.86 (SD=11.75, range= 1 – 50) and was 12.95 (SD= 18.45, range= 1 – 50) for number of offences.

The results now are organised by conviction group (one conviction is defined as having been convicted once, more than one conviction is defined a more than one conviction). There were a total of 11 participants in each group.

Overall, those with more than one conviction scored higher than those with one conviction on all scales.

Characteristics of sample by conviction group

BIS-11

The means for the total scores for the BIS-11 with those with more than one conviction were more than those with one conviction. Both were normally distributed.

Table 1. Mean scores and standard deviation for the BIS-11 total score and subscales for two conviction groups.

	One conviction (n=11)	More than one conviction (n=11)
Attention	15.64 (3.80)	17.23 (2.99)
Impulsiveness		
Motor Impulsiveness	22.27 (4.29)	23.28 (4.37)

Non Planning	26.09 (6.76)	27.27 (6.0)
impulsiveness		
Total	64.00 (14.85)	67.78 (13.39)

An independent *t*-test was conducted to compare the scores of both conviction groups across all subscales of the BIS-11 questionnaire. There was a significant group difference for attentional impulsivity for those with more than one conviction compared to those with one conviction $t(20) = -1.306$, $p = .008$. The effect size was 0.55 which is medium. The 95% confidence interval of the difference between the means was -4.250 to .978.

There was not a significant group difference for motor impulsiveness $t(20) = -1.078$, $p = .968$. The effect size was 0.39 which is small. The 95% confidence interval of the difference between the means was -5.869 to 1.869.

There was also not a significant group difference for non-planning impulsivity $t(20) = -.915$, $p = .223$. The effect size is 0.49 which is medium. The 95% confidence interval of the difference between the means was -7.750 to 3.023.

AQ

The means for the total scores for the AQ with those with more than one conviction was more than for those with one conviction. Both were normally distributed.

Table 2. Mean scores and standard deviation for the Aggression Questionnaire total score and subscales for two conviction groups.

	One Conviction (n=11)	More than one conviction (n=11)
Anger	14.45 (4.82)	19.63 (6.24)
Hostility	18.45 (8.68)	20.68 (8.31)
Verbal Aggression	12.45 (5.45)	13.00 (5.35)
Total	63.71 (25.64)	79.86 (26.81).

It can be seen from table 2 that those with more than one conviction had higher scores on all aggression subscales than those with one conviction.

An independent *t*-test was conducted to compare conviction groups across the normally distributed subscales. There was not a significant group difference for the anger subscale $t(20) = -2.177$ $p = .076$. The effect size is 0.93 which is large. The 95% confidence interval of the difference between the means was 10.147 to .216.

The results did not show a significant group difference for the hostility subscale $t(20) = -1.276$, $p = .267$. The effect size is 0.26 which is small. The 95% confidence interval of the difference between the means was -11.739 to 2.830.

The *t*-test again did not find a significant group difference for verbal aggression, $t(20) = -.237$, $p = .675$. The effect size is 0.10 which is small. The 95% confidence interval of the difference between the means was -5.346 to 4.260.

For the physical aggression analysis, a Mann-Whitney test was used. It was found that there was significant difference ($U = 20.5$, $p = .008$) between groups (median=20.5, $R = 9 - 33$) for those with more than one conviction.

ITQ

The means for the total scores for the ITQ with those with more than one conviction was more than for those with one conviction. Both were normally distributed.

For the requirement of describing a traumatic experience, eight out of 22 (36%) participants completed this and 50% of the eight reported being in custody as their traumatic experience. The remaining four participants described witnessing violence against their partner, being groomed, burglary and gang crime.

Following a Chi-Square analysis (2X2) it can be seen that 91% of the participants with more than one conviction met the criteria for PTSDFI with 51% of those with one conviction meeting the same criteria, however the difference was not significant ($\chi^2 = 9.133$, $df = 9$, $p = .425$).

For DSFOI, 45.5% of the participants with one conviction met the criteria for a diagnosis, whereas 72.8% of participants with more than one conviction met the criteria, however the difference was not significant ($\chi^2 = 9.53$, $df = 9$, $p = .390$).

For DSO, 36.1% of the participants with one conviction met the criteria for a diagnosis, whereas 45.1% of participants with more than one conviction met the criteria, however the difference was not significant ($\chi^2 = 17$, $df = 15$, $p = .319$).

Finally, for PTSD, 31.6% of the participants with one conviction met the criteria for a diagnosis, whereas 76.9% of participants with more than one conviction met the criteria, however the difference was not significant ($\chi^2 = 12.00$, $df=12$, $p = .446$).

Table 3. Mean scores and standard deviations for the ITQ subscales that were normally distributed and the two conviction groups.

	One conviction (n=11)	More than one conviction (n=11)
Sense of current threat	3.36 (2.838)	4.27 (2.760)
Affective dysregulation	2.54 (2.207)	2.57 (2.369)
Total	21.35 (21.123)	26.92 (22.267)

It can be seen from Table 3 that those with more than one conviction had higher overall total scores than those with one conviction as well as on all sub-scales.

An independent *t*-test was conducted to compare group scores for the sense of current threat subscale, and the affective dysregulation subscale. There were no significant differences between groups for the sense of current threat subscale in one conviction and more than one conviction $t(20) = -.762$ $p = .856$. The effect size is 0.33 which is small. The 95% confidence interval of the difference between the means was -3.399 to 1.581 .

There was not a significant difference between groups for the affective dysregulation subscale $t(20) = -.712, p = .624$. The effect size is 0.01 which is small. The 95% confidence interval of the difference between the means was -2.859 to 1.408.

From the Mann-Whitney test, it was found that there was not a significant difference in re-experiencing ($U = 50, p = .505$) between those with one conviction and those with more than one conviction ($M=2.0, R= 0 - 8$).

It was also found in the avoidance subscale that there was no significant difference ($U=43, p = .238$) between those with one conviction and those with more than one conviction ($M=2.0, R= 0 - 8$).

There was again no significant difference in the PTSDFI subscale ($U=45.5, P = .320$) between those with one conviction and those with more than one conviction ($M=13.0, R= 0 - 12$).

There was no significant difference between groups for the negative self-concept subscale for those ($U=59, P = .917$) with one conviction and those with more than one conviction ($M=1.0, R= 0 - 8$).

Similarly, there was no significant difference found in the disturbances in relationships subscale ($U=52.5, p = .585$) with one conviction and those with more than one conviction ($M=2.5, R= 0 - 8$).

Finally, there was no significant difference found in the DSOFI subscale ($U=49, p = .445$) with one conviction and those with more than one conviction ($M=3.5, R= 0 - 9$).

Discussion

The present study measured impulsivity, aggression and trauma in one-off and repeat female offenders. This study included measurement of offences, which was a higher overall score than number of convictions. Overall, this study does not support the hypothesis that those who have more than one conviction will be more likely to have higher levels of impulsivity and aggression, as well as having experienced a traumatic event. However, there was a significant difference for those with more than one conviction on attentional impulsivity and physical aggression. These results will subsequently need further exploration. Although not all findings were statistically significant, mean total scores showed an overall higher score for those in the more than one conviction group compared to those with one conviction.

The higher levels of physical aggression and attentional impulsivity agree with Komarovskaya Booker-Loper and Warrens (2007) study, which also concluded with significant differences in attentional impulsivity in females who had self-reported violent behaviour. This demonstrates that women with more than one conviction are more likely to act impulsively through being unable to concentrate or focus. Studies suggest that these levels of impulsivity could be affected by substance abuse, mental illness or PTSD which is often found amongst female offenders (Abram & McClland, 1996). Further studies expand on this, finding that impulsivity is an important characteristic of Cluster B personality disorders (Casillas & Clark, 2002). Hochhausen, Lorenz and Newman (2002) expanded on this, finding a link between borderline personality disorder, impulsivity and female offending. It could therefore be suggested that future studies examine these links, and that personality disorder is recognised when working with these women.

The overall higher mean score in aggression for those with more than one offence agrees with Newbeery and Caulfiend's (2013) whose study similarly concluded with overall higher means

for the AQ in females who act aggressively. Their mean scores totalled 95.22 for females engaging in an aggressive incident across a sample of 84, although this is a larger study than the present research. The overall non-significant results agree with the previous assumptions of low aggression levels in women occurring due to how anger is expressed, suggesting that female aggression may be expressed in self-injurious behaviour (Conner, Swogger, & Houston, 2009; Gvion & Apter, 2011; Swogger, You, Cashman-Brown, & Conner, 2011). However, this was not measured in the current study but could be in future research. There was however a significant result found in physical aggression which disagrees with Crick & Grotpeter (1995) who state that female offenders are more likely to express anger covertly. However, it could be argued that this research reflects societal norms at that time. The present study also disagrees with recent research (Murray-Close and Crick (2007) concluding that female offenders are more likely to indirectly express aggression. One explanation for this lies in forensic mental health literature, suggesting females who act in a physically aggressive way are more likely to be affected by a mental illness or brain injury (O'Sullivan et al, 2015), which could be a further explanation following these results.

The overall non-significant scores found in the ITQ is notable, as there is ample research to demonstrate that trauma is linked to re-offending (Cuomo, Sarchiapone, Giannantonio Mancini & Roy 2009; Ardino, 2011; Hyland et al, 2017). A reason for the non-significant result may be due to low sample size, as overall the mean scores were higher for those who had more than one conviction, alongside higher percentages for fitting the criteria for PTSD, PTSDFI, DSO and DSFOI. It is suggested that women with PTSD are more likely to engage in substance misuse and consequently violent offending which offers further explanation here (Howard, Karatzias, Power & Mahoney, 2016). PTSD has been found to occur due to trauma in childhood or sexual trauma (Howard, Karatzias, Power & Mahoney, 2016). However, 50% of the present

study reported their traumatic experience to be custody, with no mention of sexual abuse or childhood trauma through the 8 participants who reported their experiences. This could therefore be researched in future studies. There are a variety of reasons as to why those who did not disclose their trauma may have done so. It is highlighted in previous research that victims of trauma may not disclose due to feelings of shame (Thompson, Sitterle, Clay & Kingree, 2007) and fear of judgement (Budden, 2009). This may pose an issue with using the ITQ with this group and should be recognised in future research.

Theoretical limitations

The results discussed should be considered alongside these limitations. Firstly, impulsivity's definition and its component structure is still unclear (Whiteside & Lynam, 2001) with some of the existing methods of measurement queried (Carrilo-de-a-pena, Otero & Romero, 1993). Despite the BIS-11's revisions, it is agreed that it can be used as a single factor measurement and the utility of the current structure, comprising of three factors, remains unconfirmed (Ireland & Archers, 2008). Further studies such as Fossati et al, 2001 and Diemen et al (2007) have too not supported the original BIS-11 structure of three factors proposed (Patton et al 1995) and findings were again supported with previous studies suggesting that there are difficulties confirming an appropriate structure of measuring impulsivity in high risk samples.

Limitations with specific sample group

Although this study was researched in absolute anonymity and confidentiality, there could have been some element of response bias in the responses provided by the participants. It is possible participants answered in a socially desirable way due to the questions asked (e.g., purposely

scoring low in questions like “I have threatened people I know”) and the environment it was carried out (Johnson & Fendrich, 2002). Some could have presumed that the information they provide will be viewed, so wrote in a more socially acceptable demeanor to avoid being criticised or further intervention (King & Brunner, 2000). It is suggested that future work uses the Marlow-Crowne Social Desirability Scale (Crown & Marlowe, 1960) to identify if a participant is likely to give what they view as socially desirable answers. This scale is able to identify this, through high scores indicating a need for social approval and a likeliness to portray themselves positively, giving dishonest answers (King & Brunner, 2000). This poses an issue with a self-reporting research design and perhaps an alternative method should be used with this certain group. Possibly a structured interview may have been more appropriate in this setting so to build rapport and to help counteract any feelings of being judged.

The small sample size achieved provided difficulties here also. This study concluded with low power and this therefore comprised the planned analysis of a logistical regression due to the small sample size. Such may reflect the small number of female offenders in the UK as a whole (Gov.uk, 2019), which is narrowed further when recruiting female offenders in the community. Also, those who have committed particularly aggressive crimes may still be in custody and therefore unavailable to participate. Based on this research, it is recommended future research recruiting female offenders in the community should advertise for women who have offended and not necessarily been convicted so to allow a larger sample size as it was found in the present study that females had often offended but not necessarily been convicted.

A further barrier in this study was participants who had low literacy skills. Many of the women in the areas where the research was conducted (Leeds, Bradford, Sheffield) came from the travelling community and therefore had limited reading and writing skills, meaning they were

unable to complete the study. This is something acknowledged in previous research as due to the nature of the travelling lifestyle, it is often difficult for children to attend school consistently (Ofsted, 2003). Therefore, as mentioned a qualitative approach may counteract this and be a more beneficial way of exploring this sample in the future.

Implications for practice

Although the current study did not find a significant difference across groups for most constructs, it can be seen that there were some methodological and practical limitations. It can be seen from the present study that 50% of self-reported traumatic experiences related to being in custody which indicates a need for further support for female offenders entering the community. As only two of the subscales presented significant results, it can also be recommended that more studies report subscales. Often, only the total scores are reported for example in Weiss et al (2012)'s study which similarly looked into impulsivity, emotional regulation and PTSD. From the results, it is not suitable to recommend any treatments or interventions, but more what could be improved on upon replication of the study. When researching this specific group, it can be advised that a qualitative method would be more suited, due to confusion over the scale's utility for women as well as the discussed literacy barriers. Self-reporting may have induced response bias and therefore ways to overcome this should be explored.

Conclusion

This study researched the relationship between aggression, impulsivity, trauma and conviction rate in female offenders. The results show that there are no significant differences, however the

limitations discussed outline why this may be. The technique used here should be revised using alternative approaches suggested to maximise uptake and understanding of mechanisms in the future. Despite this, the significant subscales found in this study can further Chambers (2010), as we can identify physical aggression and impulsivity as potential risk factors for re-offending and could therefore assist with the design of interventions aims at reducing female reoffending. The present study recognises the complexity of female offending behaviour and offers more research into this relatively small area.

Word count: 6000

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Appendices

Appendix A

Participant number:

Impulsivity, Aggression and trauma history in repeat and one-off female offenders

Please circle below -

Gender: Male / Female/Other (please specify)_____

Amount of offences, Please write number

Amount of prison convictions, please write number

First Questionnaire-BIS

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate number on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.

①

Rarely/Never

②

Occasionally

③

Often

④

Almost always/Always

61. I plan tasks carefully	1	2	3	4
62. I do things without thinking	1	2	3	4
63. I make-up my mind quickly	1	2	3	4
64. I am happy-go-lucky	1	2	3	4
65. I don't "pay attention"	1	2	3	4

66. I have "racing" thoughts	1	2	3	4
67. I plan trips well ahead of time	1	2	3	4
68. I am self controlled	1	2	3	4
69. I concentrate easily	1	2	3	4
70. I save regularly	1	2	3	4
71. I squirm at plays or lectures	1	2	3	4
72. I am a careful thinker	1	2	3	4
73. I plan for job security	1	2	3	4
74. I say things without thinking	1	2	3	4
75. I like to think about complex problems	1	2	3	4
76. I change jobs	1	2	3	4
77. I act on impulse	1	2	3	4
78. I get easily bored when solving thought problems	1	2	3	4
79. I act on the spur of the moment	1	2	3	4
80. I am a steady thinker	1	2	3	4
81. I change residences	1	2	3	4
82. I buy things on impulse	1	2	3	4
83. I can only think about one thing at a time	1	2	3	4
84. I change hobbies	1	2	3	4
85. I spend or charge more than I earn.	1	2	3	4
86. I often have extraneous thoughts when thinking.	1	2	3	4

87. I am more interested in the present than the future	1	2	3	4
88. I am restless at the theatre or lectures	1	2	3	4
89. I like puzzles	1	2	3	4
90. I am future oriented	1	2	3	4

Second Questionnaire-Aggression Questionnaire

Aggression Questionnaire (Buss & Perry, 1992) Instructions:

Using the 5 point scale shown below, indicate how uncharacteristic or characteristic each of the following statements is in describing you. Place your rating in the box to the right of the statement.

1 = extremely uncharacteristic of me

2 = somewhat uncharacteristic of me

3 = neither uncharacteristic nor characteristic of me 4 = somewhat characteristic of me

5 = extremely characteristic of me

59. Some of my friends think I am a hothead
60. If I have to resort to violence to protect my rights, I will.
61. When people are especially nice to me, I wonder what they want.
62. I tell my friends openly when I disagree with them.
63. I have become so mad that I have broken things.
64. I can't help getting into arguments when people disagree with me.
65. I wonder why sometimes I feel so bitter about things.
66. Once in a while, I can't control the urge to strike another person.
- 67.* I am an even-tempered person.
68. I am suspicious of overly friendly strangers.
69. I have threatened people I know.
70. I flare up quickly but get over it quickly.
71. Given enough provocation, I may hit another person.
72. When people annoy me, I may tell them what I think of them.
73. I am sometimes eaten up with jealousy.
- 74.* I can think of no good reason for ever hitting a person.
- 75.17. At times I feel I have gotten a raw deal out of life.
76. I have trouble controlling my temper.
77. When frustrated, I let my irritation show.
78. I sometimes feel that people are laughing at me behind my back.
79. I often find myself disagreeing with people.
80. If somebody hits me, I hit back.
81. I sometimes feel like a powder keg ready to explode.

82. Other people always seem to get the breaks.
83. There are people who pushed me so far that we came to blows
84. I know that my "friends" talk about me behind my back.
85. My friends say that I'm somewhat argumentative.
86. I sometimes fly off the handle for no good reason.
87. I get into fights a little more than the average person.

Third Questionnaire-The International Trauma Questionnaire

Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of experience-

When did the experience occur? (circle one)

- m. less than 6 months ago
- n. 6–12 months ago
- o. 1–5 years ago
- p. 5–10 years ago
- q. 10–20 years ago
- r. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully and then circle

one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3. Avoiding internal reminders of the experience (for example, thoughts, feelings or physical sensations)?	0	1	2	3	4
4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities or situations)?	0	1	2	3	4
5. Being 'super-alert', watchful or on guard?	0	1	2	3	4
6. Feeling jumpy or easily startled?	0	1	2	3	4
<i>In the past month, have the above symptoms..</i>	-	-	-	-	-
7. Affected your relationships or social life?	0	1	2	3	4

8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience*. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. When I am upset, it takes me a long time to calm down	0	1	2	3	4
2. I feel numb or emotionally shut down	0	1	2	3	4
5. I feel like a failure	0	1	2	3	4
6. I feel worthless.	0	1	2	3	4
5. I feel distant or cut-off from people.	0	1	2	3	4
6. I find it hard to stay emotionally close to people.	0	1	2	3	4
<i>In the past month, have the above problems in emotions in beliefs about yourself and in relationships..</i>	-	-	-	-	-
7. Created concern or distress about your	0	1	2	3	4

relationships or social life?					
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Thank you for taking part in this study. Please take a debrief sheet.

Appendix B

Impulsivity, Aggression, and trauma history in repeat and one-off female offenders

PARTICIPANT INFORMATION SHEET

Research Ethics Reference: [295-1902]

Version 1.0 Date: 25.01.19

We would like to invite you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. One of our team will go through the information sheet with you and answer any questions you have. Please take time to read this carefully and discuss it with others if you wish. Ask us anything that is not clear.

What is the purpose of the research?

The research is being carried out as part of an MSc research project at The University of Nottingham. This specific area is being researched is due to the lack of research around female offenders. The aim of this study is to learn more about “impulsivity” (for example, the inability to control urges, or acting without thinking), aggression and past

trauma in females who have different offending histories. We hope studies such as this one will help vulnerable women in the future.

Why have I been invited to take part?

You have been invited to take part in this research because you have attended the Together Women Project at the time we are recruiting people. We want to speak to women who are aged over 18 who feel in a stable state of mind to talk to us (for example, if you're feeling a bit vulnerable or upset at the time, it might be better to participate another time).

Do I have to take part?

No. It is up to you to decide if you want to take part in this research. We will describe the study and go through this information sheet with you to answer any questions you may have. If you agree to participate, we will ask you to sign a consent form and will give you a copy to keep. Even if you've signed the form, you can still stop the study at any time, without giving a reason and without any negative consequences. All you need to do is tell the researcher. This would not affect your legal rights.

What will happen to me if I take part?

The researcher Lydia Braham will speak to you while you are at Together Women Project and go through the information sheet. She will be able to answer any questions you have before you take part. If you are happy to take part, you will be asked to agree to the study by signing a consent form, and then fill out three questionnaires that measure impulsivity, aggression and trauma. We'd like you to complete the questionnaires as fully and as honestly as possible. Although, you can tell the researcher if you find a question too upsetting. These questionnaires should take about 20 minutes to complete, however there is no time limit and you may take as long as needed. Let the researcher know if you don't understand a question and she can explain it to you. You will only need to take part in this once. You will be asked to note if you have offended once or more than twice. All information is kept anonymous, however you will be given a unique participant number so that you can confidentially access your information at any point throughout the study.

What are these Questionnaires?

These questionnaires are designed to measure impulsiveness, aggression, and past trauma. Some examples of questions are: *I don't pay attention, I feel like a failure* and *If somebody hits me, I hit back*.

Are there any risks in taking part?

There are no physical risks in taking part. However, some of the questions you will be asked to answer may make you remember things you don't want to think about, or may make you feel upset. We will be careful for this to not happen however we will be on hand to provide support should you feel you need it. If you feel at risk you should contact the member of staff nearby or contact Samaritans on 0113 254 6789.

Are there any benefits in taking part?

There will be no direct benefit to you from taking part in this research, but your help may help other women to receive better treatment programmes.

Will my time/travel costs be reimbursed?

We do not provide any money for taking part in this study.

What happens to the data provided?

The **research data** will be stored confidentially using your unique participant number. To help ensure your privacy, you will be assigned a unique participant number and it will be used instead of your name. All information will be stored confidentially. Your name and any information about you will not be disclosed outside the study centre.

Only the researcher and supervisor will have access to any research data.

All research data and records will be stored for a minimum of 7 years after publication or public release of the work of the research.

What will happen if I don't want to carry on with the study?

Even after you have signed the consent form, you are free to withdraw from the study at any time without giving any reason and without your legal rights being affected. Any personal data will be destroyed.

If you withdraw we will no longer collect any information about you or from you but we will keep the anonymous research data that has already been collected and stored as we are not allowed to tamper with study records. This information may have already been used in some analyses and may still be used in the final study analyses. To safeguard your rights, we will use the minimum personally-identifiable information possible.

Who will know that I am taking part in this research?

All information collected about you during this research would be kept strictly confidential. All such data are kept on password-protected databases sitting on a restricted access computer system and any paper information (such as your consent form, contact details and any research questionnaires) would be stored safely in lockable cabinets in a swipe-card secured building and would only be accessed by the research team.

Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study (named above) is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To safeguard your rights we will use the minimum personally – identifiable information possible.

You can find out more about how we use your information and to read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Designated individuals of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines.

What will happen to the results of the research?

The research may be published in student thesis online publication.

The research will be written up as dissertation for the degree of the MSc Forensic and Criminological Psychology qualification.

Who has reviewed this study?

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS 295-1902)

Who is organising and funding the research?

Dr Katy Jones and Lydia Braham are organising this research. This is assisted by Claire Vilarubbi and Jo Smith at the Together Women Project.

What if something goes wrong?

If you have a concern about any aspect of this project, please speak to the researcher, Lydia Braham or the Principal Investigator Dr Katy Jones, who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how he/she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

Contact Details

If you would like to discuss the research with someone beforehand then please e-mail Lydia Braham (Lydia.braham@nottingham.ac.uk). If you have questions afterwards then please contact the Principal Investigator:

Dr Katy Jones

Assistant Professor in Applied Psychology
Division of Psychiatry and Applied Psychology
School of Medicine
Tel: 0115 82 30418
Email: katy.jones@nottingham.ac.uk.

Dr Shihning Chou (second supervisor)
Associate Professor of Forensic Psychology
Division of Psychiatry and Applied Psychology
School of Medicine
Tel: 0115 846 6623

Email – Shihning.Chou@nottingham.ac.uk

Appendix C

Participant Consent Form
Final version 1.0: DD.MM.YYYY

Title of Study: **Impulsivity, Aggression, and trauma history in repeat and one-off female offenders**

REC ref: (please add when approved)

Name of Researchers: Lydia Braham, Student. MSc Forensic and Criminological Psychology.
Dr Katy Jones and Dr Shihning Chou (Supervisors).

Name of Participant:

15. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.

16. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

17. I understand that should I withdraw, more than 7 days after the study has taken place then the information collected so far cannot be erased and that this information may still be used in the study analysis.

18. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring

and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.

19. I understand that information about me recorded during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer kept in a secure place. Data will be kept for 7 years after the study has ended and then destroyed.

20. **Optional:** I agree that my research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.

21. I agree to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

Appendix D

Debriefing sheet

Impulsivity, Aggression, and trauma history in repeat and one-off female offenders

Thank you for taking the time to take part in this study which looked impulsivity, aggression and trauma in women with different offending history.

Aims of the study:

This aim of this study was to explore how impulsivity, aggression and a person's life history relates to the number of times a person offends. There is little research into female offenders therefore this research is very important.

Confidentiality:

All information you have provided is confidential.

Withdrawal:

Please remember you have the right to withdraw your data from the study for up to 1 week after all the data has been collected.

Complaints:

If you have a concern about any aspect of this project, please speak to the researcher, Lydia Braham (Lydia.braham@nottingham.ac.uk), the Principal

Investigator Dr Katy Jones (katy.jones@nottingham.ac.uk) or Dr Shihning Chou (shihning.chou@nottingham.ac.uk) who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how he/she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

If you feel as though you have been affected by this research and wish to speak to someone about this, please contact your support worker or Lydia

Braham msxb12@nottingham.ac.uk

Alternatively you can contact other agencies such as Samaritans on 0113 245 6789 or visit www.samaritans.org

Thank you



The University of
Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Dear staff at Together Women,

This is a letter to inform you that the following research study (Impulsivity, Aggression, and trauma history in repeat and one-off female offenders) will be conducted from the time period of March to June 2019 and that MSc student Lydia Braham will be on site during this time collecting data and recruiting women who attend your service. We have had permission from Jo Smith and Carole Ashton to be at the service during this time period and this study has been approved by the Faculty of Medical and Health Sciences Ethics Committee at the University of Nottingham.

The main aim of the study is to explore the relationship between past trauma, current aggression and 'impulsiveness' and offending history. We ideally would like to recruit women with a range of offending history to get a broad sample of experiences.

We plan to put up posters in the service to give people information about the study and also to approach women to ask if they would like to take part. We have three questionnaires we'd like them to fill in. Depending on levels of literacy we expect this will take approximately 20 minutes. Researcher Lydia Braham will be on hand with the women at all times to provide explanation and support if necessary. Only one questionnaire we consider particularly sensitive, and that is the trauma questionnaire.

You do not have to do anything specific to help us, but one consideration is concern about particularly vulnerable participants you think we should not approach during key times. Some examples would be participants not being in a current frame of mind that deems them stable enough to take part in the study, or participants who were intoxicated at the time. We will be careful to monitor these issues, but it would be helpful to have an open dialogue with staff in the service during this time to ensure we minimise any risks as much as we possibly can.

Thank you for your support, we hope this information will further our knowledge about the needs of vulnerable women.

Best wishes and thank you,

Lydia Braham (Msc Forensic and Criminological Psychology, Lydia.braham@nottingham.ac.uk), Dr Katy Jones (Assistant Professor of Applied Psychology and Primary Supervisor, katy.jones@nottingham.ac.uk) and Dr Shihning

Executive Summary

This summary is aimed at those working with female offenders, in or out of custody.

Introduction

In England and Wales in 2015 women made up 16% of all arrests, 27% of convictions and 5% of the prison population. As female offenders represent a small part of the prison population, treatment used in custody is often developed from evidence found in research findings that have used male participants. However it is important to acknowledge that females have different offending behaviours and may require treatments that are specific to these needs. To develop better treatment, it is imperative we gain a better understanding of criminal behaviour of women. Impulsivity, defined as acting without forethought, is often associated with offending behaviour and can be linked to aggression. As well as this, there can be links found to trauma, defined as an upsetting experience the individual has witnessed, playing a significant role in offending behaviour. This has been found to occur due to a variety of reasons. Most explain that trauma can lead to post-traumatic stress disorder (PTSD), an anxiety disorder caused by very stressful events. Those who suffer from PTSD can sometimes begin using substances which can then be linked to impulsive or aggressive behaviour. These traits can then be associated with criminal acts. Although this evidence is interesting, there is very little research into impulsivity, aggression and trauma and repeat female offending.

Aims of the current study

This study will explore traits such as impulsivity and aggression in repeat female offenders (females who have been to prison more than once). Trauma is also interesting to research in this study, as mentioned there are links to those who have experienced trauma and offending behaviour. Despite this, there is only a small amount of research that has studied these factors and the differences between females who have been in prison once or more than once, therefore this study aims to fill this gap.

Method

To understand aggression levels, the Buss and Perry Aggression Questionnaire was used. For impulsivity the Barratt Impulsiveness Scale was used and finally to measure trauma, the International Trauma Questionnaire was used. These questionnaires were also split into individual subscales which examine specific areas. For example, the aggression questionnaire is split into verbal aggression, physical aggression, anger and hostility. Data collection took place at Together Women Project sites in Leeds, Bradford and Sheffield. Together Women Project is a female only centre, which supports women who are currently in need. Women can attend the centre of a variety of reasons, however it was decided this would

be a suitable environment for data collection, as often females who have come out of custody attend the centre.

It was important that those taking part in the study were able to comfortably complete the questionnaire, therefore members of staff advised the research who was most suitable to participate. Any women who had low literacy skills, currently in crisis or likely to be under the influence of drugs or alcohol did not take part in the study. Those who were suitable to take part and showed interest were read an information sheet, so the individual knew what the study entailed. A consent form was then required to be signed and the participant was given the questionnaire, with the guidance of it taking 20 minutes to complete. Following this, the participant was given a debrief sheet, which included any support information for if the individual felt they had been affected by the study.

Results

Statistical software analysed the data and the results were explored so to understand the outcome of the study. Overall, it was found that those who had more than one conviction scored higher on each questionnaire than those who had one conviction. There were two results in particular that were interesting for this study. We could see that in the subscales, there was a substantial high score for those who had more than one conviction in the subscale that measured physical aggression levels and attentional impulsivity levels. This suggests that those who with more than one conviction are more likely to act aggressively in a physical way and act impulsively due to attention issues, meaning that these women may find it hard to concentrate or focus. These levels of impulsivity have been found to stem from substance abuse, mental illness or PTSD. The high level of physical aggression is contrary to most research, which explains females to be more aggressive in a concealed way, such as gossiping or spreading rumours. Part of the ITQ measured how likely the individual fits the criteria for PTSD diagnosis as well as other PTSD related disorders. It was found in this study that a higher percentage of women who had been convicted more than once were more likely to fit the criteria for a diagnosis of PTSD and the other related PTSD diagnoses. This can indicate that these women are more likely to be affected by a traumatic event, which has been found to link to offending behaviour. Additionally, it was a requirement for participants to briefly describe a traumatic experience. However, only eight out of the twenty two participants completed this. Interestingly, 50% of the women who wrote about their experience explained that custody was their traumatic experience, which could indicate a need for further support for females leaving prison.

Limitations and recommendations

The present study had some limitations which should be acknowledged. This sample was hard to reach due to the already low number of female offenders in the UK. This resulted in a small total of participants which can compromise the quality of the results. Also, many women approached had limited literacy skills and could therefore not take part in the study. Following this, it can be argued that participants answered in a more desirable way to avoid any judgement, despite the study being confidential. In the future, it could be advised that a different method of research such as face-to-face interviews is used as this may increase the total size.

IMPULSIVITY, AGGRESSION AND TRAUMA HISTORY IN REPEAT AND ONE-OFF FEMALE OFFENDERS

Lydia Braham
Lydia.braham@nottingham.ac.uk

AIMS AND RATIONALE

- The aims of the current study was to expand the limited research on the relationship between impulsivity, aggression and trauma history in one off and repeat offenders.
- This was deemed necessary so to aid in developing more appropriate prevention strategies and understanding of risk factors in female offenders (Brunell et al, 2009; Goldwber, Brody & Cauffman, 2009). There has already been research to indicate a relationship between impulsivity, aggression and criminal behaviour, but little research using female samples as well as including trauma (Diderman, 1999; Howard, Kivlahan, & Walker, 1997; Luengo, Carillo-de-la-Pena, Otero, & Romero, 1994; Sher & Trull, 1994). Therefore, this study will explore such characteristics, as recommended in previous studies (Komarovskaya et al, 2007).

METHODS USED

To understand aggression levels, the Buss and Perry Aggression Questionnaire (Buss & Perry, 1992) was used. For impulsivity the Barratt Impulsiveness Scale (Patton, Stanford, & Barratt, 1995) was used and finally to measure trauma, the International Trauma Questionnaire was used (Cloitre et al, 2018).

Data was collected at Together Women Project sites in Leeds, Bradford and Sheffield. Together Women Project is a female only centre, supporting women who are currently in need. It was decided this would be the best environment for data collection, as often females who have come out of custody attend the centre and would therefore fit the criteria for the study.

Women who had low literacy skills, currently in crisis or likely to be under the influence of drugs or alcohol did not take part in the study.

- Participants read an information sheet, so the individual knew what the study entailed.
- A consent form was then signed and the participant was given the questionnaire, with the guidance of it taking 20 minutes to complete.
- The participant was given a debrief sheet, which included any support information for if the individual felt they had been affected by the study.

RESULTS OF THE RESEARCH

It was concluded that those who had more than one conviction scored higher on each questionnaire than those who had one conviction. The following are interesting results that could be further explored following this study.

There was a substantial high score for those who had more than one conviction in the subscale that measured physical aggression levels and attentional impulsivity levels, suggesting that those who with more than one conviction are likely to act aggressively in a physical way and act impulsively due to difficulties in focusing or concentration. The high scores in physical aggression also disagree with most studies that state women as more covertly aggressive.

Part of the ITQ measured how likely the individual fits the criteria for PTSD diagnosis as well as other PTSD related disorders. It was found in this study that a higher percentage of women who had been convicted more than once were more likely to fit the criteria for a diagnosis of PTSD and the other related PTSD diagnoses.

Additionally, it was a requirement for participants to briefly describe a traumatic experience. However, only eight out of the twenty two participants completed this. Interestingly, 50% of the women who wrote about their experience explained that custody was their traumatic experience, which could indicate a need for further support for females leaving prison.

LIMITATIONS AND RECOMMENDATIONS

The present study had various limitations which should be acknowledged moving forward. It is not suitable for any treatment or intervention to be developed from this study, however if replicated the following should be remembered.

- The sample was hard to reach due to the small amount of female offenders in the UK.
- Some women could not complete the study due to low literacy skills.
- Some may have answered in a more desirable way so not to be judged, despite the study being confidential.
- In the future, face-to-face interviews may be more beneficial to combat these issues and increase the total size.

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Reflective Report of Research Activities

My study, researching impulsivity, aggression and trauma in one off and repeat female offenders, took place in multiple Together Women Project centres. It was decided that this centre would be most appropriate due to the women supported here and their on-site probation office, meaning a lot of women who have been in custody would be attending the centre on a daily basis. Preparation for this involved lots of communication between myself and the centre, which was a great form of networking (See Appendix A). This was a useful opportunity to develop my skills of reaching out to other professionals and become confident emailing and calling others that I had not met before. I was at first in contact with one of the leads of the organisation as well as a governor. They were both very interested in my research and happy for their organisation to facilitate this. However, these individuals were not who I would be engaging with when collecting data, and made sure I branched out to the office based staff also. This was an essential step so that the managers got to know me and my study so to form a good working relationship for when I began attending the centre regularly during data collection. This is something I will definitely do in the future as this was very beneficial for myself and the success of the study. This also gave the opportunity for specific staff members to enquire about my research, as some staff members had experience working with female offenders and trauma previously and were very supportive of the research I was conducting. This was a great way to further network, discuss current literature as well as further research I could be involved in. I learned here the importance of being confident in your research and how networking with people in a similar field can be beneficial not only for the study but for future research opportunities.

The design of my study was decided to be most appropriate in a questionnaire format, keeping this as short as possible whilst still being able to gain the data required to form a meaningful study. Past research experience from myself and my supervisor meant that a long questionnaire would result in a loss of interest from participants and therefore a short questionnaire lasting 10-15 minutes was the best design. The three questionnaires used, (The BIS, AQ and ITQ) were all deemed suitable due to their utility, reliability and appropriateness for my study. It was imperative that the questionnaires were easy to complete, however

frequently it was noted that some of the language used in the questionnaires was quite difficult to understand. Often, I would have to go through the question with the participant to explain what it meant. From this I have learned that questionnaires with lay man's terms would be more suitable in this environment to avoid any confusion or embarrassment from those taking part in the study. It was also mentioned by staff that a few of the participants were unable to complete the questionnaire due to being unable to read or write. As well as this, a large proportion of the women who use the centre come from travelling families, and staff informed me these ladies would not be able to complete the questionnaire due to low literacy skills. This therefore meant my sample size was dramatically reduced due to this. In the future, it may be advised to research this specific sample qualitatively to gain better data variety and sample size. It was unfortunate that this was not mentioned by the centre before the study took place as this could have been discussed with my supervisor, and a more appropriate method of data collection used. This should be a question asked prior to data collection in the future to avoid vital participants not being able to complete the study. Not only did this effect an already small sample in the case of this study, but this also could be interpreted as discriminative towards certain sample groups.

On the 26th of April I received ethical approval and was able to begin organising days to collect data. I had kept in touch with the centre frequently so that when I was able to begin data collection, there were no delays. This is something I will continue to do in future research as there a large amount of time between first contacting the organisation and data collection but felt that keeping in touch over those months showed professionalism and dedication to the study. The strategy to carry out the research was to go to the centre as many days as possible within working hours, and by recommendation from the relevant support workers, approach participants that fit the correct criteria. This was suitable for my personal timetable, however once I had liaised with management at the centre again, it was clear that this strategy was going to be difficult to adhere to at this time. This created a further delay, as the Leeds manager informed me that they had not formulated a plan to assist me yet due to various issues within the charity and therefore needed some more time to organise this. Also, due to staffing issues there was not a steady rotation of staff which lead to issues in organising my data collection and having staff readily available to assist with the study. These are set

backs which I feel were unavoidable in this situation and not something that could have been predicted. However, I have learned from this and will make sure in the future that the place in which I am collecting data do have enough staff to facilitate the research and that a secure plan is organised before data collection begins.

I was able to begin data collection with Together Women Project Leeds on the 13th of May. It was organised that I attend groups and speak to the ladies there. This was another great opportunity to meet the ladies attending the centre and further my experience of working with offenders. The groups were also very interesting and would often be asked to attend by staff due to my qualifications in psychology. Despite this, not all groups were aimed at ex-offenders and I did struggle with finding participants who met my specific criteria. Quite often the ladies were happy to take part but had not been in to prison and therefore did not fit the criteria for my study. This was clearly due to miscommunication, as the study had been organised to use this specific centre due to having a lot of ex-offenders present, however this was not the case. This then meant I was to branch out to other offices in the Yorkshire area, which was different to what I originally proposed. I spoke to Together Women Project Bradford, Halifax, Hull and Sheffield, all of whom were happy to support my research. My supervisor and I then had to subsequently email the ethics board to clarify this and get further confirmation that using other centres would be acceptable (See Appendix B). This was unforeseen but was thankfully confirmed and I began liaising with the other Together Women Project centres. This was again a very good networking experience as I learned the importance of involving multiple organisations rather than relying on only one to support my sample size requirement.

Involving other centres then meant I was to again organise my weeks around which office I was going to on which day. This was somewhat difficult, as the different sites had different routines which meant finding the best day for myself and for the office was not always as easy as originally planned. However, I did manage to collect some further data from these different sites, and therefore branching out was very beneficial. Upon reflection it can be agreed that having more than one centre involved was imperative for this research. As in the case of this study, the other centres provided a substantial amount of participants which only one centre could not achieve. I am glad that I was able to involve other

centres during data collection, however in the future would ensure that this was organised prior to data collection commencing if possible.

Data collection unfortunately began to slow again after three weeks. This was due to the timings of the data collection, as the centres had a two week re-organisation of groups meaning all groups were stopped. This therefore meant that potential participants were not attending the centre and were not there to complete my questionnaires, thus a major drop in the amount of data being collected. Despite my efforts, some days data collection was reduced to one participant a day or even none at all. Furthering this issue was that data collection spanned into June. This was a time when a lot of staff were taking annual leave and this drastically reduced staff numbers. This had a knock-on effect for me as often the centre would tell me not to come that day due to minimal staff. As I had a short timescale, this put a lot of strain on my research and I should have put precautions in place for this eventuality. In the future, I will strive to ensure a definite number of participants can be accessed regardless of changing circumstances so to not cause issues with my study. Although this is would be difficult when physically collecting data with an unpredictable sample, I do feel as though I could have achieved this through communicating more with the centre managers and avoid such an issue occurring.

Due to the low participant total, 11 in both groups, it was decided that an independent t-test would be the best form of analysis. This was not what had been originally planned, but was the most effective for my study and enabled me to write up simple, straightforward results. The data analysis clearly and concisely describes the results of the data and this makes it simple for the reader to understand the outcome. I did learn from this however that I should have attempted to practice more statistical analysis prior to this part of the research, as when it came to carrying out the analysis I would often get confused with what the output meant. I did overcome this, but on reflection will be more prepared in the future. I do feel as though this has enabled me to learn more about SPSS and data analysis which will be helpful in future analysis.

Writing up the research paper overall went as planned, however as advised, wrote in a style similar to a specific journal relevant to this project. This was a different

technique to previous research papers I have written, but interesting and a new skill I have learned. The word count for this specific paper was also lower than my previous experience, however with supervision have learned how to write more concisely which is a valuable skill I will take with me moving forward.

This study was not without its difficulties, however has overall provided some valuable information to add to the limited research surrounding female offending behaviour. Moving forward, I think this study could be re-visited and conducted qualitatively. This may gain better results due to the limited reading and writing abilities discussed and overall a larger sample. I would also advise ensuring the study has a confirmed number of participants before beginning data collection, as well as securing a plan with staff so to avoid any issues in the research environment effecting the quality of data collected. I have learned a lot about what it is to collect data with an external agency and how staffing issues can have a huge impact on not only the quantity of staff available, but staff morale and enthusiasm to assist with the research. These are valuable reflections which will be beneficial for any future research I am to be involved in.

Appendices

Appendix A

Victoria Abrahams

RE: Data collection

To: Lydia Braham, Cc: Joanna Smith

9 May 2019 at 22:03

[Details](#)



Hi Lydia

I hope you're well and that you received my out of office- I've had to take emergency leave this week so apologies I'm only just getting back to you.

If you wanted to come in on Monday you'd be more than welcome to speak with our women in breakfast club. There is another option of speaking to women who attend conditional cautions on Wednesday. We also have an event for MH awareness week on Friday, so feel free to attend then to see if any women are willing to answer the questions.

When you attend on Monday, we can discuss with the rest of the team the content of the questionnaire and asking them to take ownership of having a handful completed each.

I would suggest you call the Bradford centre tomorrow and ask to speak with the CRC workers there, Helen and Shona, to see as and when you can attend in the next couple of weeks.

Many thanks
Victoria

Victoria Abrahams
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[See More from Lydia Braham](#)

Appendix B

Reply all | Delete | Junk | ...

[LinkedIn.com/company/university-of-nottingham](https://www.linkedin.com/company/university-of-nottingham)

From: Katy Jones <mczkj@exmail.nottingham.ac.uk>
Sent: 29 May 2019 10:28
To: Louise Sabir <msszls@exmail.nottingham.ac.uk>; Lydia Braham <mxxlb12@exmail.nottingham.ac.uk>
Cc: Shihning Chou <lwzsc1@exmail.nottingham.ac.uk>
Subject: RE: FMHS REC ref no 295-1902 Aggression and Trauma in Female Offenders - approval

Dear Louise,

We are e-mailing to update you about the approved project (reference cited in subject line above). Due to slow recruitment at the Together Women Project in Leeds, Lydia is going to collect data at other Together Women Project branches in Bradford and Hull. We have written this on the ethics application (that these branches exist and recruitment will be based on liaison with TWP managers at each site), but just to keep you informed (as Leeds was written as the primary recruitment site). No data collection will take place outside of Together Women Project sites as stated on the ethics application.

Best wishes
Katy

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RE: FMHS REC ref no 295-1902 Aggression and Trauma in Female Offenders - update noted



Louise Sabir

Wed 29/05, 10:30

Katy Jones; Lydia Braham; Shihning Chou

Reply all | ...

Inbox

Dear Katy

Thank you for updating the committee on your recruitment strategy for this project. This is formally acknowledged by this e-mail.

With best wishes

Louise

Louise Sabir
Committee Administrator

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