Moral Injury in Secure and Forensic Services: The experience of psychologists working in prison and secure hospitals

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Abstract

Background

Moral Injury (MI) refers to the distress experienced after violating one's deeply held moral beliefs. The concept appears relevant for secure and forensic environments, including among psychologists working in these settings and facing ethically challenging situations.

Aims

To explore the lived experience of psychologists working in secure services, and how they experienced, understood, and made sense of the complex and potentially morally injurious events that this involves.

Method

In-depth interviews were conducted with seven psychologists with experience working in secure mental health services and prisons in the UK. The interviews were analysed using Interpretative Phenomenological Analysis.

Results

Three Group Experiential Themes with subthemes were identified: Pull to a Different World, Personal Cost, and Surviving a Morally Ambiguous Landscape. They describe the complexities of working within these systems in the context of their initial appeal and how this evolved after they experienced these environments. They represent the interactions with the self, colleagues, the system, and power, and the various ways this was costly. Internal and external means of managing and surviving are discussed.

Discussion

Clinicians and services would benefit from an awareness of the morally injurious practice of working within these settings, and from tailoring support that works to practically scaffold those involved (beyond staff, including other disciplines and service users), as well as the system. The findings highlight the need to reconsider harmful practices and attitudes. Recommendations are given for policymakers, management, and future research to implement changes and expand the current knowledge base in this area.

Introduction

This thesis explores the experiences of psychologists in secure settings in the United Kingdom (UK) and the resulting moral injury (MI). This chapter contains a description of the authors' relationship to the research, followed by the epistemological position. The introduction reviews secure inpatient mental health and prison services, and the discourse surrounding their value, purpose, and morality. It goes on to consider the potential impact of working within them, introducing the concept of MI. This is followed by a systematic literature review, focusing on the intra- and interpersonal factors associated with the emergence of MI in secure and forensic services, leading to the rationale and research questions.

Position of the Researcher

Relationship to the Research

This project was inspired by previous employment in secure services and working with people who have been held in them for prolonged periods, either during their stay, coming up to release, or in the community. Throughout these roles, I was struck by the ways professionals and incarcerated people navigated these services and described their time there. From both parties, a "do what you need to do to get through it" attitude repeatedly presented itself. Both experienced frustration and felt as though they were cornered into behaving and acting in ways they disagreed with. It was often counterintuitive and resulted in friction or detachment. It was interesting to me that professionals and service users would often report injustice, toxicity, unnecessary restriction with a lack of rehabilitation and care, reporting feeling gaslit by higher-ups. During my time in one of the services, there was additional tension due to the impact of lockdown and COVID, and feeling ignored socially, especially in comparison to their healthcare counterparts, despite the "Hidden Heroes" campaign (The Butler Trust, 2020). I was aware of the privilege of my position as being part of this team, but not directly encountering many of the difficulties they were facing.

There are aspects of my identity that impacted my experiences with these services and inform this research. In many ways, hidden differences have worked in my favour and

enabled a position of privilege. There are aspects of my experience that place me as an "insider" and "outsider", both coming with strengths and difficulties. Familiarity with this area of work provided good relationships with others who could be approached for consultation. It also meant understanding systems and services, and anecdotal access to how others felt about these institutions. My own experience has helped to understand the complex nature of navigating self-preservation and the desire to provide a high quality of care in the context of systemic and social injustice. I hope this allowed me to approach this with a non-judgmental and non-punitive perspective. However, I am also aware of how my visible identity created a position of power, especially in conjunction with the writing and interpreting of others' stories and literature sources. Therefore, it was important to consider my position of privilege and how I may be perceived by participants, as the researcher has a central role in the creation and interpretation of a research project. It was important to approach this research fairly and not to allow my previous experiences as a peer, provider of therapeutic intervention, and psychology trainee to colour my perspective. I strove to find a balance between accessing my experience without imposing it on participants.

Epistemological Stance

Epistemology aims to deconstruct what is considered knowledge to understand what it is and where it comes from. Research and personal experience indicated an ethical responsibility to acknowledge the oppression, inhumane treatment, and history of the institutions under study, and the inequality that has and continues to exist within them. Therefore, this research was guided by a critical realist philosophical standpoint. This was important to this research, considering how the narratives of those inside may be restricted and silenced (Wilson, 2014).

A critical realist (CR) perspective is a contextualist method requiring systemic thinking, viewing behaviour as shaped by a range of social systems (Houston, 2001). It acknowledges individual ways of making sense of experience and the influence of wider social context on these meanings. This also applies to the exploration of phenomena via research, accepting that the researchers' context also influences interpretations. A CR perspective supports the existence of an objective reality, irrespective of subjective beliefs or observations; however, it is "mediated through the filter of human experience and

interpretation" (Fletcher, 2017, p. 183). CR also underscores the importance of "understanding and explanation in anti-oppressive interventions. In effect, it suggests that we can know, not only what appears to be oppressive (at an experiential level), but also the underlying structures that generate such appearances in the person, the cultural sphere and wider society" (Houston, 2001, p. 856). The overall epistemological objective of CR is "to describe and clarify the relationship between observed experiences, events and mechanisms" (Lawani, 2020, p. 323), such as MI, and investigate to obtain knowledge about underlying causality to better understand how things work.

This research aimed to explore the morally injurious experiences of psychologists who have worked in secure services. CR allows for the research to be considered in context and to contribute new knowledge through the acquisition of data, which can bring us closer to objective reality through analysis and interpretation. CR allows the experiences brought by participants to be approached and interpreted through the context and acknowledgment of the socio-political landscape of these institutions, history, and policies, alongside additional contextual factors, such as power disparities (McEvoy & Richards, 2003).

Language and Key Terms

Relevant terminology used throughout is defined in Table 1.

Table 1. Language and Key Terms

Moral Injury (MI)	While there are numerous definitions of MI, this research will refer to MI as distress resulting from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 267).
Potentially Morally Injurious Experiences (PMIEs)	The events that may result in MI are considered Potentially Morally Injurious Experiences (PMIEs). To constitute a PMIE, Bonson et al. (2003) suggest the event must be high stakes, regardless of the outcome, with one's deeply held beliefs of right and wrong being at stake.
Moral Distress (MD)	Moral Distress describes a failure to meet moral obligations despite knowing the right thing to do. This can have lasting physical, emotional, and spiritual consequences, such as anguish or moral anger, frustration, depression, shame, embarrassment, misery, pain, sadness, and ineffectiveness (Austin et al., 2005).
Morals	Morals are defined as "personal and shared familial, cultural, societal, and legal rules for social behaviour, either tacit or explicit. Morals are fundamental assumptions about how things should work and how one should behave in the world" (Litz et al., 2009, p. 699).

Moral Harms Continuum	A spectrum framework, or a continuum, which ranges from Moral Distress to Moral Injury. This includes moral challenges, discomforts and frustrations, moral distress and moral harms and injuries.

- Moral challenges are experiences which do not directly impact day-to-day functioning due to the scale or lack of direct involvement but do impact emotional responses. This includes moral frustrations, where the individual can feel annoyance or contempt without a significant impact on well-being.
- Moral distress, as discussed above, elicits acute emotional reactions that, despite being stressful, do not leave lasting impacts such as changes in personal identity.
- Moral injuries do leave lasting harms, such as deleterious impact on mental health, identity, social and existential beliefs, longstanding feelings of shame, failure, anger, guilt and isolation or alienation (Ricciardelli, Easterbrook, et al., 2024)

Moral Disengagement	Moral disengagement refers to the process of disconnecting from the self and social regulatory mechanisms which adhere them to moral standards. It allows individuals to rationalise and justify immoral behaviour as they disconnect from these standards, allowing them to participate in harmful or unethical acts. They may not experience guilt or distress, but believe their actions are necessary, acceptable, justified or that the standard moral rules aren't applicable (Bandura, 2002).
Burnout	Burnout develops progressively in response to chronic work stress. It can become chronic, causing cognitive and emotional distress, leading to fatigue, cynicism, and a reduction in commitments towards work and their role (Edú-Valsania et al., 2022).

Indeterminate Public Protection (IPP) and Tariffs	An indeterminate sentence, rather than a fixed-term or determinate sentence, is designed to detain individuals considered to pose "a significant risk" (Harrison, 2010, p. 426) of causing serious harm to the public. An IPP sentence has a tariff, a period of time the prisoner must serve, before their case is reviewed by the Parole Board, which will determine if they are no longer dangerous. Release is not automatic after the tariff, and they can be detained indefinitely if decided by the Parole Board. A discharge can be applied for 10 years after their release from custody on licence (Rose, 2012). This sentence has been heavily criticised and abolished. However, there continue to be individuals in custody under an IPP sentence.
Seclusion/Segregation	Seclusion or segregation units are facilities often isolated from the main wings or wards. They are used when de-escalation techniques are ineffective. Individuals will be removed from the general population and involuntarily confined in a minimally furnished, locked room if deemed to pose an increased risk or exhibit disturbed behaviour that is considered unmanageable outside of this environment (Allikmets et al., 2020). Its ethical validity and efficacy have been debated (Laws, 2021)
Secure Services	For this research, Secure Services will refer to anyone in prison or a psychiatric hospital, detained under the MHA, or imprisoned.

Assessment, Care in Custody and Teamwork (ACCT)	An ACCT is "a care planning process for prisoners identified as being at risk of suicide or self-harm" (Pike & George, 2019, p. 1).

Background

Secure Services

Prisons and secure hospitals have a complex history within the UK. There have been changes in purpose, from custodial and containment to the current rehabilitation, person-centred recovery approach found in more recent language, policy, resource allocation, and service structure. The intersection of crime and mental health, and a preoccupation with 'dangerous' people (Turner et al., 2015, p. 604) has contributed to changes in service provision and discussion around its purpose, legitimacy, and function.

Secure services have repeatedly faced scrutiny. Prisons are perpetually seen as "in crisis" (Wilson, 2014, p. 9). In writing his book, Wilson (2014) noted that Britain had more people incarcerated than at any other point in history, with more life sentences than Western Europe combined. MoJ reports, as of March 2025, that there were 8,503 (8,151 male; 352 female) 'unreleased' prisoners serving indeterminate sentences, with the majority beyond tariff (Ministry of Justice, 2025), and a reported increase in the number of detainments under the Mental Health Act (Department of Health and Social Care, 2024). Longer inpatient stays and a secure hospital bed shortage have made them unable to provide inpatient care for those who need it (Gilburt & Mallorie, 2024). Resource and funding limitations are often cited in these discussions, with both justice and mental health services being portrayed as under-resourced (Turner et al., 2015, p. 616).

Sentencing has been described as a "costly, counterproductive failure" (Wilson, 2014, p. 11) with dehumanising histories (Abma, 2004), roots in racism (Fernando, 2017) and sexism (Abma, 2004), functioning with the purpose of "normalising" those it considered "deviant" (Conrad, 2007). Social justice concerns persist, including issues regarding welfare (Holley et al., 2020; C. Smith, 2000), employees' wellbeing (Dennard et al., 2021), and disproportionate incarceration and compulsory mental health treatment for minoritised groups (Barnett et al., 2019; Floyd et al., 2025; Halvorsrud et al., 2018). Despite prisons' rehabilitative purpose, "there were continuities of pain and punishment that could be dated back to the Victorian era, if not the Dark Ages" (Wilson, 2014, p. 120). The system has been described as experiencing a moral crisis stemming from its need to be morally justified to the public, staff, and its subjects (Cavadino & Dignan, 2005). This was complicated by

changes in socio-political attitudes to mental health and crime (Wilson, 2014), with public and widely reported incidents of violence attributed to system failure. This altered public perception, political responses, and policy (Cavadino & Dignan, 2005; Turner et al., 2015; Wilson, 2014).

Psychological Therapies in Secure Services

Prison services have been one of the largest employers of applied psychologists (Towl & Crighton, 2010), aiming to reduce the risk of reoffending. It has been argued that the policies surrounding mentally disordered offenders are "almost wholly to do with public protection and not much to do with humanitarian concerns for the welfare of the individual" (Turner et al., 2015, p. 614). Indeterminate sentences, increases in the number of people being committed, media attention on serious offences, changes in conceptualisations of crime and criminals, and the growth of medicalisation prompted "an overt commitment to the ideals of public protection" (Warr, 2019, p. 12) and an increased need for risk assessment, monitoring, and program delivery, especially with life-sentenced prisoners (Towl & Crighton, 2010). An increased psychological presence provided interventions, the efficacy of which could supposedly be quantified, to replace the previously unquantifiable practice (Stenson, 2012), expanding the services and pathways provided.

Psychologists provide leadership, running the psychology department, delivering training, supervision, and ensuring the appropriate use of psychology staff. They implement and advise on policy, acting as a bridge between psychology, the service, and the research community while also holding a therapeutic and risk management position. Their role includes, but isn't limited to, the assessment, diagnosis, and treatment of mental health issues, addiction treatment, crisis intervention, psychiatric referrals, discharge planning, reflective practice for staff, disseminating care planning, official reports, and risk assessments. In their therapeutic capacity, they manage the "twin tasks of therapy for and secure custody of the inmates" (Morris, 2001, p. 91). Conflicting positions, dual mandates or double binds, such as punishment versus rehabilitation, characterising secure services create unique challenges for psychotherapeutic delivery. They are also subject to the institution within which they work, "their experience of the prison, their interactions within it, their

occupational development, their professional ethos and culture, their working life, their emotional well-being and mental health are all influenced and shaped by the prison" (Warr, 2019, p. 43).

These responsibilities come with complications and necessary ethical considerations. Warr (2019) describes witnessing first-hand the expansion of psychology within prisons, and "the embedding of this professional practice into the very fibre of the contemporary prison" (Warr, 2019, p. 10), moving from a "benign entity" to "a group of staff who wielded a great deal of unchecked power. Unchecked, because unlike with other prison staff who have formal systems of checks and balances to mitigate power, there is no recourse to the power of psychology in prisons, nor is there any avoiding it" (Warr, 2019, p. 10). It's important to consider this power when discussing the ethical responsibilities of psychologists within services that have been argued to compromise the dignity and respect of those within them (Chambers et al., 2014). Psychologist, and their position in the system as experts and communicators of state of mind and risk, hold authority. Foucault describes the unravelling of a justice system if "the accused evades a question which is essential in the eyes of a modern tribunal, but which would have had a strange ring to it 150 years ago: 'Who are you?'"(Foucault et al., 1978, p. 1), placing psychology and psychiatry at the centre of power structures in carceral settings as they provided insight into crime and its rationale.

A psychologist's knowledge and power are exemplified in the narratives communicated via documentation, files, and reports. They conduct "high-stakes risk assessments" (Shingler et al., 2020b, p. 321) which can be used for parole, tribunal, or court hearings. They can have "devastating and unescapable consequences" (Warr, 2019, p. 10) for those subject to these procedures, such as longer periods of incarceration and hospitalisation. They also leave a permanent mark on the individual's record. Forensic services and those within them are susceptible to confirmation bias (Kassin et al., 2013), allegiance effects (Murrie et al., 2013) and Pygmalion effect (Maruna et al., 2011), meaning conclusions drawn in one report may influence the individual's behaviour and professional hypotheses in future reports. Believing these hypotheses are "set in stone" (Shingler et al., 2020a, p. 586) contributes to mistrust towards psychologists and an overall "experience of suffering" (Shingler et al., 2020a, p. 571) associated with risk assessments.

Comparatively, individuals in these settings have limited to non-existent power. Non-adherence to a "normalisation process" or rehabilitation efforts is met with disciplinary procedures (Warr, 2019, p. 40), even though the efficacy of the interventions is based on "middle-class normative assumptions that are highly gendered and racialised" (Hannah-Moffat, 2005, p. 37). The incarcerated are voiceless, "no Governor will believe his word against that of an officer" (Wilson, 2014, p. 118), with attempts to voice concerns being portrayed as a risk to public protection or a lack of accountability.

Psychologists working in these settings have voiced concerns and discomfort regarding their position within these services, referencing the complexities of psychotherapeutic delivery in prisons (Bertrand-Godfrey & Loewenthal, 2011; Harvey, 2011) and the de-legitimising of their profession due to "dehumanising" risk assessments and abandonment of their helping role (Maruna, 2011, p. 672). Some were interpreted to experience discomfort, distancing themselves from a medicalised model of practice, denying, or neutralising, the power and influence they had (Warr, 2019). They have voiced concerns regarding pressure to promptly complete risk assessments while constantly "fire-fighting" (Shingler et al., 2020b, p. 315), prioritising service demands over strategic and meaningful assessments. An awareness of the "massive responsibility" (Shingler et al., 2020b, p. 319) of these assessments and reliance on their opinion by Parole Boards create pressure to know the answers and provide clear recommendations.

The internal conflict between therapeutic and penal values has implications for establishing and maintaining ethical practice (Volker & Galbraith, 2018). The dual-relationship problem describes the tension experienced when balancing psychological practice and risk or security policies in correctional settings. There is some discussion around working conditions and service needs exacerbating this. The conflation of risk and therapeutic concerns means the prison and the criminal justice system are prioritised over the prisoner with whom they work. Gannon and Ward (2014) argue that acquiescence to this dual relationship problem threatens the integrity of the profession as evidence-based practice becomes sidelined. This has the potential to cause individuals they are working with significant harm. This identifies the importance of morality and moral experiences for psychologists in these services.

Moral Injury

There has been limited research exploring the experiences in this population through the lens of Moral Injury (MI). The discussions above suggest it warrants exploration. The concept pertains to intense distress and impairments in various aspects of life following moral transgressions. It was initially explored in military contexts (Griffin et al., 2019). As cited Atuel et al. (2021), Shay (1995) defined it as a "betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation." This definition conceptualises MI in veterans as a consequence of others' wrongdoing. It was expanded to include distress resulting from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 267), including acts of commission and omission. Warzone events which may contribute to MI include betrayal, disproportionate violence, incidents involving civilians, and within-ranks violence (Drescher et al., 2011). MI has been linked to post-traumatic stress disorder (PTSD), major depressive disorder (MDD), hostility, and suicidality in military and civilian populations (Williamson et al., 2018), depression, anxiety, self-harm, substance use, other mental health conditions, treatment seeking, poorer physical health, and quality of life (Hall et al., 2022; McEwen et al., 2021; Roth, Andrews, et al., 2022). It has also been suggested to impact spouses and children of deployed military personnel negatively (Nash & Litz, 2013), and was uniquely linked with poorer relationship functioning (Fernandez & Currier, 2023).

Exposure to moral transgressions has been described as "a necessary but not sufficient determinant" (Litz & Kerig, 2019, p. 342) of MI. For example, soldiers use and witness violence, which is socially sanctioned in that context, and exist in unsafe circumstances, making them subject to multiple moral commitments. They have reported injuring or killing, being unable to prevent the suffering of colleagues and civilians, and betrayal at the hands of a leader or a trusted authority figure (Griffin et al., 2019; Martin et al., 2017; Molendijk et al., 2022; Yeterian et al., 2019). The events themselves are Potentially Morally Injurious Experiences (PMIEs), the appraisal of them as a violation of moral frameworks results in MI outcomes (Frankfurt & Frazier, 2016; McEwen et al., 2021, p. 303). When PMIEs are not incorporated into an individual's existing moral framework, they can cause dissonance, ongoing distress, and be associated with significant negative outcomes (Drescher et al., 2011; Litz et al., 2009; Nash et al., 2013; Yeterian et al., 2019). The PMIE

leads "to suffering that threatens one's character and identity" (Atuel et al., 2021, p. 162), creating "a state of loss of trust in previously deeply held beliefs about one's own or others' ability to keep our shared moral covenant" (Nash & Litz, 2013, p. 368). If the cause of the event is attributed globally (not dependent on context), internally (as a character flaw), and stable (enduring experience of being tainted) (Litz et al., 2009, p. 700), the individual experiences enduring negative self-referential emotions, such as guilt and shame, and anxiety surrounding potential consequences, including being judged. They may view themselves as immoral, unforgivable, and the world as an unjust place (Litz et al., 2009, p. 698). These emotions and beliefs can lead to isolation, withdrawal, and avoidance, making reparation and correction more challenging as avoidance tends "to thwart successful accommodation" (Litz et al., 2009, p. 698) of the PMIEs, which would allow for self-forgiveness and repairing experiences.

The experience of MI has been suggested to be role-dependent (Figure 1). The literature discusses a betrayer (the individual who has committed the moral failure), a victim, or a witness (Atuel et al., 2021; Bryan et al., 2014). Atuel et al. (2021) propose that the common denominator amongst these roles is shame, but otherwise the experience of suffering varies. For betrayers, their experiences hinge on their moral failure. They experience guilt and regret because they can link the emotion to their action. Disgust, grief, and sorrow may also be experienced as rumination forces them to re-experience their actions and the consequences. The victim may experience contempt, disgust, regret, and righteous anger at the violation of a moral code. They experience regret as they identify ways they could have prevented the moral failure. A witness may experience the moral emotions of both the victim and the betrayer, albeit to a different intensity. Their experience depends on intra-individual, interpersonal, and intergroup factors.

Figure 1. Moral Emotions by Roles in a Morally Injurious Event (Atuel et al., 2021)
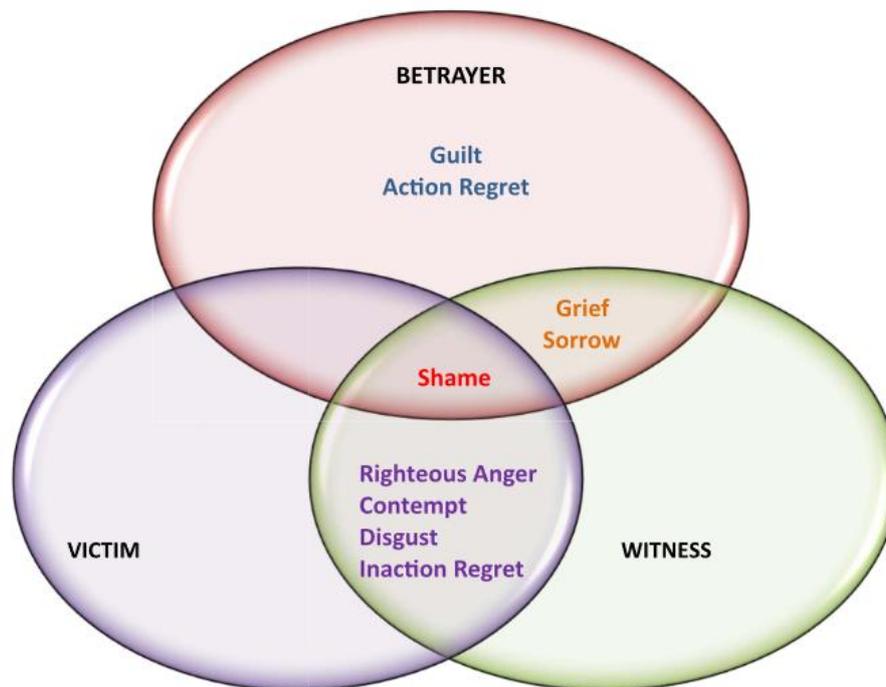
Moral Injury and Development

Bonson et al. (2023) propose that MI is "a substantial degradation of an individual's relationship with self, others, and humanity" (Bonson et al., 2023, p. 76). This definition includes the impact on interpersonal relationships and wider relationships with the community and other people more broadly. It also contains betrayers, witnesses and perpetrator, concepts consistent with previous definitions, but allows for a wider conceptualisations of PMIEs. As discussed, not everyone who experiences PMIEs will experience MI. It has been suggested that early life experiences and the resulting perception of self and the world form the basis for MI experiences. A relationship between Adverse Childhood Experiences (ACEs) and MI has been explored, with a significant relationship between MI and childhood emotional abuse in the domains of betrayals and perceived transgressions (Battaglia et al., 2019). Adult PMIEs may lead to an intensification of these experiences, confirming pre-existing beliefs about themselves, the world, and where they fit in it. The authors hypothesise that shame and guilt are internalised, and this develops a

schema, giving the example, 'I'm no good'. "Subsequent events in the operational theatre may reactivate these same core beliefs, heightening the risk of MI" (Battaglia et al., 2019, p. 6). In Bonson et al. (2023) socio-cognitive model (Figure 2.), they explain that individuals with early experiences which lead to maladaptive beliefs, such as ACEs, may develop MI after exposure to a PMIE while those who do not have these maladaptive beliefs will not. They give the example of a child who has witnessed domestic violence may be vulnerable to MI in adulthood if they experience an event where they are unable to prevent violence to others. The PMIE, not being able to stop violence, confirms maladaptive beliefs from early life, perhaps that they are weak or bad for not being able to protect others.

The Bonson et al. (2023) model includes additional precipitating factors for MI, including lack of social support at the time of the PMIE, concurrent stressors at the time of exposure to PMIEs, or feeling unprepared for the emotional and psychological impact made during the PMIE. They highlight the role of cognitive appraisal patterns, such as self-blame and global perceptions of the world being evil, being bad people, with a loss of faith in humanity overall. Maintaining factors in this model include a lack of self-compassion and self-care and the confirmatory effect of the negative self-referential thoughts if they begin to struggle in their work and home life.

Figure 2. Socio-Cognitive Model of Moral Injury Bonson et al. (2023)
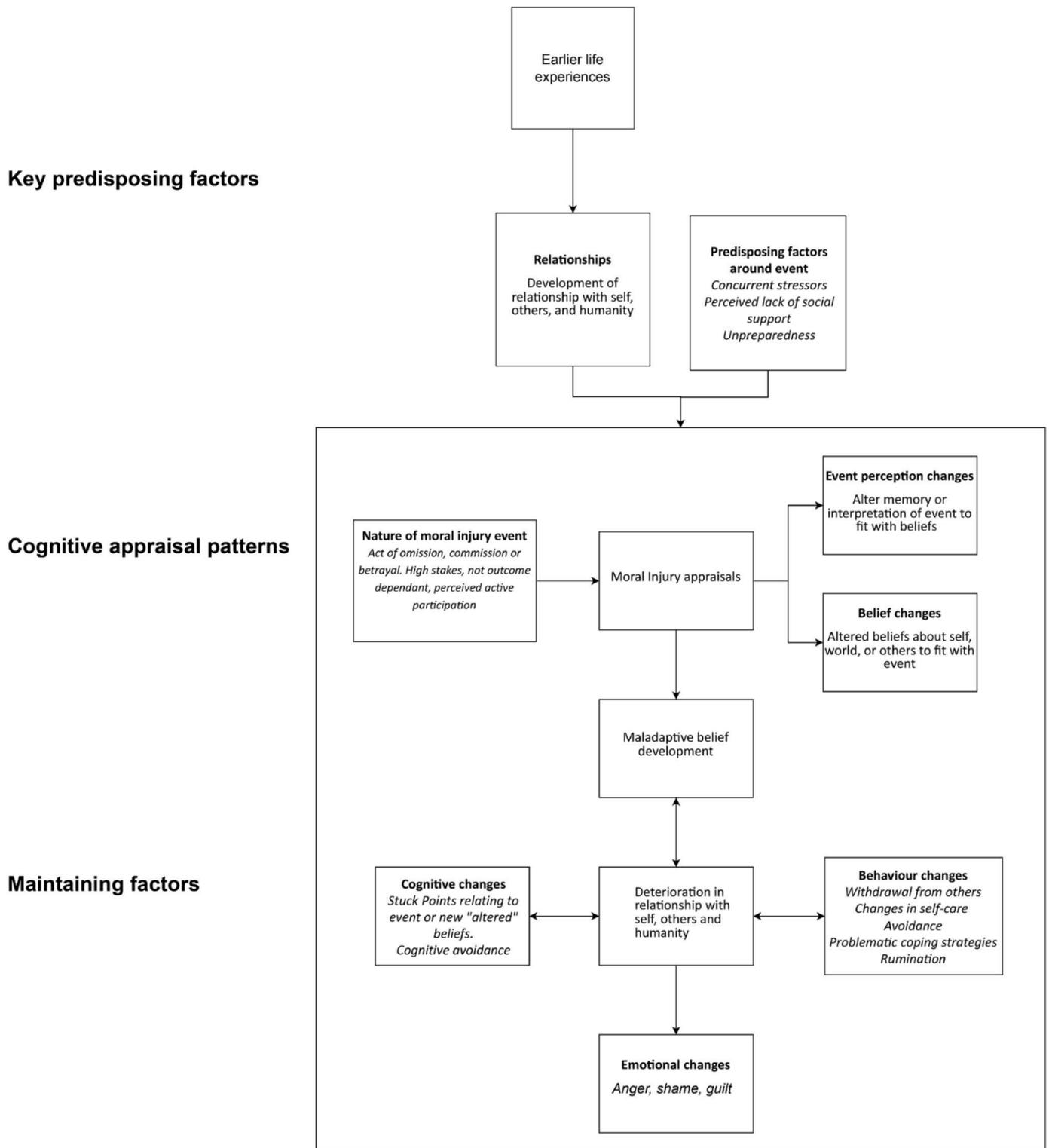
Moral Injury in the Military

MI was a viable concept to the military due to the "emotional, spiritual, and psychological wounds that stem from the ethical and moral challenges that warriors face in combat" (Drescher et al., 2011, p. 8). Combat trauma is unique. Personnel are direct and indirect victims of violence, which they perpetrate in the line of duty (Drescher et al., 2011, p. 8). The experience of these events and the barriers to discussing them with the general population were not captured by Post Traumatic Stress Disorder (PTSD), requiring an expansion of treatment options and considerations (Jobe, 2022; Maguen & Burkman, 2013). PTSD and MI are considered "separate but frequently co-occurring problems" (Drescher et al., 2011, p. 10), supported with neuroimaging (Barnes et al., 2019).

MI "is rooted in a problem with virtues, character, and identity" (Atuel et al., 2021, p. 167), with an emphasis on shame, a loss of core identity, and no longer recognising oneself with a deep mistrust towards institutions that create the conditions for MI (Jobe, 2022). PTSD is characterised by a problem with memory and fear processing. Traditional trauma interventions, such as re-living or re-experiencing, are not suited to tackle MI and may exacerbate the shame experience (Drescher et al., 2011, p. 9). Shame and fear of judgement or rejection act as a barrier to disclosure, which may be worsened by professionals who are unsure how to address it, experience negative countertransference (Onnink et al., 2024), and unknowingly communicate discomfort regarding the acts in question (Litz et al., 2009, p. 696). Additionally, there are no existing evidence-based strategies to guide clinicians.

MI Outside the Military

Research exploring complex moral dilemmas in healthcare (Hossain & Clatty, 2021), police (Papazoglou & Chopko, 2017), public protection or safety personnel, and emergency workers (Lentz et al., 2021) suggests an inevitable moral compromise and recognition of MI, Existing research indicates personal values are "pitted against" (Blumberg et al., 2018, p. 4) the codes of conduct and expectations or orders of their profession and organisation however, there is a scarcity of research exploring this concept in psychological professionals specifically. Moral suffering can arise when their ability to do what is right is impeded by social issues, organisational issues, and poorly functioning systems, which they cannot fix

but hold responsibility for (Smith-MacDonald et al., 2021). Exposure to traumatising material, little decompression time, and dysfunctional coping strategies to navigate moral violations were related to MI in Internet Child Abuse Teams (Tapson et al., 2022). Organisational demands prioritising emotional distancing and control over empathy and support may create additional conflict (Söderberg et al., 2022), which may lead to a decline in personal integrity and compromise, which can lead to MI (Smith-MacDonald et al., 2021). MI "may be another source of unethical decision-making among police officers" (Blumberg et al., 2018, p. 6). Navigating moral frustrations includes attempts to escape moral suffering or transforming ontologically, including suppression and moral compromise (Smith-MacDonald et al., 2021). Organisational, moral, or professional distress in nurses was indicative of their intent to leave their employment (Cummings, 2011).

MI in Forensic Settings

Working in prison comes with unique challenges, feelings of overwhelm, hopelessness, and helplessness due to its unpredictable and inconsistent nature (Dennard et al., 2021). While the approach, conditions and experience of secure settings varies by context, country and remit, such as therapeutic versus general population wings, research indicates the presence, relevance, and applicability of MI in prisons in Canada (Ricciardelli, Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024) and secure services in the UK (Morris, Webb, & Devlin, 2022; Morris, Webb, Trundle, et al., 2022). The criminal justice system is built "to compound and perpetuate the very conditions that create moral injury in the first place" (Jobe, 2022, p. 338), convicting individuals "with no mechanism by which to acknowledge systemic or institutional responsibility in the meshwork of any given legal violation" (Jobe, 2022, p. 338). They hold people against their will and are "inherently depriving and painful, and deeply complex" (Liebling, 2011, p. 532). The "enormous" (Morran, 2008, p. 146) moral dilemmas associated with this have the potential to cause internal moral conflict (Nixon, 2022) and expose individuals to situations which do not align with their ethics or values and are potentially traumatising (Webb, Ireland, et al., 2024; Webb, Morris, et al., 2024). Environment specifics, such as rationalising prolonged incarceration and lengthy hospital stays, balancing the duty of confidentiality and the

sharing of sensitive information for courts and other professionals, may also contribute to moral dilemmas (DiCiro et al., 2024; Williamson, Murphy, Stevelink, et al., 2021).

Research into these services discusses experiences that may implicate MI without using the same language. The environment itself has been documented as being incompatible with treatment ideals (Lloyd et al., 2024) and limiting the therapeutic value (Ricciardelli, Easterbrook, et al., 2024). "Reports from HM Inspectorate of Prisons have repeatedly found living conditions to be poor, describing them in recent years as squalid, poor, overcrowded, insanitary and unacceptable. The inspectorate has reported finding damp cells, unscreened toilets and vermin at some prisons" (Sturge & Beard, 2025, p.5). Overcrowded wards threatened the maintenance of good-quality care (Jansen, Danbolt, et al., 2022). Staff in these settings feel threatened (St. Louis et al., 2023; Weill & Haney, 2017), with an occupational likelihood of exposure to upsetting and potentially traumatising incidents, including threats, abusive language, mental health crises, and staff's use of force (Ricciardelli et al., 2023). It is a challenging environment with high rates of suicide and self-harm. Prisons in England and Wales recorded more than 70,000 incidents of self-harm in 2023, one every seven-and-a-half minutes. Assaults were a rate of one every 20 minutes (Howard League for Penal Reform, 2024) **.** Officers experience psychological and emotional repercussions, including distress, bereavement, guilt, shame, accountability, desensitisation, and PTSD (Nixon, 2022). While specific staff retention rates for the Ministry of Justice's psychology roles are not readily available, the available data on overall workforce figures for HMPPS reported a leaving rate of 10.5% for the year ending March 2025. MoJ identified leadership and staff value as key drivers of staff attrition (HMPP, 2025). Distress can arise from controversial practices, such as restraint and seclusion, and complex ethical dilemmas surrounding them (Moran et al., 2009). Moral tensions can be exacerbated when they are blamed for these practices by the public and the system that employs them, rather than attempts to understand (Johnston & Ricciardelli, 2024). This potentially creates a feeling of loneliness and resentment.

Identity also needs to be considered in discussions around work conditions in these institutions. The racial inequalities have been discussed in terms of the social injustice affecting imprisoned people. The systems of whiteness within these institutions also place those working within them at risk. Prisons are populated by predominantly white prison

staff, with minoritised groups being underrepresented as officers, managers and therapeutic staff (Floyd et al., 2025). Evidence already suggests Black prison officers often feel undermined, lack support from white colleagues, and experience racism in the workplace, which impacts on their mental health, and racially-marginalised officers report a lack of encouragement, guidance and mentoring, and racial discrimination when applying for promotions (HM Chief Inspector of Prisons, 2022).

Controversial practices can exacerbate these moral conflicts within teams. Occupational stress frequently originates in relationships (Norman & Ricciardelli, 2022; Siqueira Cassiano & Ricciardelli, 2023) with colleagues and managers as a primary source of stress (Cooke et al., 2017). Staff may find the practices morally abhorrent but lack the position or agency to refuse engaging with them, making the adherence "to institutional protocol and managerial directives with little participation of their own in decision-making processes" (Crichton & Ricciardelli, 2016, p. 440) morally and personally challenging. This extends to dilemmas where officers have to choose between breaking subcultural rules to "rat out" (Schultz, 2024, p. 749) colleagues or lie about their use of excessive force. They reported an "impossible bind" (Schultz, 2024, p. 752) when receiving orders from management that jeopardised their safety, careers, and health, or potential disciplinary action.

The clientele may be a source of moral discomfort, "I have never felt so morally conflicted as a prison officer than when I saved the life of a child sex offender" (Nixon, 2022, p. 11). MI was described as an "overlooked occupational hazard" (DiCiro et al., 2024, p. 876) for providers of sex offender treatment programmes. Providing care for a population who may be rejected by society may cause inner conflict or may feel like a minimisation of the harm they caused. Professionals may hold a punitive stance that conflicts with professional values. Alternatively, they may feel empathy, which can cause feelings of guilt and moral discomfort (Crawley, 2004, p. 419). These attitudes can be seen in prison staff more generally (Higgins et al., 2022), suggesting it is not exclusive to sex offender treatment providers.

Secure services have specific moral climates and contexts that do not align with social norms. The confusion and contradictions of this moral dualism have the potential to jeopardise positive conceptions of self. In efforts to overcome this, individuals may have to

maintain some values while suspending others. This requires an internal justification to neutralise any guilt or remorse and distance themselves from the consequences, such as patient or prisoner suffering (Scott, 2007). Moral disengagement may be a mechanism that allows individuals to exist in both moral worlds. It explains the psychological processes allowing staff to intellectualise or re-conceptualise their actions of mistreatment as something other than abuse (Weill & Haney, 2017). One way they may do this is through "othering," which acts to rationalise negative attitudes and construct a "warped badge of honour" (Higgins et al., 2022, p430), an illustration of the importance of their work framing themselves as heroes, guardians, and protectors. The authors hypothesised that this demonstrated the weight of the burdens the officers bore, framing themselves positively as a means of mental coping to endure and carry out symbolic violence and dehumanising objectives on behalf of the carceral system (Higgins et al., 2022). Similarly, "coping strategies of simplification, justification, and rationalisation, including doing good, rules and instructions, reciprocity, numbing, and compartmentalization" (Molendijk, 2024, p. 976) were found in military populations.

Prisons have been described as "emotional arenas" (Crawley, 2004, p. 413) where emotions are used to communicate to a social audience what type of person they are. In prison, there is a need for emotional suppression to function (Moran et al., 2009). Research suggests emotional dissonance can manifest as emotional estrangement, which can be created by a complicated emotional terrain. Staff must reconcile different values, rules, and expectations, for example, experiencing empathy, but they are still required to use force. Staff were found to lose the ability and capacity to resonate with the suffering or feelings of incarcerated people, which "has implications for themselves as well" (Higgins et al., 2024, p. 1224).

The emotional investment in the clientele may have a significant impact on the quality of care (DiCiro et al., 2024). Prisoner well-being was higher when they were treated with respect while addressing offending behaviour (Liebling, 2011). Recognition of change and validation are important. In environments where this happens, "prison's purpose and the beliefs of staff complemented each other and could be having a positive effect on the change process" (Blagden et al., 2016, p. 382). Positive staff and prisoner relationships also led to positive results, allowing for the headspace to contemplate and work through intense

feelings. This also affects the survivability of a prison. Staff have specifically indicated that improving prisoner mental health and rehabilitation would improve correctional worker mental health, safety, and morale (Johnston & Ricciardelli, 2024). These environments are incredibly demanding on many aspects of the self, affecting workforce sustainability (Oates et al., 2021). Mental health is tied to operational and organisational factors. The difficulties expressed by staff, feeling drained, distressed, anxious, fearful of returning to the workplace, and embarrassed by mental health difficulties, cause an emotional "spillover" (Johnston et al., 2024, p. 11). This includes difficulty seeing the future, hypervigilance, compulsions due to being institutionalised, and difficulty controlling their anger, which is "ruining" (Johnston et al., 2024, p. 11) their lives.

Rationale for the Current Study

Everyone in secure services is susceptible to MI. Recidivism poses a significant risk for the individual, the public, and professionals. A poorly functioning work environment, such as one with high rates of MI, would have the potential to negatively impact rehabilitation. Psychologists' experiences of prison and secure services through the lens of MI or PMIEs have been under-researched despite the concepts' relevance to therapists more generally (Austin et al., 2005). As discussed, psychologists face unique challenges while holding significant power, with an ethos that has been suggested to juxtapose the attitudes of other professions within these environments (Gangemi, 2024). This adds further complications to the existing complexities of providing therapy in a prison (Harvey, 2011).

This research would contribute to existing literature, focusing on under-researched populations and the role of systems in the development, maintenance, and management of MI. This is especially relevant in the context of challenges faced by the justice system for staff and incarcerated individuals. The study aims to explore and understand the experience and sense-making of PMIEs and how they impacted psychologists who have worked in forensic settings personally and professionally.

Aims

To explore the lived experience of psychologists working in secure services, and how they experienced, understood, and made sense of the complex and potentially morally injurious events that this involves.

Systematic Literature Review

This systematic literature review (SLR) explores the experience of MI within secure and forensic services. This was purposefully broad, hoping to capture if and how MI is present. Existing literature reviews have focused on sources of MI in staff (Webb, Morris, et al., 2024), with minimal exploration of the interpersonal (the interactions and relations with people) and intrapersonal (what takes place within oneself or one's mind) aspects of MI in these settings. Given the inter- and intrapersonal experiences of shame and self-isolation characterising MI, a systematic review of peer-reviewed empirical research was undertaken to address the following:

What intra- and interpersonal factors influence the potential for moral injury and its emergence within secure and forensic services?

The SLR was pre-registered with PROSPERO (CRD42024629617). MI will be discussed on a spectrum framework, or a continuum of moral harms (Litz & Kerig, 2019; Ricciardelli, Easterbrook, et al., 2024) which ranges from Moral Distress to Moral Injury. Previous literature discussed moral suffering, including MI and MD (Papazoglou & Chopko, 2017) and the inclusion of MD (Webb, Morris, et al., 2024), setting a precedent for its inclusion in this review. Morally challenging experiences within secure settings predate the conceptualisation of MI and MD. Therefore, only literature referring to these concepts by name will be included to maintain conceptual consistency.

Search Strategy

Four bibliographic databases were accessed: Scopus, APA PsycArticles, PubMed, and CINAHL. The final search strategy was informed by scoping searches and pilot searches to ascertain commonly used terms and relevant articles. Search terms can be viewed in Appendix 1. They were informed by previous SLRs on MI (Webb, Ireland, et al., 2024). The search terms and keywords were framed using the PICO process (participant, intervention, comparison/outcome) (Boland et al., 2014; Pati & Lorusso, 2018). Specific search strategies

were appropriately adapted to each database. The search terms were discussed, modified, and approved in supervision. The final search was conducted in February 2025. An additional search strategy of reviewing included articles' reference lists for appropriate citations was also utilised.

The inclusion and exclusion criteria were informed by the research aims and the information gathered from the scoping searches. The full criteria can be found in Table 2. Inclusion was not restricted by publication date or location due to the recency of the conceptualisation of MI. Institutions and services vary across countries and contexts, as do concepts of ethics, morality, and emotional expression. This would be carefully considered during analysis. Scoping searches identified articles discussing related topics, such as PTSD, Burnout, or "justice-involved" individuals. It was decided that only studies with MI or MD as the primary focus would be included, which potentially limited the number found. However, it also meant the review focused on how these concepts are currently being considered, investigated, and written about in this setting.

The review focuses on secure and inpatient facilities, therefore, over 50% of the study population had to be from them in a professional or inpatient/prisoner capacity. Where it was clear the study exclusively or primarily referenced outpatient or community services, it was excluded. Articles that did not specify were excluded. If studies appeared to meet the inclusion criteria based on the title and abstract, but the full text was not available, it was requested from the authors. The PRISMA diagram, Figure 3 refers to the number of papers included/excluded at each stage, with the rationale.

Table 2. Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria	Rationale
Methodology: Qualitative mixed methods.	Quantitative methodologies, including psychometric validation studies, unless they speak to intra- and interpersonal factors and impacts of MI.	The review was interested in subjective experience. Quantitative studies provide limited depth and context to the inter- and intra-personal impact of MI, prioritising aspects other than meaning-making.
Population: Staff working in forensic services, secure mental health services, or prisons, of any professional background, and/or service users, residents, patients, or incarcerated individuals in forensic secure mental health services or prisons.	Secure environments which are not forensic or related to criminality, such as immigration or family detention, "holding" centres, or short-stay centres without mention of involvement in crime outside of immigration status. In addition, studies where criminality is discussed, but there's no mention of secure or forensic services involvement, will be excluded.	The focus of the study is the presence and experience of MI in forensic services that restrict freedom and agency, therefore, studies will be limited to restrictive environments. Studies focusing on short-stay centres do not capture the culture or impact of longer sections or sentences, and the effect of these environments on those in them, as staff or detainees.
MI and associated experiences on the moral harms continuum must be part of the primary aims or themes and form the basis for the empirical findings.	Papers referring to MI synonymously with other concepts (burnout, PTSD, compassion fatigue) without mention of MI or MD, or prioritise the exploration of other concepts.	This research focuses on moral harms in these environments, rather than possible PTSD, burnout, or compassion fatigue. It hopes to explore the current knowledge base for the unique experience of MI in isolation from other concepts.

Inclusion Criteria	Exclusion Criteria	Rationale
Studies combining inpatients and outpatients will be considered if the majority of participants are inpatients/incarcerated, or if their responses are identifiable and can be extracted.	Studies exploring MI in both community or outpatient services and inpatient or secure services, with the latter being the minority of participants.	To preserve the focus of the study and the homogeneity of participant experiences.
Peer-reviewed and published empirical papers.	Non-peer-reviewed, for example, opinion pieces without empirical findings, discussion, theoretical, or case study papers.	To improve the quality of the studies and to meet the aim of establishing the existing knowledge and understanding of this area.
Full text available (from search or on request), written or officially translated into English.	Studies not available with English translation.	Language limitations of the reviewer.
Provides a contribution to the knowledge base and is central to the aims of the study.	No additional contribution to the knowledge base (such as, only mentioned in discussion and intro).	To ensure the study and its findings are pertinent (to meet criteria and to synthesize results).

Results of Systematic Literature Review

Once the search terms were identified, trialled, and confirmed, the results were exported to Covidence. A total of 1122 studies were imported for screening, with one added from a reference list, making 1123 papers in total. 482 duplicates were removed. The inclusion/exclusion criteria were applied to the title and abstract of the remaining studies. If there were any queries, it was included to review in full in the next stage. A total of 641 studies were screened, 586 were excluded, and 55 were identified as eligible for a full-text review. 44 of these were excluded, and 11 met the criteria for inclusion (see Figure 3). One article was discussed with the project research supervisor following the full-text review, as it was unclear if it was suitable.

Figure 3. PRISMA Flow Chart
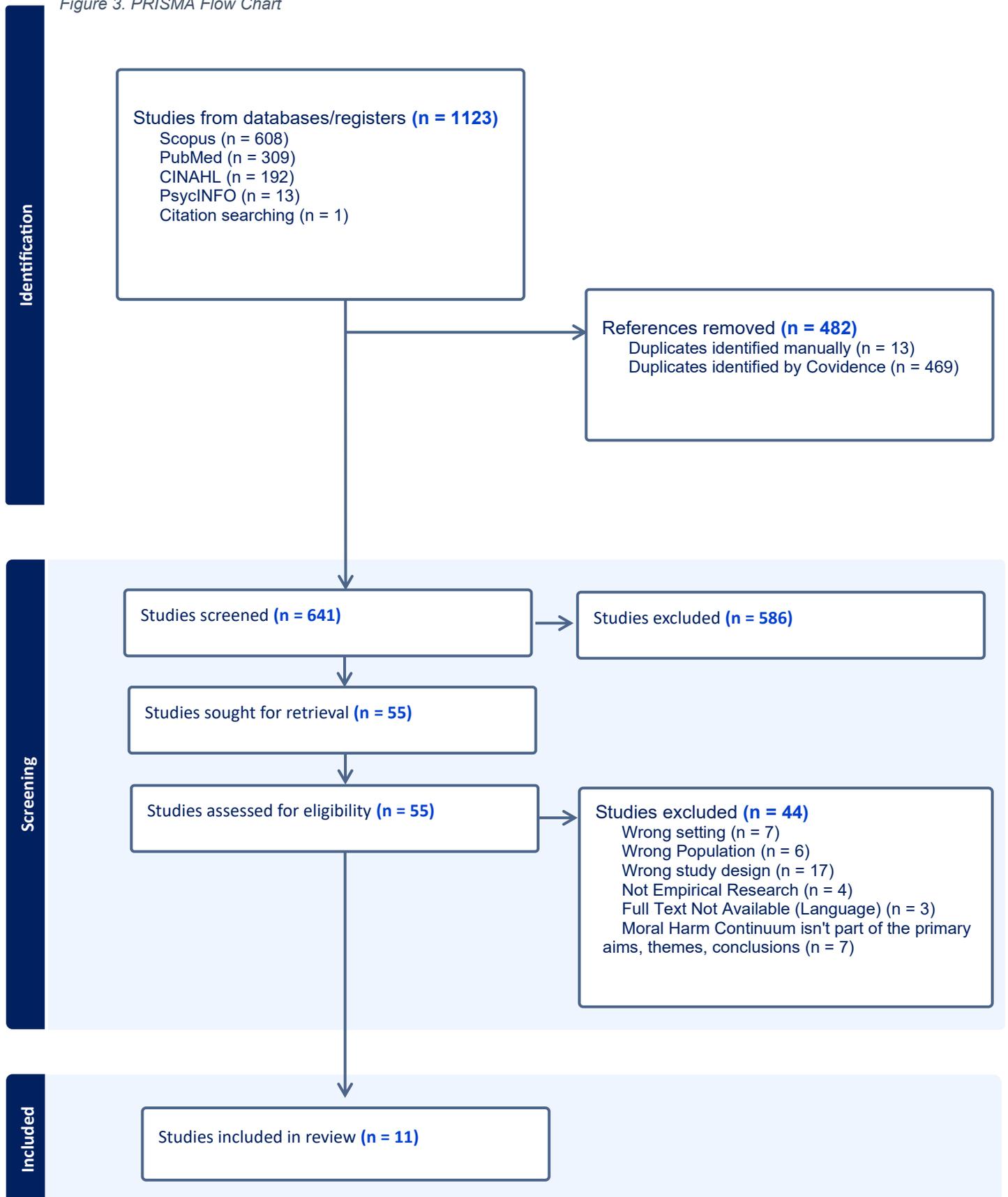
Summary of Included Studies

Studies were conducted in the United States (2), Canada (5), Norway (3), and the UK (1). Only one explored the presence of MI in individuals who were found Not Criminally Responsible (NCR) (Roth, Qureshi, et al., 2022). The others explored the carceral environment and system as a source of moral harm for staff, and how they cope with or navigate morally distressing and ethically challenging situations. Some discussed challenges relating to policies, practice guidelines, or legislation (Jansen, Danbolt, et al., 2022; Lloyd et al., 2024). It is important to note that some of the studies used data from larger studies (Ricciardelli, Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024), and some from the same study (Jansen, Danbolt, et al., 2022; Jansen et al., 2020; Jansen, Hem, et al., 2022).

Data was gathered using a combination of focus groups and individual interviews (Jansen, Danbolt, et al., 2022; Jansen, Hem, et al., 2022), document reviews, observations, and interviews (Musto et al., 2021), and semi-structured interviews (Gangemi, 2024; Gangemi & Dysart, 2024; Jansen et al., 2020; Lloyd et al., 2024; Ricciardelli, Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024; Roth, Qureshi, et al., 2022; Taylor et al., 2024). They used a variety of designs, including phenomenological qualitative (Gangemi, 2024), interpretative phenomenological analysis (Gangemi & Dysart, 2024; Lloyd et al., 2024), thematic analysis (Jansen, Danbolt, et al., 2022; Jansen et al., 2020; Jansen, Hem, et al., 2022; Roth, Qureshi, et al., 2022), semi-grounded constructed approach (Ricciardelli, Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024; Taylor et al., 2024), and grounded theory (Musto et al., 2021). All articles were published in the last 6 years. Table 3 provides a detailed summary of the studies.

Table 3. Summary of Articles

Authors (Year)	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Gangemi (2024)	To explore the experience of correctional environments for correctional mental health professionals.	Data Collection: Non-probability, purposive recruitment strategy, and semi-structured qualitative interviews Data Analysis: Data were coded and categorized for thematic content analysis using a Phenomenological Qualitative Research approach.	22 Correctional Mental Health Professionals who worked in correctional healthcare roles within the last 10 years in the US	Experiences fall into 5 categories (relationship between mental health and corrections, absence of clinical supervision, harms of the correctional environment, "a different world": professional isolation, and the power of purpose). They highlight MI as a significant issue among correctional mental health professionals.	Strengths: The study addresses a gap in the literature, utilising a robust data collection and analysis process that includes two rounds of coding, a second rater, and transparency regarding the researchers' role throughout. It also provides insights into actionable policy recommendations. Limitations: There is the possibility of selection bias. Participants self-reported largely positive work while describing negative examples of colleagues, which may be indicative of bias.
Gangemi & Dysart (2024)	To explore the prevalence of MI among correctional health care professionals while considering the moral dilemmas and ethical challenges of delivering care in a carceral environment	Data Collection: Nonprobability, purposive recruitment strategy, and semi-structured interviews Data Analysis: Interpretative Phenomenological Analysis.	25 correctional healthcare professionals in the US	Five themes arose (MI as an occupational hazard, incidental versus cumulative MI, institutional betrayal, the intersectional relationship among MI, PTSD, and burnout, and the road to moral repair). Participants had different interpretations of how MI, burnout, and PTSD are similar, different, and evident in their work. They spoke of different journeys towards the development of moral courage and fostering moral and ethical practice.	Strengths: provides a contribution to the knowledge base of MI in a diverse sample, which may indicate trustworthiness and credibility. It offers insights into the prevalence and effects of MI, and offers solutions and exploration of implications for practice, policy, and future research Limitations: There is a possibility of self-selection bias. It relied on self-report, memories, and reflection.

Authors (Year)	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Jansen, Danbolt, Hanssen, Hem (2022)	To investigate if the ideal of reduced use of restrictive, restraining, and coercive treatments within mental health care leads to moral distress, and if so, in what way	Data Collection: Individual interviews before and after the implementation of the Law on Patients' Rights, and three focus group interviews Data Analysis: Data analysed using Braun and Clarke's thematic analytic approach by a team of four analysts.	Thirty nurses working in acute psychiatric wards in two mental health hospitals in Norway	Patients and healthcare personnel may be exposed to a greater risk of violence due to uncertainty regarding what staff should endure. New legislation may prevent vulnerable patients from receiving necessary treatment Aspects of practice can cause guilt and uneasiness External constraints restrict nurses from realising the set treatment ideals	Strengths: The exploration of ethical concerns provides insights into the experience of moral challenges resulting from tension between clinical realities and society's ideals, policies, and legislation. Limitations: Participation was voluntary, which may indicate self-selection or volunteer bias.
Jansen, Hem, Dambolt, Hanssen (2020)	To describe the sources of MD in psychiatric acute care settings, and the features of MD as expressed by nurses working within them	Data Collection: purposive sampling strategy to recruit, and in-depth individual interviews Data Analysis: thematic and hermeneutic, using Braun and Clarke's six phases.	16 nurses in two mental health hospitals in Southern Norway.	Nurses experienced complex moral dilemmas and situations that may cause moral distress. Their moral sensitivity may be a premise for and cause of MD despite divergent views and experiences of moral concerns. Three main themes arose (Experienced dilemmas between nurses' perception of capacity and patients' needs, risk of violence, and dilemmas concerning coercion, and experienced physical and mental reactions to moral distress).	Strengths: This study contributes to existing literature working to decrease the paucity of knowledge within this field. Rigor was obtained through multiple analysts with different backgrounds. Limitations: As participation was voluntary, it cannot be concluded that the views presented are representative of all nurses in the hospital or a wider context.

Authors (Year)	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Jansen, Hem, Danbolt, Hanssen, (2022)	To explore how nurses attempt to cope when in moral distress	Data Collection: A purposive sampling strategy. In-depth individual and focus group interviews were conducted. Data Analysis: Braun and Clarke's six analytic phases for thematic analysis were used.	16 nurses in two mental health hospitals in Norway.	Their job was meaningful and gratifying despite the impact it had on their well-being. The coping mechanisms can be divided into 3 main themes (scoring their thoughts and feelings, not taking work home, or loyalty versus speaking up). It highlights the importance of seeking support from colleagues. Many nurses used compartmentalization as a strategy.	Strengths: This research adds to existing knowledge and experience of this concept. The data analysis included more than one researcher, adding to its credibility. Limitations: This research focuses on individual views and experiences. The recruitment strategy also involved using heads of departments, which may have impacted selection.
Lloyd et al., (2024)	To explore the ethical challenges of balancing weight management and least-restrictive practice for psychiatric patients in insecure mental health settings, and whether this can be considered a source of moral distress for health practitioners.	Data Collection: Opportunity sampling to recruit staff. Participants took part in a semi-structured interview. Data Analysis: Interpretative Phenomenological Analysis	Six staff members from two medium secure wards in a UK mental health hospital	There were a multitude of moral events that evoked feelings of frustration, powerlessness, and anxiety, indicative of MD. Two main themes were identified (the uphill battle of health promotion and practicing in the least restrictive way: a juggling act on a tightrope.)	Strengths: The research was generally in line with existing literature and contributed to expanding it with application to policy and practice, providing recommendations for these areas. Limitations: Time limits impacted the researcher's ability to confidently state that saturation of data had been reached.

Authors (Year)	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Musto, Schreiber, Rodney (2020)	To explore how healthcare providers in acute mental health settings navigate ethically challenging situations, enact moral agency, practice congruence with ethical standards, and mitigate MD	Data Collection: document reviews, observations, and semi-structured interviews. Data Analysis: Grounded Theory approach.	27 multidisciplinary participants who either provided direct care or were in leadership positions	Participants enacted moral agency by risking vulnerability, composed of Pushing Back, Working Through Team Relationships, and Struggling with Inhumanity. Participants who were supported in enacting moral agency were not stuck in MD.	Strengths: The study adds to existing knowledge and helps to clarify the role of action and its constraints in the experience of MD. It demonstrates how policies and practices can be dehumanising, contributing to our understanding of the implications for healthcare at all levels of decision-making. Limitations: Observation was not used for all participants. As the study required participants to volunteer, there may be a bias in who put themselves forward and what they reported.
Ricciardelli, Easterbrook, Turner (2024)	To understand how Correctional Officers (COs) perceive the purpose of the federal penitentiary and how this interpretation affects their views.	Data Collection: Semi-structured interviews with recruits and then yearly follow-up interviews (this study draws on wave 1 follow-up interviews). Data Analysis: social constructionist, semi-grounded approach	93 COs in a Canadian federal prison	Experience shapes perceptions of prison's purpose. Three were identified (rehabilitation, protection for society, and punishment). Moral harms are related to the discrepancy between the perceived role and lived experience. The perception of rehabilitation is key to moral injustice due to the morally conflictual position of the rehabilitator and upholder/witness of factors that stop rehabilitative efforts. The perception of different treatment between the incarcerated and COs or the public adds to perceived injustice, and from COs' concern about the public's misconceptions of their employment.	Strengths: This sheds light on moral harms present in the prison system. It contributes to understanding how moral harms may materialise within prison work. Limitations: The author refers the reader to an additional study to view the study protocol. The limitations, challenges, or necessary modifications were not discussed. It does refer to data collection taking place pre- and post-mandated data collection pause due to COVID-19, but not how this may have impacted the study or results.

Authors (Year)	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Ricciardelli, Johnston, Mario (2024)	To unpack four prevalent sources of organisational stress among correctional officers through the lens of MD.	Data Collection: Semi-structured interviews from a larger study. Data Analysis: A semi-grounded constructed approach to data analysis guided by a realist lens of inquiry was employed.	28 Correctional Officers employed at one prison in Atlantic Canada.	COs interpret and experience moral frustration and distress through their occupational responsibilities, largely overseen by complicated and problematic institutional structures and forms of governance, shedding light on current challenges. Three stressors were identified (challenges with management, staff retention, and training). A fourth organisational stressor is related to the space in which COs work and the lack of support for mental health.	Strengths: Highlights the experience of navigating challenges for officers in the state prison institution, its management, and their guiding policies, structures, and practices. Limitations: The themes arose in the context of the initial study. They were not the result of direct enquiry or intended exploration. The sample size was moderate, and participants were recruited via their union, which may have impacted who was likely to respond and participate.
Roth, Qureshi, Moulden, Chaimowitz, Lanius, Losier, McKinnon (2022)	To explore the presence of symptoms consistent with MI in justice-involved individuals, found NCR	Data Collection: Convenience and snowball purposive sampling. Focus group sessions and individual interviews. Data Analysis: Open and axial coding	Twenty-nine participants, comprised of 9 forensic psychiatry inpatients found NCR and 20 clinical care staff across all disciplines and four inpatient units.	Significant overlap was found between descriptions generated by patients and staff. The themes generated are consistent with a syndrome perspective of MI. Core symptoms included guilt, shame, and loss of trust. Secondary symptoms included both emotional and behavioural sequelae resulting from one or more of the primary symptoms. NCR Patients endorse symptoms consistent with MI	Strengths: This study explores a relatively new concept in an under-researched population, justifying future work in this area. Limitations: Self-report, volunteer participation, and staff putting forward patients may have led to a bias in the experiences reported.

Authors (Year)	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Taylor, M.P.; Ricciardelli, R.; Spencer, D.C. (2024)	To unpack potentially psychologically traumatic events concerning experiences supervising and supporting the re-entry of people convicted of sex related crimes	Data Collection: Participants took part in semi-structured interviews. Data Analysis: Semi-grounded constructed approach.	150 POs participated in the study.	Working with sex crimes contributes to operational stress as "MI". Distress occurred through domains of gender and familial circumstance. Cathartic utility was found in debriefing that supports POs experiencing distress on the job.	Strengths: The study expands the knowledge base, providing possibilities and recommendations that can be applied to real-world settings, practice, and policy. The data analysis was conducted by a team, allowing for collective discussion and inter-rater reliability. Limitations: The results refer to individual experience, and would benefit from further exploration of the impact of gender on experiences, considering three three-quarters of participants identified as female.

Critical Evaluation of Study Quality

The studies were evaluated using the Critical Appraisal Skills Programme (CASP; 2018). It is "the most commonly used tool for quality appraisal in health-related qualitative evidence synthesis." (Long et al., 2020, p. 31). It has been endorsed by the Cochrane Qualitative and Implementation Methods Group (Noyes et al., 2018). It was selected as it is a generic tool for appraising the strengths and limitations of any qualitative research methodology. It is suitable for an independent novice qualitative researcher in health and social care research, therefore, it was appropriate. It assesses methodological strengths and limitations. This includes clarity of aims, appropriateness of methodology, recruitment, and data collection. Additionally, it enquires about the consideration of the relationship between researcher and participants, the ethical rigour of analysis, and the overall value of the research. However, it is a subjective measure, and reflecting on the process, it seems the distinction between "no" and "can't tell" was often marginal. To address this, the prompts were approached with more flexibility, incorporating a "somewhat" response (Long et al., 2020, p. 36) as can be seen in Table 4. Summary of Quality Appraisal. A more detailed table can be found in Appendix 2.

All papers stated their aims and cited relevant research to provide context and rationale for their study, demonstrating the importance and relevance of further exploration into this area. All the studies were focused on understanding and interpreting the subjective experiences of the participant group selected, using a qualitative methodology appropriately. Some of the researchers did not sufficiently justify or explain the rationale behind their design (Gangemi & Dysart, 2024; Musto et al., 2021; Ricciardelli, Easterbrook, et al., 2024), with none discussing alternative methodologies.

The reasoning for the participant pool can be inferred from the context provided, however, one was explicit (Gangemi, 2024). Limitations of the recruitment strategy, reasons for participation, and the effect this may have had on the results were not frequently discussed, with self-selection or recruitment bias as a limitation arising in some of the studies (Gangemi, 2024; Gangemi & Dysart, 2024; Ricciardelli, Johnston, et al., 2024). There was limited discussion on the relationship between the researchers and participants or the project. There was some acknowledgement of prior knowledge influencing methodology and design, and being guided by scholarly and theoretical backgrounds (Ricciardelli,

Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024). Two discussed how the researchers routinely examined their positionality and built reflexivity into the process (Gangemi & Dysart, 2024; Lloyd et al., 2024). Most of the studies refer to the ethics committee that approved the research, but specific ethical considerations and standards were not discussed. Aftercare or the effects of participating were not included in the studies.

The method of data collection was mostly clear and explicit. A few included a copy of an interview schedule (Gangemi, 2024; Musto et al., 2021; Roth, Qureshi, et al., 2022). One study mentioned modifications and why it was necessary, and the potential impact on results (Ricciardelli, Johnston, et al., 2024), and one study mentioned modifying the language at the participant's request (Taylor et al., 2024). In the studies where data were used from larger projects (Jansen, Danbolt, et al., 2022; Ricciardelli, Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024; Taylor et al., 2024) one discussed how they utilized the existing data to ensure homogeneity (Ricciardelli, Easterbrook, et al., 2024), and one discussed how they expanded and created additional opportunities for participants to discuss the identified emergent themes (Jansen, Danbolt, et al., 2022). MI or MD were not part of the interview guide or aims for two of them (Ricciardelli, Johnston, et al., 2024; Taylor et al., 2024), the researchers reported that the topic and themes emerged naturally.

Some of the studies included multiple members of the research team in the analysis and coding (Gangemi, 2024; Gangemi & Dysart, 2024; Ricciardelli, Easterbrook, et al., 2024; Ricciardelli, Johnston, et al., 2024; Roth, Qureshi, et al., 2022; Taylor et al., 2024), strengthening the analysis. However, the analysis process was not consistently reported with sufficient detail, and while data were presented to support the themes and arguments, contradictory data were not discussed. The results and findings were consistently clear and discussed in relation to the initial research question, existing literature, policy, and practice.

All the studies contributed meaningfully to the growing knowledge of MI in forensic and secure services. There was minimal critical examination of the role, potential bias, or influence of the researchers in the process of developing, conducting, and compiling the research. There was no documented discussion on the possible effects of taking part for participants managed by the researchers. It is unclear if these issues are due to reporting limitations, such as word limits and journal requirements, rather than methodological issues.

Table 4. Summary of Quality Appraisal   *Key: Criteria Met (✓) Do not Know (?) Criteria Not Met (X) Criteria Somewhat Met (✓*)*

Authors (Year)	Section A							Section B		Section C
	Aims Clearly Stated	**Appropriate Methodology**	**Appropriate Research Design**	**Appropriate Recruitment Strategy**	**Data Collection Addresses Research Issue**	**Consideration of the Researcher and Participant Relationship**	**Consideration of Ethical Issues?**	**Rigorous Data Analysis**	**Clear Statement of Findings**	**Value of Research?**
Gangemi (2024)	✓	✓	✓	✓	✓ *	X	X	✓ *	✓	✓
Gangemi & Dysart (2024)	✓	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *
Jansen, Danbolt, Hanssen, Hem, (2022)	✓	✓	✓	?	?	X	✓ *	✓ *	✓ *	✓ *
Jansen, Hem, Dambolt, Hanssen (2020)	✓	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *
Jansen, Hem, Danbolt &Hanssen , (2022)	✓	✓	✓	✓ *	✓ *	X	✓	✓ *	✓ *	✓
Lloyd et al., (2024)	✓	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓
Musto et al., (2020)	✓	✓	✓ *	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓ *
Ricciardelli, Easterbrook et al., (2024)	✓	✓	?	✓	✓ *	?	✓ *	✓ *	✓	✓
Ricciardelli, Johnston et al., (20204)	✓ *	✓	✓ *	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓
Roth et al., (2022)	✓	✓	✓	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓
Taylor et al., (2024)	✓	✓	✓	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓

Thematic Synthesis

Thematic synthesis was used to draw together, analyse, and synthesise prominent themes (Thomas & Harden, 2008). This method is often used to analyse data from existing studies. It collates and integrates the findings from a range of primary qualitative research. This involves three stages: line-by-line coding, developing descriptive themes, and generating analytical themes. While these themes reflect the primary studies, they represent moving beyond them, with a new interpretation, generating new interpretive constructs, explanations and hypotheses.

Consideration was given to what would be considered data, and therefore extracted from the identified studies. As there was a range of methodologies and interpretations, data was considered to be participant quotations and statements. This enabled the themes to stay true to the participants' voices. However, these quotations were a representation of the interpretation of the authors, as they were selected to demonstrate the theme or point of the original research. Additionally, while it was originally planned to extract the quotations which addressed the review question, it became apparent that few studies directly focused on this. Therefore, all quotations were extracted for the initial stages of synthesis. The quotes from each primary study were entered into a database to facilitate coding according to their meaning and content. This allowed for the "translation" (Thomas & Harden, 2008, p. 5) of the data. These codes were reviewed for similarities and differences so they could be grouped accordingly.

For stage three, going beyond the initial interpretations in the primary studies, the groups were reviewed and interpreted to explore the different intra- and interpersonal factors which seemed to influence the potential for moral injury and its emergence within secure and forensic services. It can be argued that de-contextualising the findings from the primary studies limits their applicability, therefore, the original contexts were transparently reported and maintained in the synthesis to preserve the impact of setting and sample. This includes factors such as country, type of secure setting, and profession or service user. The themes were reviewed to consider how these factors influenced the synthesis, and if they spoke to one group more than others.

Synthesis of Findings

Three main themes with subthemes were identified, as presented in Table 5. Recurrence of subthemes across studies can be reviewed in Appendix 3.

Table 5. Synthesis of Findings: Themes and Subthemes

Internal	External	Systemic Issues
Feeling Responsible/To Blame	Feeling Undervalued	Resources
Feeling Powerless	No Shared Understanding	Working within Hierarchies
Noticing Internal Changes		
Unable to Meet Internalised Therapeutic Ideal		

Internal

This theme discusses intrapersonal factors which may be influential in the emergence of MI. Participants, professionals and service users across the primary studies spoke of internalised feelings of responsibility, blame, and powerlessness, and the experience of noticing changes within oneself. These are components of MI, and contributed to distress, isolation and failure or inability to do the "right" thing in these settings.

Feeling Responsible/Feeling to Blame

Participants expressed strong feelings of responsibility and blame for many aspects of the environment, systems and outcomes. It was unclear if this was based on relational factors, but it appeared to influence how individuals viewed their position and obligation. Responsibility was discussed by professionals in terms of how they viewed the purpose of their jobs. Staff felt responsible for creating change for service users (Musto et al., 2021), including motivating them to accept treatment in hospital (Jansen, Danbolt, et al., 2022) or to punish, rehabilitate, or protect the public (Ricciardelli, Easterbrook, et al., 2024). There was also the implication of shielding the public from reality, *"we take people that society wants to pretend don't exist and we lock them away in a warehouse, so people can go on and live their peaceful life and pretend that people don't exist"* (Ricciardelli, Easterbrook, et

al., 2024, p. 845). For some, it was their responsibility to uphold ethical considerations, for example, therapists spoke about the juxtaposition of their values and the opposing attitudes from colleagues (Gangemi, 2024). This led to reporting bad practice, *"we're supposed to confront organizational requirements if they violate our ethics and that's what I did at the expense of my career"* (Musto et al., 2021, p. 2464)

Professionals discussed feeling responsible for the actions of others, including acts of aggression or violence. Having *"to shoulder extra heavy responsibilities"* (Jansen, Hem, et al., 2022, p. 176) led one member of staff to develop headaches when they knew they would be short-staffed, and guilt when patients were aggressive or violent. Safety concerns and threats made her *"feel that she should have acted differently, it was her fault, and she should have prepared herself better"* (Jansen, Hem, et al., 2022, p. 176). Guilt and remorse emerged when they were unable to prevent incidents, expressing *"discomfort, guilt, bad conscience, and a feeling of inadequacy when unable to protect patients and staff during episodes of mental and/or physical violence"* (Jansen, Danbolt, et al., 2022, p. 7), making *"the chest physically hurt"* (Jansen, Danbolt, et al., 2022, p. 7). Staff also spoke of the responsibility to stop future offending, and the uncertainty of their ability to detect warning signs because individuals on their caseload had a history of being *"smooth enough or sneaky enough"* (Taylor et al., 2024, p. 13) to offend unnoticed. Professionals spoke about their responsibility to independently manage their own discomfort, implying a necessity of self-reliance, *"I just have to sit there and just let it pass through me, if I have to cry, I have to cry, and then get into what I'm doing"* (Taylor et al., 2024, p. 14). Staff also spoke about their responsibility to separate work and personal life (Jansen, Hem, et al., 2022).

Service users also spoke about feelings of responsibility. One stated *"not a day goes by where I'm glad I did what I did"* (Roth, Qureshi, et al., 2022, p. 601), another carries *" that burden on me"* (Roth, Qureshi, et al., 2022, p. 601) and it *"eats at me"* (Roth, Qureshi, et al., 2022, p. 601) forever. There was a sense of ruminating on other possible courses of action, and feelings of remorse stemming from knowing it could have been avoided. A professional from this study commented on how clarity and capacity gained in recovery increase remorse, leading some to become *"completely reclusive"* (Roth, Qureshi, et al., 2022, p. 604), pulling away from relationships. Rumination and feeling responsible for undesirable outcomes was also observed in professionals, *"she would think about certain episodes and*

wonder what she could have done differently" (Jansen, Hem, et al., 2022, p. 175), or blame their inaction, *"I should have been more assertive"* (Gangemi & Dysart, 2024, p. 6). Others expressed a more general feeling that they were failing the people in the service (Lloyd et al., 2024).

Feeling Powerless

Feelings of powerlessness were a recurring feeling for staff and patients in these settings. These environments required exposure to shocking and upsetting incidents, which staff felt powerless to stop (Gangemi & Dysart, 2024). Powerlessness seemed to contribute to narratives around value and worth. Professionals were interpreted to question their authority. One nurse *"wondered whether they or the patients were in control"* (Jansen, Danbolt, et al., 2022, p. 5). The author hypothesised that the staff worked within a state of uncertainty. Staff spoke about the futility of enforcing rules or boundaries, as their lack of authority made attempts to maintain order ineffective. Staff felt *"there's no repercussion"* (Ricciardelli, Easterbrook, et al., 2024, p. 853) when service users break the rules despite following reprimand procedures. Some "*don't even bother anymore because it's just – well pointless, like why, why even try"* (Ricciardelli, Easterbrook, et al., 2024, p. 853). Not all staff responded to feelings of powerlessness in this way, staff also *"broke those rules all the time"* (Gangemi, 2024, p. 9) to manage the helplessness of being restricted and limited as a counsellor in these settings.

Patients expressed feeling powerless in relation to professionals, being at the mercy of the system and the *"psychiatrists that spin wild tales"* (Roth, Qureshi, et al., 2022, p. 603). Staff saw themselves as *"loyal cogs in the machinery"* (Jansen, Hem, et al., 2022, p. 175), *"part of the system"* (Jansen, Hem, et al., 2022, p. 175), and *"just doing as [the physicians] have decided"* (Jansen, Hem, et al., 2022, p. 175). A nurse stated, *"I am no doctor, I cannot prescribe anything, I am to administer it"* (Jansen, Hem, et al., 2022, p. 175). Framing it as inevitable, *"I can say that I will not give this, but then one of my colleagues will have to do it"* (Jansen, Hem, et al., 2022, p. 175), may be a way to rationalise their participation in treatments they disagree with. Power lay with external influences and higher governing or regulatory bodies, with comments referring to the government *"running it right now"*

(Ricciardelli, Easterbrook, et al., 2024, p. 852). The presence or input of a power structure outside of the organisation seemed to filter into individuals' experiences of their agency or lack thereof.

Participants reported feeling unable to make the changes they wanted to (Musto et al., 2021). Service users were unresponsive to encouragement to participate in their well-being or self-care (Lloyd et al., 2024), and the environments were counterproductive. For example, attempts to motivate movement, exercise, and healthy eating were futile when facilities were not available. Pursuing rehabilitation in traumatising environments felt futile as they exacerbated further antisocial behaviours (Ricciardelli, Easterbrook, et al., 2024). Some staff recognised the barriers service users faced, and how their experiences and history impacted them, and made sustainable change challenging (Ricciardelli, Easterbrook, et al., 2024) and beyond their control.

Noticing Internal Changes

Participants noticed changes within themselves, shifts in their perspectives, views of the service, and their excitement (Gangemi, 2024). Staff were worn out from witnessing high levels of distress (Ricciardelli, Johnston, et al., 2024) and were jaded and traumatised (Gangemi, 2024). Certain cases *"messed me up"* (Taylor et al., 2024, p. 14) and contributed to needing time off. This was attributed to a cumulation of distressing material, changes in personal circumstances, such as having children or working from home around their families (Taylor et al., 2024). Service users were also noted to witness distressing interpersonal incidents, such as acts of violence and co-patients *"in their face"* (Jansen, Danbolt, et al., 2022, p. 4).

Participants across the studies noted a conflict in their sense of self due to *"living in this really small place day in, and day out filled with very damaged people"* (Gangemi, 2024, p. 13). Some reported reduced empathy and becoming *"a darker type of person"* (Gangemi, 2024, p. 11). Working with this client group *"takes a chunk out of your soul"* (Taylor et al., 2024, p. 13) and was *"too hard, too draining"* (Ricciardelli, Johnston, et al., 2024, p. 10). Staff had to *"'recuse' themselves from cases as they were unable to 'compartmentalise'"* (Taylor et al., 2024, p. 11). Exposure to traumatising material left a lasting impression which was difficult to verbalise and became like *"second nature"* which *"doesn't really elicit a response"*

(Taylor et al., 2024, p. 12) despite the participant feeling it should do. Concerns regarding emotional numbness and responses were reflected in other studies (Jansen, Hem, et al., 2022).

Service users also reflected on their identity. One considered the possibility that he *"was just obviously insane for what I had done"* (Roth, Qureshi, et al., 2022, p. 602), but *"it just makes me question my own morality and my own judgement"* (Roth, Qureshi, et al., 2022, p. 602). This may be a contributing factor for some service users resisting progression (Roth, Qureshi, et al., 2022). One member of staff from this study suggested the term *"forensic patient"* (Roth, Qureshi, et al., 2022, p. 601) prevents progress, marking people with their crime, creating intense shame. Experiencing judgment and being labelled (Lloyd et al., 2024) seemed to affect hope for the future. Self-isolation was reported in other studies (Ricciardelli, Johnston, et al., 2024) and was interpreted to have an inter- and intrapersonal association with MI. It was a "*shield between me and my surroundings*" (Jansen et al., 2020, p. 1320). When participants were not purposefully self-isolating, there was still a sense of loneliness (Jansen, Danbolt, et al., 2022) and disengagement or distraction from feelings. This went on to impact relationships with service users. Participants spoke about purposefully trying to leave work at work and take time off. Thinking and considering quitting (Jansen et al., 2020), hypervigilance (Gangemi, 2024), de-sensitisation (Taylor et al., 2024) were also used and may exacerbate MI.

Unable to Meet Internalised Therapeutic Ideal

Staff spoke about feeling unable to provide an adequate service. They felt unable to keep patients safe (Jansen, Danbolt, et al., 2022) or provide care to everyone as *"those who shout the highest demand the most attention"* (Jansen et al., 2020, p. 1319). They had to prioritise *"threatening or very resource-intensive patients"* (Jansen, Danbolt, et al., 2022, p. 5), meaning other patients had to wait for treatment and witness aggressive and violent behaviour (Jansen, Danbolt, et al., 2022). The system was not *"good enough"* (Jansen, Danbolt, et al., 2022, p. 7), creating a disconnect between participants beliefs on the purpose of the service and its actual functioning, *"I don't really think there's a whole lot of rehabilitating going on"* (Ricciardelli, Easterbrook, et al., 2024, p. 848). This was discussed in terms of institutional trauma (Roth, Qureshi, et al., 2022). Participants spoke about the prison environment as a *"con college"* (Ricciardelli, Easterbrook, et al., 2024, p. 851) where

they would become *"involved in prison culture and learning things"* (Ricciardelli, Easterbrook, et al., 2024, p. 849) which were not conducive to rehabilitation. Prisoners were perceived to be *"learning to be better inmates"* (Ricciardelli, Easterbrook, et al., 2024, p. 851). Staff felt they were *"beyond help"* (Ricciardelli, Easterbrook, et al., 2024, p. 852), so *"why even try"* (Ricciardelli, Easterbrook, et al., 2024, p. 853) as it was an ineffective service with a revolving door of inmates (Ricciardelli, Easterbrook, et al., 2024).

The environment itself was not appropriate for the individuals in it, limiting the therapeutic value (Ricciardelli, Easterbrook, et al., 2024). It did not seem to be in line with treatment ideals (Lloyd et al., 2024) and had an *"air of negativity surrounding people inside"* (Gangemi, 2024, p. 12). Its unpredictability left participants constantly *"on tenterhooks"* (Jansen, Danbolt, et al., 2022, p. 4). Overcrowded wards threatened the maintenance of good-quality care (Jansen, Danbolt, et al., 2022). Service philosophies were poorly integrated into the organisation, leaving people's needs unmet (Musto et al., 2021). For example, patients were *"brushed off"* (Musto et al., 2021, p. 2462) due to the stigma of diagnosis. There were people in the service who would have benefited from more specialist support or alternative treatments (Musto et al., 2021) which were not provided. Some treatment approaches also were not permitted (Gangemi, 2024). Working with people who are not receiving the appropriate care also meant staff were subjected to higher levels of aggression (Musto et al., 2021).

Policy changes created difficulties in providing care due staff uncertainty, there is *"no legal basis on which to hold them the way we would have done a few years ago"* (Jansen, Danbolt, et al., 2022, p. 6) leading staff to feel as though their *"hands are tied until they have crossed the line"* (Jansen, Danbolt, et al., 2022, p. 6). Staff did not feel they had appropriate guidance regarding policy, and were left asking *"where to draw the line"* (Jansen, Danbolt, et al., 2022, p. 7). Uncertainty meant tolerating challenging behaviour and violence for *"longer than we perhaps should sometimes"* (Jansen, Danbolt, et al., 2022, p. 4), with negative impact on staff and co-patients who had to endure it. It also created moral indecision. Staff stated they never know if medicating patients was appropriate (Jansen et al., 2020). Participants discussed the ever-changing (Lloyd et al., 2024) balance between least restrictive practice and respecting autonomy. The *"terrible backgrounds"* (Ricciardelli,

Easterbrook, et al., 2024, p. 848) of the service users created uncertainty regarding change and how to end the cycle.

External

This theme considers aspects of working relationships that may be associated with the emergence of MI. Interpersonal challenges appeared to be a factor in the emergence of MI and PMIEs. They impacted how people perceived their value and ability to act in line with their moral code. This was influenced working in close proximity with people who have different beliefs.

Feeling Undervalued

Staff reported interpersonal challenges which may act as a contributing factor to MI and its emergence. This included poor team dynamics and relationships with supervisors (Gangemi, 2024). Professionals felt unappreciated (Gangemi, 2024; Ricciardelli, Johnston, et al., 2024), unsupported and undervalued by colleagues, management, and the public (Ricciardelli, Easterbrook, et al., 2024), contributing to *"feelings of cynicism, exhaustion, and Sisyphean defeat"* (Gangemi, 2024, p. 10). Basic demonstrations of care were missing, for example, *"there's nobody [who] asks you even if you're okay"* (Ricciardelli, Johnston, et al., 2024, p. 12). This was interpreted to be experienced as a lack of support, value, and appreciation. It extended to a lack of respect, as evidenced by belittling and undermining comments, resulting in staff feeling they had to prove themselves (Gangemi, 2024) or seek outside support, as they did not find it in their teams (Musto et al., 2021). Staff reported engrained bullying, which was *"labelled as strong personalities"* (Musto et al., 2021, p. 2465) which they should accept. This was interpreted to be experienced as a lack of regard for their well-being.

Feelings of being undervalued and unsupported were also evidenced by the lack of adequate support. Staff expressed wanting supervision groups (Gangemi, 2024) and on-site wellness officers or psychologists (Ricciardelli, Johnston, et al., 2024). There was a sense of feeling overlooked, with statements such as *"oh the inmates get more support than we do"* (Ricciardelli, Johnston, et al., 2024). Officers expressed frustration with the social distribution of care. Inmates received free access to healthcare equipment that the officers needed but were unable to access, and senior citizens in care homes also received less and paid for it

(Ricciardelli, Easterbrook, et al., 2024). The perceived prioritising of prisoners may have contributed to feelings of undervaluation. This was also evident in the lack of repercussions following prisoner-on-officer assaults (Ricciardelli, Easterbrook, et al., 2024). Staff reported not feeling safe at work (Ricciardelli, Johnston, et al., 2024), feeling forgotten, and as though they were *"taken out of the equation"* (Ricciardelli, Johnston, et al., 2024, p. 7). Service users also expressed feeling neglected and overwhelmed by defeat, having *"received zero psychological benefit"* (Roth, Qureshi, et al., 2022, p. 602). Staff discussed how service users were let down by a society that did not take responsibility for them (Jansen, Danbolt, et al., 2022).

Policy and leadership were associated with feeling unappreciated and unacknowledged, as highlighted in discussions on inadequate sick leave, annual leave, breaks, and training (Ricciardelli, Johnston, et al., 2024). Several participants spoke about ineffective supervision (Gangemi, 2024) and not feeling heard by leadership (Gangemi & Dysart, 2024). This extended beyond the immediate environment, with one participant commenting on *"the seeming lack of appreciation among the national political leadership of the severity of the patients' suffering and the massive challenges healthcarers faced on a daily basis"* (Jansen, Danbolt, et al., 2022, p. 6).

No Shared Understanding

Participants expressed a lack of a shared goal or strategy. This ranged from differing approaches (Jansen, Danbolt, et al., 2022) to witnessing malpractice or neglect (Jansen et al., 2020). Staff felt insulted and undermined by colleagues (Gangemi, 2024). One member of staff spoke about trying to get trays for service users, so they were not eating off the floor. Colleagues who opposed this vandalised the new trays, forcing them to continue as they were previously (Musto et al., 2021). There was poor communication and discussion amongst teams in establishing how to proceed (Musto et al., 2021). This was particularly problematic when they were working without the *"clear limits they needed to make patients and staff feel safe and secure"* (Jansen, Danbolt, et al., 2022, p. 5). Difficulties in teams meant staff felt it was necessary to evaluate their relationships before deciding on their actions, as the wrong choice will *"make my life harder the next time"* (Musto et al., 2021, p. 2464), and they may be excluded (Gangemi & Dysart, 2024). There appeared to be further complexity involved in these decisions, as staff needed to balance caring for others while

safeguarding themselves (Gangemi, 2024), while disagreeing with protocols (Lloyd et al., 2024).

The impact of teamwork can be seen in the positive relationships. Being in a *"good team where we can all talk"* (Taylor et al., 2024, p. 13), listen to each other, and *"be interested in finding a solution"* (Musto et al., 2021, p. 2464) appeared to be protective. Purposefully seeking ways to understand each other (Musto et al., 2021) and *"use each other's experience and come to an agreement, that can remove stress"* (Jansen, Hem, et al., 2022, p. 174). Approachable management contributed, *"my colleagues trust that [when] they come to my office, and they need to cry, or they need to talk, I'm going to keep it in confidence"* (Taylor et al., 2024, p. 13). Debriefs *"when things maybe are a little bit jarring"* (Taylor et al., 2024, p. 13), or brainstorms (Musto et al., 2021) allowed for an exchange of thoughts without judgement, *"even if something could have been done differently, it did not necessarily mean that it was done wrong. Therefore, it was important to be able to talk about things afterwards"* (Jansen, Hem, et al., 2022, p. 175).

Opposing sides were also interpreted in the dynamics between staff and service users, with reports of *"us vs them"* (Gangemi, 2024, p. 8). Studies captured misaligned values with staff feeling uneasy when service users did not appear to experience remorse (Taylor et al., 2024) or *"choose not to be rehabilitated"* (Ricciardelli, Easterbrook, et al., 2024, p. 850). Finding common goals was difficult when staff disagreed with the *"dangerous"* (Lloyd et al., 2024, p. 309) lifestyle choices service users made. This was further complicated when the service users presented with a *"lack of insight"* when unwell (Roth, Qureshi, et al., 2022, p. 604), limiting their awareness or control over their actions. Discussing personal and sensitive topics, such as sexual fantasies with sex offenders (Taylor et al., 2024) who held hostile or misogynistic views (Taylor et al., 2024), made it difficult to form and build productive relationships, especially if the staff was female. This aspect of the job was interpreted to create barriers to developing a shared goal. From a service user perspective, there were reports of frustration with systemic issues impacting relationships with professionals (Roth, Qureshi, et al., 2022). However, involving the patient's support system, including the wider professional team and family (Lloyd et al., 2024) helped build relationships with patients and alleviate staff stress.

Systemic Issues

This theme explored how professionals' and service users' experiences of systemic structures and factors may contribute to the emergence of MI. Resources and hierarchies were barriers to role effectiveness and the well-being of staff and service-users. This made the environments challenging and created a sense of morality as inaccessible.

Resources

Professionals across the primary studies highlighted a lack of resources. Staff described an inadequate working environment, *"my office now is in a cell"* (Gangemi, 2024, p. 9) and units being full to capacity. This placed challenges on staff time, competency, and experience due to the skills needed to de-escalate dangerous situations (Jansen, Danbolt, et al., 2022) and provide an appropriate level of care to all service users. Resource restraints impacted service user's well-being. They were placed in improper placements (Musto et al., 2021), with limitations in specialist support (Lloyd et al., 2024). This meant staff witnessed repeated resolvable issues and service users experienced unnecessary distress. Staff were pulled between engagement and incident management, *"it doesn't help much to check on someone sitting on her bed 20 times during a shift if you don't have time to figure out what goes on inside her head"* (Jansen et al., 2020, p. 1319).

The lack of resources led to injury (Musto et al., 2021). Participants discussed staffing as it affected many areas of practice, including safety and service user behaviour, *"if they're looked after and they're happy, you're gonna have less safety concerns"* (Ricciardelli, Johnston, et al., 2024, p. 11). Poor staffing was described as a *"perpetual problem"* (Jansen, Danbolt, et al., 2022, p. 7). It impacted staff's time and leave, and it was *"wearing people out"* (Ricciardelli, Johnston, et al., 2024, p. 9), and causing people to feel unsafe.

Working within Hierarchies

Many of the issues discussed above were linked to power and hierarchies. For staff, these factors were interpreted to have a stronger influence on the emergence of MI than interactions with service users did, *"it's not the patients that are the problem it's the management"* (Gangemi & Dysart, 2024, p. 5). Management was not considered capable of fixing the prison system (Ricciardelli, Easterbrook, et al., 2024) as they were not looking at important factors for rehabilitation, such as staffing (Ricciardelli, Johnston, et al., 2024).

Mismanagement was felt to lead to resignations (Ricciardelli, Johnston, et al., 2024). There was a call for management with *"common sense 'cause it's not all that common down there"* (Ricciardelli, Johnston, et al., 2024, p. 7).

The hierarchical structure made it challenging for staff to report concerns, *"the person that you say it to is the captain of custody, and he's gonna protect his staff. So, a lot of times when I report something it doesn't go anywhere"* (Gangemi & Dysart, 2024, p. 5). Reporting incidents came with the fear for their job (Musto et al., 2021), and being dismissed (Musto et al., 2021), and invalidated (Jansen, Hem, et al., 2022). This was interpreted to make improvement seem inconceivable, impacting the emergence of MI. In addition to needing to keep unethical practices to themselves, they were also given instructions which went against their morals, *"I'm supposed to be listening to your authority but when you're telling me to work unethically I can't do that"* (Musto et al., 2021, p. 2465). This included unrealistic expectations and work pressures (Musto et al., 2021), such as forced overtime (Ricciardelli, Johnston, et al., 2024). They worked without *"the backing of our management team"* (Ricciardelli, Johnston, et al., 2024, p. 7).

Staff reported feeling constantly controlled, and their actions were a *"requirement coming from 'the outside'"* (Jansen, Danbolt, et al., 2022, p. 5). The power source was not clear, *"the jail is an entity. It's its own entity…but you're under the control or under the thumb of like, it's like now you're doing therapy in Soviet Russia"* (Gangemi, 2024, p. 12), but controlled how individuals made decisions, with some inexperienced staff expressing concerns they will be made to "*go too far*" (Jansen, Danbolt, et al., 2022, p. 5). There were suspicions regarding doctors being motivated by the directive to *"improve statistics"* (Jansen, Danbolt, et al., 2022, p. 5), even if it puts people at risk (Jansen, Danbolt, et al., 2022). This may create mistrust.

Conclusions

This review identified three main themes exploring individual beliefs about oneself, or intrapersonal aspects, and external factors, or interpersonal, which may contribute to the emergence of MI. The results suggest that feelings of powerlessness, blame or responsibility, and recognising changes within oneself, alongside feeling unsupported without teamwork

and poor leadership, influence the potential for MI and its emergence within secure and forensic services.

Critical Reflections on the Review Process

To the best of the authors' knowledge, this is the first review exploring intra- and interpersonal aspects, with the inclusion of service users, in forensic settings. The search strategy was comprehensive, but not without limitations. The current research has limited explorations of MI or MD within the patient/prisoner population, under-representing these experiences. By not including grey literature and only using peer-reviewed journals, there was also the potential for publication bias (Boland et al., 2014). The language of MI is also recent, as is evidenced by the oldest study being 6 years old. Therefore, there were limited studies in this area that met the search terms based on language. Despite intentions, this review was also limited by the lack of collaboration with a second rater in the screening and scoring portions. This would have mitigated the risk of bias or errors. It's important to note that while the aggregated findings produced a higher overall sample, it is based on individual studies of small sample sizes, which impacts generalisability.

How the SLR informed the Empirical Study

The SLR highlighted the scarcity of literature on the experience of MI within secure settings, especially when it came to psychological professionals. It also highlighted the potential value of further exploration into the interpersonal and intrapersonal facets of MI within these settings. The results were used to inform the empirical study to explore these gaps in more detail.

Empirical Study

This chapter introduces the methodological approach used to explore this empirical study's research aims and questions. A rationale for the chosen qualitative design, Interpretative Phenomenological Analysis (IPA), is presented. The research process will be discussed, including the involvement of Experts by Experience (EbE), ethical considerations, and participant and researcher well-being. This chapter also reviews sampling and recruitment strategy and the challenges that arose. The data collection, analysis process, and an appraisal of the quality and rigour of this study are included.

Empirical Research Question(s):

1. How do psychologists in UK secure settings experience PMIEs?
2. What impact do PMIEs have on psychologists in secure services?
3. How do psychologists in secure settings manage the impact of PMIEs?

Design

A qualitative design was considered to be suitable as it facilitates an exploration of individual stories, which can "more fully (and validly) investigate the complexity of human phenomena" (Gough & Lyons, 2016, p. 8) which standardised quantitative measures are unlikely to capture (McEvoy & Richards, 2006). This is especially pertinent for areas with less extensive research and underserved populations (Barker et al., 2015).

Qualitative research is opening "a space inside psychology to do something radically different to link human experience with social action" (Parker, 2004, p. 1). The process of the SLR highlighted that the MI literature in forensic settings has so far focused on the symptomology, and less on the individual stories of how it affects aspects of being within these services. Further qualitative research in MI and forensic services can introduce knowledge to be used as part of "a critical, transformative, and social justice agenda" (Nelson & Evans, 2014, p. 162), scaffolding social change (Nelson & Evans, 2014). This research explores social and contemporary issues, such as systemic and institutional injustice, incarceration, and detention under the Mental Health Act (1983). These issues "often require a plurality of knowledge and expertise" (Zittoun et al., 2009, p. 106) and a

range of perspectives to understand what happens at the levels of a complex phenomenon. This methodology additionally aligns with the CR epistemological stance guiding this thesis (McEvoy & Richards, 2006).

Rationale for Interpretative Phenomenological Analysis (IPA)

This research explores the lived experience of psychologists in secure services, and how they experienced, understood, and made sense of the complex, morally challenging experiences. It was therefore important to use a methodology that enabled a deep exploration to get closer to understanding their experiences. IPA was appropriate as it carefully examines an individual's lived experience and how they make meaning from it (Nizza et al., 2021). IPA allows for a systematic exploration of an individual's experiences, understandings, perceptions, and/or views (Smith et al., 2022). It has an idiographic theoretical orientation, with the researcher conducting a thorough examination of each participant's individual and unique accounts before drawing conclusions on themes or investigating potential patterns of meaning across the participant cohort (Braun & Clarke, 2021).

IPA, with foundations in phenomenology and hermeneutics, relates to the research questions, aims, and epistemological stance. Phenomenological methodologies have a particular interest in understanding "what being human is like" (Smith et al., 2022, p. 7) especially when it comes to what matters and makes up our world. Additionally, IPA is rooted in interpretation and influenced by hermeneutics, or "the theory of interpretation" (Smith et al., 2022, p. 17). Individual accounts offer insight into how they have made sense of their experiences. However, a researcher directly influences the meaning-making process (Smith et al., 2022) and therefore engages in a "hermeneutic circle" (Smith et al., 2022, p. 22), leading to a double hermeneutic (Smith et al., 2022) where the researcher makes sense of how the individual has made sense of their experiences. The analysis is understood as "a dialogue" (Smith et al., 2022, p. 76) between the researcher, the data, and their psychological knowledge, and acknowledges the reliance on interpretive understanding to acquire new knowledge (Fletcher, 2017). This facilitates reflection on the researcher's interpretations. This is necessary for this study as power plays a key role in the systemic

institutions being explored. The study explores the psychologist's positionality within them. It is also important due to the researcher's personal experiences of these systems. Additionally, the researcher's power must be considered due to the nature of MI and the guidelines of ethical researchers in this area (Williamson, Murphy, Castro, et al., 2021). This space for reflection was also important as professional psychologists were being asked to share sensitive information to be used as part of completing DClinPsy, placing a large amount of power with the researcher interpreting their words and experiences.

IPA started in psychology with a particularly strong usage in clinical psychology, contributing theory and understanding of personal accounts (Pringle et al., 2011; Smith, 2011; Smith et al., 2022), supporting its utility and value in psychology research. However, it has been criticised for its rigour and for being overly descriptive (Tuffour, 2017). It is also a time-consuming process, which may be complex for less experienced researchers, requiring the guidance and supervision of more experienced colleagues (Smith et al., 2022). In order to ensure IPA was the most appropriate methodology for this research, other methodologies were also considered and detailed in Table 6.

Table 6. Alternative Methodologies Considered

Methodology	Rationale
Thematic Analysis (TA)	TA provides a flexible and accessible means of analysis (Braun & Clarke, 2006) to seek and develop patterns or themes across cases (Braun & Clarke, 2021). However, there is limited interpretative power (Braun & Clarke, 2006). While it can be used within a theoretical framework to extend its interpretative depth, its analytic procedures remain primarily focused on descriptive-level organisations of meaning, rather than on deeper interpretative engagement. It would be challenging to retain a sense of continuity or contradiction throughout an individual's account, making it difficult to fully understand their experience and their meaning-making. The richness and depth that the study is aiming for may be missed. The "double hermeneutic" role of the researcher would also be overlooked (J. Smith, 2011). While reflexivity is present in Reflective TA, the focus may be broader or more semantic than integral to understanding lived experiences in greater depth.
Narrative Analysis (NA)	NA was considered due to its prioritisation of people's stories and how they provide information about their experience in relation to identity, life, and the structure of our social world (Stephens & Breheny, 2013). However, concerns have been expressed regarding the conflation of narrative and the self, with the potential of a linguistic or social reductionism and determinism (B. Smith & Sparkes, 2006). NA has been criticised for claiming narratives are the same as identity, where narratives, from a more psychodynamic perspective, may be a way to cover aspects of identity that the individual feels shame for. The storied self and felt sense of self or real self are not necessarily the same; the narrative is an ideal or a protection in some cases. So, for MI, where shame is significant, a NA approach may not be a deep enough exploration if it only focuses on the stories or what is said rather than on what is maybe underneath or unsaid (Craib, 2001). A methodology suited for exploring these complexities was deemed more appropriate as it enables the potential exploration of the urge to sanitise personal involvement in the morally injurious experiences, which may be discussed.
Foucauldian Discourse Analysis (FDA)	FDA promotes the voices of those who are often sidelined (Cheek, 2004). It is recognition of alternative forms of knowledge as legitimate allows for the "consideration of power as circuitous with multiple sources and relations, rather than as something that is possessed" (Khan & MacEachen, 2021, p. 2), encouraging an exploration of difference, absence, and local contexts (Kaufmann, 2011). This makes it a suitable tool for highlighting challenges to the establishment or structure of social conditions (Khan & MacEachen, 2021). This method would offer the possibility of examining issues directly related to themes and ideas behind this research topic and question. However, researchers have identified limitations to this approach (Reed, 2000), including challenges in the process of deciding the limitations of contextualised interpretation (Cheek, 2004), giving the analyst power in terms of the imposition of their meanings (Cheek, 2004). It has been criticised for offering "little more than a critical engagement with the way in which the participants are positioned and constrained through their own language use" (Hanna, 2014, p. 147). A constructionist approach, such as this one, focuses on how language is used to construct meaning, challenging the idea that language can infer a person's mental state (Barker et al., 2015). While language was of interest, the primary interest was making sense of the participants' inner world.
Phenomenological	This approach was considered as this study is concerned with people's experience, something central to a phenomenological approach. This approach provides "a rich source of ideas about how to examine and comprehend lived experience" (J. A. Smith et al., 2022, p. 7). While some incarnations of phenomenology are concerned with finding the essence of experience, this project was interested in the experiences of particular people. Rather than situating experience as specific to an incident, process, or relationship, this research was concerned about how meaning is made and people's relationships to the world around them. The interpretation missing from phenomenological perspectives, but present in IPA, was vital for this study.

Consulting with Experts by Experience

The subject matter necessitates an awareness of social responsibility, the power of knowledge, and how it is politicised to actively "attend to values" (Nelson & Evans, 2014, p. 161). Consultation with Experts by Experience (EbE) is increasingly encouraged (Brett et al., 2012) and recognised in research practice (Beames et al., 2021), with positive implications for the consultant (Brett et al., 2014), and the research. It addresses power imbalances characteristic of the researcher-participant dynamic, challenging narratives in academia and psychology (Scholz et al., 2021). This was relevant and necessary for this research. The researcher was a trainee psychologist, interpreting the experience of potentially qualified and experienced psychologists who may have greater experience in these institutions and practice more generally. Working collaboratively with an Expert by Experience allowed for reflection on this, and guidance where necessary.

EbE were consulted at various stages. They requested to remain anonymous and declined reimbursement for their time. They had experience in forensic services and with PMIEs. They would not have been eligible to participate in the interviews themselves, but were able to lend their expertise on the organisations in question to improve the functioning of systems that affect marginalized communities (Hailes et al., 2021) and their peers. These conversations were scaffolded by principles of a feminist and multicultural model of consultation (Hoffman et al., 2006). The core ideas acknowledge the interdependence between elements of an organisation and contextual variables in influencing the system. This broadens the view away from the individual to a complex interplay of multiple interpersonal and extra-personal forces. This is vital for research in MI, where shame is a significant component. It was necessary to consider the cultural environment of the organisation when designing this research, or the change process. The culture of secure services, as established, exists in a culture based on socially constructed differences, such as gender, race, and ethnicity, with rules and power structures maintaining the status quo. Consultants had an active awareness of the role of culture and how it differentially affects various constituents in the services. A non-hierarchical approach was also attempted, with the consultant and consultee existing in a reciprocal and collaborative relationship. This was important given the maneuverings of power within these discussions (more in Appendix 4).

Initial discussions generated ideas for the aims and purpose of the research to ascertain its value, use, and functionality. It was agreed unanimously that MI was a valuable concept to

the environment and their work. Reflection on their experiences, experiences of colleagues, and service users established the exploration of the experience of moral challenges and their impact as the most useful focus, considering the context of the services. There was a general feeling that PMIEs may be a barrier to performance, limiting headspace, impacting adherence to models, voicing concerns, and disrupting the status quo. This provided clarification and insight into what the community under study may be experiencing. It also gave context to potential barriers in talking about these issues and contributed to the development of the interview schedule. Structuring the interview to focus on the roles of MI, leading up to perpetrating, was deemed the least intrusive given the potentially sensitive nature of the discussions. Consultation included participation in a pilot interview, enabling the interview approach to be practiced, for familiarisation with the schedule and deeper exploration of participants' narratives, and to assess the flow, make changes where necessary, and receive feedback.

Participants

Sampling

In IPA, participants are selected based on their perspectives of a particular experience in specific contexts (Smith et al., 2022), therefore, the sample is homogenous to avoid substantial differences while allowing for variation between participants' experiences or perspectives. Participants were invited to participate due to their experiences working within secure services. It was important to capture detailed and firsthand accounts for a close examination of participant experience. Due to the detailed and time-consuming nature of IPA, sample sizes are relatively small, with between 4 and 10 interviews for professional doctoral-level studies (Smith et al., 2022).

A non-probability purposive sampling strategy was used. The eligibility criteria restricted participation to individuals with at least one year of clinical experience within secure services in the UK. Participation was specific to UK secure service experience to limit the effects of the differences in socio-political contexts, treatment of mental illness, and incarceration across the world. National differences in qualifications and professional responsibilities would disrupt the homogeneity of the sample. The timeframe was selected after consultation as it provided sufficient time for participants to learn the various responsibilities of their job and acclimatise. It was also considered an appropriate time frame due to the nature of the psychologist's

employment contracts, especially pre-qualification, which typically are one-year fixed-term contracts. It was important to have a sampling strategy accessible to all stages of professional training, as the NHS banding system means that those in higher-level banding, and often permanent contracts, may have less therapeutic or frontline responsibilities than their lower-banded colleagues. Participation was also open to individuals who were no longer working in these settings, as it allowed for the opportunity to understand the experience of people who had left. Research also suggests MI builds following the events or experiences (Barnes et al., 2019). Potential participants were not considered eligible if on long-term sickness absence, in receipt of any live warnings, or current disciplinary processes, so as not to interfere with either their recuperation or official processes. There were also some ethical technicalities, where participants could be working in prisons or secure services and participate, provided they were not employed by HMPPS in line with guidance sought and provided by the National Research Committee. Full eligibility criteria can be viewed in Table 7.

Table 7. Eligibility Criteria

Inclusion	Exclusion
Aged 18 years or over (in keeping with the 'Adult' definition set by NHS England).	Below 18 years old (in keeping with the 'Adult' definition set by NHS England).
Experience working within prison or secure services in the UK in a mental health therapeutic role. This would include individuals qualified and accredited in a therapeutic modality alongside a core profession, for example, a qualified nurse or social worker (core professions) who is accredited in Cognitive Behavioural Therapy (therapeutic modality). It would also include those with a professional registration in psychology or psychotherapy, or trainee or therapy assistants who worked under the supervision of a qualified therapist or psychologist during their time working in these settings.	The participant cannot be directly employed by HMPPS at the time of participation.
Worked in prisons or secure services in a therapeutic capacity for a minimum of 1 year.	Below 1 year of experience working in a therapeutic capacity in secure or prison services.
Participants will be eligible if they are employed by organisations or employers other than HMPPS. For example, a participant could be employed by another public or third sector organisation, or under private employment working in a prison, or have worked in a prison previously provided, but no longer directly employed by HMPPS.	Working in secure or prison services in a non-therapy role. For example, research, administration, and officers.
Able to read, speak, and comprehend English, suitable for understanding interview questions and materials (Participant Information Sheet; Consent Form; Debrief sheet).	Those declining participation, withdrawing during recruitment or data collection, request that their data be removed within the 2-week grace period.
Self-reported capacity to discuss events from their professional experience that they consider to be wrong or went against their morals.	Participation will not be appropriate for those off work on long-term sickness absence, in receipt of any live warnings or current disciplinary processes.

Recruitment Strategy and Challenges

Participants were recruited in March and April 2025. The sampling strategy allowed potential participants to opt in, initiate contact with the researcher, and refer other potential participants who may have an interest. The study was advertised on social media platforms with the research poster (Appendix 5). An information sheet (Appendix 6) and consent form (Appendix 7) were made available following an expression of interest.

Despite thorough planning, there were challenges throughout. The design purposefully included various stages of professional training and qualification. While there was sufficient interest from qualified psychologists currently working in these environments, scheduling convenient times to meet proved more challenging than expected. It was hypothesised that this was due to several factors, including the nature of the job, making it difficult to know with certainty when they would either be out of work or in a suitable frame of mind to engage with an interview of this nature. This was somewhat confirmed by the apologies or explanations given by those who were unable to attend or had cancelled. Given the complex nature of MI and these work environments, it was thought to be more suitable to follow a check-in procedure and offer a space to discuss or rearrange rather than repeatedly pursue these potential participants. This did mean most participants were no longer working in these settings at the time of participation, and some did not have experience of working there as a fully qualified psychologist.

Participant Characteristics

Seven psychologists were recruited for this study. All participants had worked as psychologists (assistant, trainee, or qualified) in a clinical capacity in prisons or secure mental health hospitals in the UK for at least a year. In line with the ethical stipulations, demographic information and protected characteristics were not intentionally collected, but their impact could be explored, provided the participants initiated the conversation. Some participants did discuss aspects of their identity while speaking about their experiences. Two participants identified as male and four as female; one did not refer to their gender. To respect confidentiality and anonymity, all participants were invited to select their pseudonyms. Current employment, services they were referring to in the interview, years of

experience, and referral avenue were not collected and will not be shared. This information was redacted from transcripts in the instances where it was volunteered. An overview of participants is provided in Table 8.

Table 8. Overview of Participants

Participant Pseudonym	Secure Hospital/Prison	Working in Secure Services as Qualified/Unqualified
Grace-Jones	Both	Worked in secure settings pre- and post-qualification
Clasford	Prison	Worked in secure settings pre-qualification
Olive	Both	Worked in secure settings pre- and post-qualification
Andie	Both	Worked in secure settings pre- and post-qualification
Ziggy	Both	Worked in secure settings pre- and post-qualification
Sarah	Both	Worked in secure settings pre-qualification
Dominic	Both	Worked in secure settings pre- and post-qualification

Ethical Considerations

Ethical Approval

Ethical approval was gained from the University of Hertfordshire's Health, Science, Engineering and Technology Ethics Committee (Protocol Number 0492 2025 Feb HSET). Confirmation can be viewed in Appendix 8.

Informed Consent

As MI involves revisiting aspects of their practice or challenging experiences, it was important for participants to be aware of the procedure and have sufficient information to

make an informed decision, including how their information will be shared and used. They were provided with an information sheet following an expression of interest. Any additional questions were answered via email. Consent forms were sent via Microsoft Forms. Once completed, they were password-protected, stored securely, and interviews were arranged. At the start of their interview, participants' understanding and expectations were reviewed, with the opportunity to ask further questions. Following the interview, participants were sent a debrief sheet (Appendix 9), containing further information on the study, including the right to withdraw, relevant contact information for services of interest in the context of MI, and the university or project supervisors.

Confidentiality and Data Protection

All participant data was managed and protected in line with the university's ethical guidelines and approval. Thought was given to confidentiality and its limits (Williamson, Murphy, Stevelink, et al., 2021), which participants were informed of. Protecting participants' privacy and identity was important to mitigate shame associated with MI and facilitate sharing, but also demonstrated respect and sensitivity to their experiences. They could choose a pseudonym and were informed of the redaction of identifiable information. They were also informed that direct quotes would be used, so they may recognise their own if they were to read the final write-up. The full recordings were only accessed by the researcher who conducted the interviews. The interviews were transcribed in full, and when the anonymisation process was complete, they were shared with the research team. The full recordings were then deleted. Consent forms and anonymised transcripts will be securely kept for five years on a password-protected, encrypted personal university drive. Recordings and consent forms were kept separately, with no hard copies.

Participants Wellbeing

Research in this field has the potential to cause harm to participants' well-being, dignity, and integrity. Guidance on conducting ethically responsible research (Williamson, Murphy, Castro, et al., 2021) highlighted the impact of the rapid expansion of research if there is not sufficient consideration of the risks. Before embarking on this research, the

utility and value were considered. Involvement of EbE was integral to this process. Existing research was reviewed to establish if it was necessary.

Re-experiencing and re-living components of PTSD interventions may exacerbate the distress and shame present in MI (Maguen & Burkman, 2013). Therefore, it was important to create an interview schedule that did not contribute to this. Discussions with EbE, the supervisory team, and IPA guidelines provided scaffolding. Enquiring about experience rather than the details of events allowed participants to have agency in their narrative without a requirement to unearth the particulars of distressing events. Clear clinical risk protocols were established with concrete plans if distress became unmanageable. Creating and maintaining safety for the participant was prioritised over the collection of data and completion of the interview. Consent and understanding were checked, and questions were welcomed at any time. It was recommended that they schedule the interview for a time and location they feel safe, comfortable, and at ease. They were reminded there was no obligation to disclose information they were uncomfortable with.

This interview method meant participants were not required to disclose ongoing unethical practices or illegal acts, or where they may have happened. This limited the researcher's ability to report concerns if they arose. This nuance required "considerable thought" (Williamson, Murphy, Castro, et al., 2021, p. 3). Principles of participant autonomy and confidentiality were prioritised over disclosure to authorities (Williamson, Murphy, Castro, et al., 2021). However, there were limits to confidentiality with a diligent process for informed consent, which were explained. To honour their participation, the findings were intended to be used to advance policy and intervention development (Williamson, Murphy, Castro, et al., 2021) via dissemination. To protect their confidentiality, their data was anonymised with identifiable information redacted.

As the interviews were remote, there were fewer observable social cues to indicate changes in participant well-being. The tone of the interview was also carefully considered to communicate that their responses did not indicate a poor moral compass or weakness. Gentle questioning was used to facilitate elaboration without intrusiveness. Time was allocated at the end of the interview for reorientation and reflection on participation. Debrief information contained further details of the study and contact details for services that can respond to the participant's circumstances. These were chosen as they were

directly applicable to the institutions, services, and potential emotional and psychological experiences related to PMIEs.

Researchers Wellbeing

The researcher's relationship to MI, especially in secure services, was considered. The personal resonance posed potential risks due to the insider/outsider position. Clear support avenues were identified, primarily the research supervisor, who was able to provide oversight, supervision, and a space to discuss any challenges. Clinical experience and previous exposure to these events, in some ways, helped prepare and manage any potential for distress. There was also a research methods group, which enabled some peer support and discussion if necessary.

It was also important to consider how the research formed the final and most significant portion of the DClinPsy. The thesis enables graduation and career progression by the exploration of the distress of a peer, which had the potential to disregard the initial point of ensuring it is primarily a valuable and necessary piece of research to minimise harm to participants. Supervision was a valuable tool to ascertain if sufficient detail and thought were being put into the analysis and interviews themselves. Connection with consultants and meeting the interviewees was also useful to keep the research grounded and focused.

Data Collection

Interview Schedule

A semi-structured interview approach allowed for flexibility in responding to participants' responses (Smith et al., 2022) and is appropriate for researchers new to IPA (Smith et al., 2022). The interview schedule (Appendix 10) was developed with consultation with EbE, reviews of the literature, and discussion with the research supervisor. The questions aimed to explore experiences of PMIEs and how participants viewed their impact.

Participants were asked to remember what drew them to secure services initially. This question had the intention of getting the participant accustomed to talking and reflecting on their experiences, as is suggested by Smith et al. (2022). This provided insight

into how they perceived their intention or role, moral code, and its compatibility with these services. The interview was organised into experiences of being a witness, victim, or perpetrator of MI. These categories are supported by the literature (Bryan et al., 2014; Bryan et al., 2016). This order allowed for rapport to build before discussing their involvement in these scenarios, as MI literature has shown comparatively low reports of self-transgressions (Steen et al., 2024), which may be attributed to the shame component of MI. Prompts were used when necessary, requested, or to support participants to continue sharing their experiences. Participants were offered the opportunity at the end to offer any information they felt was important or had been missed.

Supervision was arranged during the interview process to encourage curiosity and limit assumptions of knowledge due to the insider-outsider position. It facilitated a continuous review of the process and the potential need for modifications. It also provided a space to discuss the ongoing management of power and position of the researcher as an interpreter of the participant's experience. This allowed the researcher to be mindful of their own biases and to note how their prior conceptions were influencing the interview and the participant's responses. This included the ongoing reflection on how identity impacted the interviews themselves, as well as the interpretation of them.

Interview Procedure

Following expressions of interest, review of the materials, and signing consent forms, the interviews were scheduled. All interviews took place online and were video- and audio-recorded. Participants were informed before the recording started and before the recording stopped. Comments made before or after the recording were not used in the analysis. Evidence on the effectiveness of virtual interviews compared to in-person interviews has been discussed in the MI research (Ricciardelli, Easterbrook, et al., 2024). Participants were recruited from across the UK, and interviews were not permitted to take place at NHS or HMPPS sites. Therefore, virtual interviews were thought to be the most appropriate means of speaking with this group. Access to appropriate technology was not thought to be a significant barrier to participation. Face-to-face interviews can be challenging in experiences involving secrecy, isolation, and shame, while virtual interviews can be a productive means

of gathering data on personal experience (Maia, 2024). All interviews were conducted in English and lasted up to 70 minutes. Attempts to draw the interview to a close were made beforehand to adhere to the 60-minute timeframe. If the participant continued to speak despite reminders of time, it was deemed to be more appropriate to let them finish their thoughts than interrupt them and terminate the interview. Participants were offered an opportunity to reflect and debrief once the recording finished, and additional appointments if they felt it was necessary.

To maintain authenticity, grammar, hesitation, repetition, or other language errors were kept and not adjusted. Transcripts were anonymised and identifiable information, such as names or services, was removed unless it pertained to their experience, for example, gender and race. The transcripts, consent forms, and recordings, until their deletion, were stored in an encrypted online university drive, which only the lead researcher could access. Following the pseudo-anonymisation, they were shared, as necessary, with other members of the research team.

Data Analysis

The data was analysed using the Smith et al. (2022) framework. It provides an outline for the multi-step approach (Table 9). After the interview and before the process below, immediate reflections and recollections were noted down separately and returned to later. Ideas that arose during the process of checking transcripts for accuracy and listening or watching the recordings were noted down, away from the transcripts. This allowed the researcher to "remain with the data" (Smith et al., 2022, p. 78). It was also a means to suspend presuppositions to support bracketing, which is the temporary setting aside of personal assumptions to study a phenomenon more neutrally (Smith et al., 2022). It allowed for the focus to remain with the participants while acknowledging bias and the power of the interpreter in every stage of the data collection, analysis and reporting. The analysis trail for selected excerpts can be seen in Appendix 11.

Table 9. IPA Framework Steps

Step	Process
Reading and re-reading	This stage involved immersing oneself in the data. The video recording was watched and rewatched several times to add mannerisms, gestures, and expressions to the transcript. The audio from these interviews was also listened to separately to focus on and capture non-verbal expressions, tone changes, pauses, laughter, changes in speech pace, and breathing. The transcript was read several times, in conjunction with the video and audio, and also independently. As the recordings had been listened to and watched multiple times, the re-reading of the transcripts contained the participant's voice and mannerisms.
	This stage ensured the participant remained the focus throughout the analysis. It enabled active engagement with the data to facilitate entering the world of the participant. It also facilitated an understanding of the structure and narrative in the interviews, for example, the flow, rhythm, consistency of a thought the participant expresses, ease of expression, segways into other topics, focus on specifics or general information, movement through different periods, disclosing information, expanding voluntarily or requiring prompts and guidance, and how or if this changed throughout the interview.
Exploratory noting	For this stage, a Word document was split into columns, with the transcript on the left. The exploratory notes ran alongside the transcript.

This stage involved noting anything of interest within the transcript. Examining the semantic content and language facilitated the continuance of familiarity with the transcript while also identifying how the participant understands and speaks about their experiences. Consideration was given to language, context, and abstract concepts to help make sense of the patterns of meaning in their accounts. Some of this was reflections, queries, and speculation, while other areas took the transcript at face value. Curiosity and space for further considerations of what may arise later in the transcript were maintained.

The notes consisted of description (descriptive notes), to comment on the subject being discussed, and to summarise the responses in a digestible way. This highlighted key events, situations, and experiences for the participant. Linguistic notes explored the participants' use of language, with particular attention to linguistic features that can contribute to understanding their experience. This includes the use of pronouns, the function of their linguistic choices, repetition, hesitancy, tone, fluency, whether they were articulate, intakes of breath or exhales, and laughter. This also focused on metaphor use and how the participant is positioned in the story via their word choice. The consistency of terms, words, and language was also considered. Conceptual notes were used to explore the data further. This involved asking questions of the data and hypothesising, with some personal reflections to make sense of the participant's narrative. This included the impact of researcher identity on the interview process.

In some instances, where the meaning or interpretation was unclear, challenging to make sense of, or there were spaces with fewer notes, the transcript was decontextualised, with a focus on each word/non-verbal cue, the tone/expression, and content separately. Some aspects of free association were also used to capture what the text is provoking in the

reader, to establish what about the text/recording has done this. This helped to identify how and where researcher bias or power was infiltrating the interpretation, but also provided a basis to explore the data more thoroughly. The initial notes from listening, familiarising, and checking of transcript accuracy were also revisited.

The research supervisor reviewed notes at this stage and provided input, guidance, and initial thoughts. Possible explanations for participants' responses, theoretical constructs, or models were kept in reflective notes and not introduced to the exploratory notes to maintain the focus on the participant, their narrative, and what was important to them.

Constructing Experiential Statements	For this stage, while both the transcript and the exploratory notes were on the working document in separate columns, the focus moved to the exploratory notes while keeping what had been ascertained from the previous steps in mind. This stage involved translating the exploratory notes into a concise summary of what was important in the transcript. The statements aimed to reflect the participants' words and the analyst's interpretation, to reflect the understanding gained. These included reflections of developments within the narrative. Throughout this process, the analyst revisited the statements to reflect on whether they are summarising, rewording, or reconfiguring original data or the exploratory notes.
Searching for Connections Across Experiential Statements	This stage focused on looking for ways of drawing together the experiential statements and producing a structure to allow for all the most significant aspects of the participant's narrative.

This process was conducted manually with handwritten experiential statements displayed in full view of the researcher. This was to ensure that each statement was given equal importance. The experiential statements were annotated to include the participant's pseudonym initials and page number of the transcript (annotated version). They were randomly placed so as to break them up from their initial order and sequence to facilitate a search for a more conceptual order. Different clustering and ordering possibilities were explored, keeping in mind the participant and their account to ensure the clusters were reflective of them and their world.

Statements were clustered together where there seemed to be a similar narrative, story, or sense. From here, they were assigned a title (PET name as indicated below), followed by a subsequent organisation and review where the statements within this PET were differentiated into sub-themes. The main organising device was similarity to draw out the areas the participant felt were the most important.

Naming, Consolidating and Organising the Personal Experiential Themes (PETS)	Each cluster of experiential statements is given a name to describe its characteristics. Where the PETS contained subthemes, these were also named. They were organised in a table to show the PETs, subthemes, and the experiential statements included in their development. In cases where experiential statements were almost replicated or were considered to carry the same meaning, they were compiled together.
Continuing with Other Cases	The process was repeated with the other participants' recordings and transcripts. Conscious effort was made to approach each case to do justice to its individuality. While it is not possible to completely remove the experience of prior transcripts, each participant was approached one at a time, not going straight from one to another, and provided with

space between them. Reflection journals were also kept as a way to keep thoughts from each of them separate and to approach each transcript afresh.

Working with Personal Experiential Themes to Develop Group Experiential Themes (GETs) Across Cases	The PETS were used to create GETs. This stage was done manually and highlights the shared and unique features of the experience across the participants, to explore convergence and divergence. Initial reflections and thoughts on the PETs were reviewed to identify similarities and differences. In some cases, the sub-themes were no longer considered to fit, and a zoom-in or zoom-out approach was taken to explore further, with the option of moving them to somewhere more appropriate. A set of questions was kept in mind; "Which PETS are the most potent across the whole data set? How does a sub-theme in one case echo or reverberate across another? Are there any experiential features that are obviously universal? At which level is the commonality actually shared (PET, subtheme, experiential statement)?... Are your analytic entities reflecting the participants' experience? Are you doing justice to their data and your own analytic work?"(Smith et al., 2022, p. 101) A label representative of each GET was chosen. These were documented to capture the unique way each participant reflected a shared quality. It contains the GET and the group-level subtheme, with the underpinning experiential statements contributed by each participant. As recommended by Smith et al. (2022), for a study of this size, a GET was plausible if it was inhabited by at least half the participants.

| Additional Comments | In the process of writing and sharing drafts, some subthemes and GETs no longer seemed to either represent the participants' experience or address the research question as clearly as hoped. Refining and revisiting were a constant part of the analysis, changes, re-interpretations, re-visiting, and re-ordering were utilised in these incidences. |

Quality Assurance

The quality of this IPA was appraised (Yardley, 2000) as outlined below (Table 10) and considered alongside the markers of a high-quality study (Nizza et al., 2021).

Table 10. Characteristics of Good Qualitative Research as proposed by Yardley (2000)

Principle	Application to this Study
Sensitivity to Context	Sensitivity to context has been demonstrated throughout the phases of this study, including the selection of IPA following the consideration of other possible methodologies. IPA was chosen due to the depth and sensitivity to the data it provides. The nature of IPA itself and the framework of CR emphasise the importance of context. Previous theory and literature were explored in preparation to identify research gaps and how to proceed. This has meant the approach is grounded in the philosophy of the approach and the intellectual history that has been applied to this topic previously. This research was also grounded in past and present socio-cultural and political contexts of the institutions it explores. As recommended by Yardley (2000), careful consideration was given to the voices and perspectives of consultants at every stage of the design. The power dynamic of working with consultants was also continuously reflected on as they were approached as experts, but the researcher had the power to incorporate or disregard their input. After discussion with supervision teams it was decided not to include participants in the analysis due to the interpretative nature of the methodology, and potential counter-productive addition of member-checking (Larkin & Thompson, 2012) Sensitivity was maintained in the analytic process through the immersion into the data and their worlds, and the prioritisation of their voices through the use of direct quotes. Sensitivity to context was also approached in the consideration of the contribution of the listener to these stories, and the futility of remaining neutral. For this reason, the effects of the researchers' actions and

characteristics, including how the researchers' behaviour and characteristics influence the balance of power, were reflected on and factored in to how the data was approached.

Commitment to Rigour	Rigour was sought throughout the process, beginning with the development of competence and skill in the research methods. A prolonged engagement with the topic and immersion in the data contributed to the thoroughness of interpretation. Methodological rigour was maintained through adherence to IPA processes. The data collection was completed with an appropriate sample size for comprehensive analysis, ensuring complete data that could be analysed in depth. The EbE consultations that took place before data collection contributed to the development of the study. Supervisory meetings with the research supervisor enabled the exploration of various avenues of interpretation and opportunities for reflection. The discussion of themes, analysis, and interpretation with supervisors at various stages of the process further developed themes, and provided a deeper exploration of the topic, opening discussions and sharing of ideas to "transcend superficial commonsense understandings" (Yardley, 2000, p. 222). Limitations and idiosyncrasies of the process and interpretation were not ignored, and informed analysis and recommendations. Self-reflection and reflexivity were prioritised throughout the process and discussed in supervisory meetings.
Transparency and Coherence	Transparency and coherence refer to the clarity of the process, evidence, and conclusions. The data collection process, analysis, and coding of transcripts were described in detail. A step-by-step account was provided. The themes and conclusions were compiled from the participants' reflections on their experiences. Excerpts were included as part of the text and in Appendix 11 to allow readers to discern the patterns identified as part of the analysis and maintain the authenticity of participants' contributions and dialogue. Data collection was audio-

and video-recorded. Verbatim transcripts were used and made available to the research team. Transparency is also communicated through the reflections on how motivation, intention, and personal experience of the researcher affected the research and interpretation of participants' responses and the creation of this research. The difficulty involving certain people in the research process was also discussed. The relationship between the existing research and the results or interpretation was also discussed, with consideration of the philosophical framework and personal beliefs or understandings of this area. Transparency was considered in how information was communicated to participants. Participants were provided with information about the research, what to expect, its purpose, and plans for dissemination before consenting to participate.

| Importance and Impact | Before starting the project, existing literature was explored to identify areas that would benefit from further contribution and exploration. Considering various socio-political factors, addressing gaps in MI, psychology, and secure services seemed timely and necessary. This was supported by consultants with expertise and experience in this field. Participants expressed catharsis and appreciation after their interview. The importance and impact can also be considered in relation to the initial objectives, intentions, and the community for whom the findings were deemed relevant. Potential participants and participants confirmed the value, as demonstrated by the expressions of interest and participants' comments regarding the value of the time to talk about these issues during the interview. This suggests there may be potential value upon dissemination to validate other people's experiences. The presentation of the data extends previous findings and puts forward challenging perspectives to open alternative ways of addressing MI. Given the socio-political nature of this topic, there is the potential for this to contribute to changes in how the systems talk and address the |

issues it covers. It elucidates socio-cultural processes regarding incarceration and staff wellbeing, systemic racism and inequality, and resource issues such as poor staffing, which contribute to MI. Due to the research population, it can be considered representative of the real world and applicable to practice, therefore, it applies to services. While this is not participatory research, it could pave the way for it.

Results

This chapter explores the findings using IPA. Direct quotations centre the voices of the participants, with accompanying interpretations to elucidate meaning and illustrate points of commonality and differences, or convergence and divergence (Smith et al., 2022) to identify patterns of connection or variation. This allows for a complex understanding of experiences without losing the unique and idiosyncratic characteristics of the individuals. The Group Experiential Themes (GETs) and Subthemes are outlined in Table 11. The recurrence of themes can be viewed in Appendix 12.

Table 11. Summary of GETs and Subthemes

Pull to a Different World	Personal Cost	Surviving a Morally Ambiguous Landscape
In pursuit of…	Emotional and mental	Looking for allies
Invited, but not welcome	Cost to moral compass	Armour and disguise
Where is the justice in justice?	Cost to perception of self	Making a stand: Reconnecting with morals
Locating power		
Attempting to provide therapy in a Traumatising Environment		

Pull to a Different World

Secure services seemed to be thought of as a different world. Participants were led there on a journey, seeking meaning and purpose. The world of secure services could not be understood without experiencing it, functioning with different norms and rules, separating it from general society. Andie and Olive both made comments suggesting it was the "*real*" world, and by extension, the outside world was superficial. Participants' paths had

similarities, with some discussing the immense commitment of time, focus, and energy (Sarah, Andie, Grace-Jones, Ziggy). For some, joining this world meant turning their backs on the worlds they knew, going against the beliefs, values, and moral code of their family. This "*forensic world*" had distinct moral codes, and participants noticed moral friction in this new community, which was difficult to integrate into. Being confronted with this discrepancy can be thought of as PMIE. This led them to question whether there was any justice in the justice system, consider their relationships with power, and reflect on their place or purpose there.

In Pursuit of…

Participants were interpreted to be in pursuit of something, describing an inexplicable pull, relaying curiosity, academic interests (Olive and Dominic), with a somewhat serendipitous arrival at forensic psychology. Andie described *"the forensic world"* as *"fascinating"* and *"a mystery"* she needed to know more about, despite it being frowned upon in her home, requiring a purposeful and risky pursuit of it. Grace-Jones described it as a "*calling*" and feeling *"very right"* in a way *"I can't really describe."* Finding it was as though things fell into place ("*oh, I get it*") with a realisation of a path that was meant for her, describing it as feeling *"very natural. That's the only way I can describe*." Ziggy's interest was also "*really hard to articulate*." They both seemed to find purpose in exploring how to provide support in these environments. Grace-Jones referred to being a guide or investigator, collaboratively putting together "*a puzzle*" to help "*people feel seen*." This was "*where I fit*".

Clasford spoke of experiences as a young black man and how it inspired "*a passion*" for supporting men with similar backgrounds, to show the system and people in power "*something different, showing them that there were, you know guys like me that can, can support and that can kind of make change…kind of change opinions as well*." Social responsibility seemed central to Clasford's purpose. His connection to these issues prompted him to "*help out and to make change*" despite discomfort with forensic work and his own experiences of being targeted despite no connections to criminality. Grace-Jones also commented on the motivation of shared experience being *"the minority the majority of the time."* Ziggy's had been "*at risk of expulsion*" and thought psychology was all she was

good at, implying finding value and worth, leading her to pursue it as a career. Andie also described difficulties in school, and finding mental or emotional sustenance from psychology, "*I bloody loved it. It was like, I lived and breathed it.*" It may be that firsthand experiences of being overlooked provided connection and motivation.

Sarah's interest was "*not purely like a professional interest.*" An initial curiosity in how people are capable of "*doing really awful things*" and the "*classic*" appeal of true crime "*intensified*" when her brother went to prison. Curiosity in *"is it like nature, nurture"* evolved into "*why someone would, why, why he's done this thing.*" Self-correcting from "*someone*" to "*he's*" was interpreted to demonstrate the transition from general interest to having personal stakes in this, potentially humanising offending. Psychology became a "*quest*" she had not been aware of at the time, and looking back, it was "*maybe not so helpful.*" The symbolism of "q*uest*", interpreted as grand, important, and life-altering, was thought to represent the significance of the truth she was pursuing and the lengths she was willing to go to. Working in secure services offered a way to understand someone close to her, process the events, perhaps heal and repair in finding answers.

Participants' responses were interpreted to indicate the pursuit of purpose, knowledge, understanding, and value through doing something they felt was right. Participants appeared to have an expectation of their ability to achieve these things, and for the system and individuals in it to share the same moral codes and aims. Pursing this work seemed to have strong links to their sense of morality. This search created a feeling of belonging and answered questions they had about themselves, their experiences, and their destiny.

Invited, but not welcome

Participants' stories seemed to contain sentiments of being excluded when arriving in this world, as though they were not welcome in these spaces despite being employed to be there. This was evident through misaligned morals, priorities, and a disregard or open hostility to their presence. Participants described a "*fight*" and "*battle*" (Olive) when relaying attempts to do their jobs, referencing opposing sides, agendas, and priorities amongst teams. Participants had all spoken about the value of understanding someone's

context, the importance of community (Grace-Jones), human-ness (Dominic), fairness (Clasford and Andie), respect (Ziggy), and everyone deserving kindness (Sarah). Participants experienced these values being ridiculed, belittled, and obstructed. This appeared to be experienced as an affront to their intentions and moral values, and needing to work alongside it caused distress and impacted how they viewed themselves. This can be considered as a PMIE.

Participants described themselves as "*voiceless*" or "*just a body.*" Ziggy and Clasford spoke about not being acknowledged by colleagues, implying invisibility, as though a physical presence was required, contributions were not, especially if they involved highlighting transgressed moral codes. Andie was initially hesitant, "*can I do that?*", suggesting uncertainty of her place within the system, as though she was asking herself if she was able, but also for permission. When she did, she was met with comments such as "*not another white fluffy, something about being a psychologist and being fluffy.*" She interpreted this as an unwelcoming attitude to feedback. Ziggy described a "*hostile*" and "*undermining*" environment, colleagues were "*openly being negative about like the service users*", expressing pleasure when her work was not progressing as intended.

Feeling unwelcome appeared to be connected to aspects of identity. Ziggy reported personal attacks on her gender and age from colleagues. Grace-Jones and Clasford spoke about the various violations relating to their race and colleagues' attitudes. Grace Jones spoke of her colleagues connecting race to disruptive behaviour, which they intended to solve by "*whitening up the wing*", a comment highlighting casual and systemic racism, identifying people as "*that kind of black.*" It created a sense of outrage, invisibility, and paralysis due to the unequal distribution of power in the room.

Hostility also came from psychology colleagues. Andie spoke about "*just being looked at*" and dismissed when she reported concerns to a supervisor. Ziggy "*really struggled with the psychology department.*" Escalating poor practice resulting in being labelled "*troublemakers.*" Andie, who spoke about often hearing "*you don't know anything. You're just new*", as though disagreements with the status quo were naivety and a lack of understanding. Olive felt humanising incarcerated people would be destabilising, saying her

views would be considered "*dangerous*" and "*morally dubious*" or "*colluding*" (Grace-Jones and Olive). Andie noticed the impact of this when working in services where staff had been there since "*they still did hanging.*" The managers went "*on gardening leave*" rather than agree to systemic trauma-informed changes, making it difficult for a psychologist, prioritising rehabilitation, fairness, and compassion, to feel welcome. One team *"didn't necessarily know any different, but they didn't want to know any different."* Andie found teams with newer staff welcomed multiple perspectives, *"so everyone's bringing something new to the table or someone's got something important to add."* The value of an established psychological framework was reiterated by Sarah's experiences in a specialist wing with trained individuals with a shared agenda, highlighting "*the difference between, you know, this side of the door and this side of the door".*

Being invited, or employed, but not welcome, was interpreted to create a feeling of straddling two places, being inside and outside the teams. This led to barriers to meeting their goals and purposes, which drew them there, culminating in feelings of frustration, lack of accomplishment, and disrespect.

Where is the Justice in the Justice?

Participants' experience of hostility and witnessing the discrepancy in moral codes may be a PMIE which led to questioning justice of the system overall. Participants described complex feelings about incarceration. When asked, all participants laughed at the idea of prison sharing their moral code, promptly answering "*no.*" Olive stated, "*I fundamentally disagree with the idea of prison*", a sentiment shared by Grace-Jones, who would not "*cast justice services as moral.*" Olive stated, *"justice takes on a brand-new meaning when you work in the criminal justice system for many, many years",* suggesting a disconnect between what the concept of justice and how it is actualised in these institutions.

There was an interpreted association between the perceived lack of justice and a feeling of being stuck. Dominic spoke about the restrictions placed on people while hospitalised as "*not necessarily because of the level of risk,*" but due to a lack of resources. He felt "*stuckness*" for the patients, with his experience reflecting theirs. It seemed to be a source of moral friction as it indicated people were not receiving appropriate care.

Participants highlighted problematic practices. Indeterminate Public Protection sentences made Sarah visibly wince, and Olive highlighted the detrimental impact of segregation. Grace-Jones spoke about prison as inhumane, dehumanising, and re-traumatising, discussing the lack of morality in policy and legislation as indefensible. This led her to question their purpose;

"I'm still trying to understand in 2025, what is the purpose of having a prison? Like what? What actually is the purpose of having a prison? So we are locking people up for an arbitrary number of years based on whatever whatever person feel, however, this person feels how long they should be in prison and people will show that they're making progression. People will do the work and make their way through and then some mistake or mess up or set back will happen and then that means they get thrown back into the system. And then we expect that people who are look who are in the system to believe in the system. So it feels like a big setup essentially and it nothing about it feels just. And I'm sorry if I sound very disillusioned, but you know"

Her disillusionment is portrayed in her presentation of a system acting as a loop of offending and incarceration. The question-and-answer dialogue highlights unmaterialised answers and mirrors her comments about imprisoned people not being heard, and perhaps reflects her experience of a similar dynamic, shown in comments of perceived invisibility ("*do you not see me here?*"). Clasford also experienced the intangibility of progression, speaking about "*bad behaviour*" being rewarded while those "*trying to make positive steps moving forward, they maybe weren't given the same grace.*" He gave the example of a woman being assaulted but losing "*her privileges*" despite body-cam footage confirming she was not at fault. Clasford identified "*fairness*" as one of his main moral codes and perhaps felt that misbehaviour equates to punishment and good behaviour to rewards, however, in these systems, this was not experienced to be the case.

Olive appeared to try to make sense of the dichotomy between the stated goals and the lived experience of prison. On one hand, she understood, "*morally I get it because people need to be, I do think some people need to be in safe conditions and that the public are safer with them locked up,*" but on the other, "*I think banishment, which is at the heart of our criminal justice system, doesn't work. Erm, and therefore it's a bit morally dubious because it doesn't do what it says it's going to do, which is apparently heal, banishment will*

never, ever heal anybody." The use of *"heart"* implies how embedded *"banishment"* is, and how exclusion sustains the functioning of the whole institution. This poses challenges as it directly violates what she feels would be effective.

As Olive navigates prison's conflicting purposes, she introduces the idea that prison would be more just if it were effective. For Sarah, prison was not effective for either of these, causing her personal and professional conflict;

"I just, I don't think the system is fit for purpose at all. I don't think on the whole it helps to rehabilitate people. My brother's been in prison three times in 15 years just because there really hasn't been that sort of like support to help him to to stop reoffending. So again on a personal level, I can, that really conflicts with me because that's a waste of his life, has a knock-on effect on society, on victims. It has a knock-on effect on, you know, family and loved ones."

Participants' responses indicated a disagreement or questioning of the morality, utility, and functioning of secure services. Working within them appeared to be a PMIE in itself, as they found themselves experiencing friction between their values and the system regime.

Locating power

Power arose through all the interviews, either in its absence or in its presence. Participants seemed to experience an intangible, unseen authority, often at odds with a clinician's judgment, contributing to a feeling of diminished control. Participants frequently referred to *"them,"* *"they,"* or *"you,"* speaking as if directly addressing those they held responsible but had not confronted (*"what is the ethos that you operate from?"* - Grace-Jones*)*. Sometimes *"they"* appeared to be a personification of the system or a nameless person higher in the hierarchy. The frequent exposure to these interactions resulted in experiences consistent with MI.

Ziggy was sceptical of "h*aving other people direct your work"*, especially if *"they"* were *"the people holding the money (laughing*)," suggesting financial motivations and providing an ethical service were not compatible. Grace-Jones reflected on services trying to

make "*very impactful and beneficial*" changes, but they "*fall prey to bureaucracy and just become another kind of way to put lipstick on a pig.*" Her wording implies a belief in a dominant predatory power, strongarming services into demonstrating superficial value at the cost of effective ethical practice by disguising ill intention. For example, demanding clinicians spend "*35 hours out of my 37 1/2 hour contracted work week*" (Grace-Jones) in therapy sessions. She stated, "*let's do some math*", adding, "*so that means I have 2 1/2 hours left to I don't know, blink?*" She presented this idea as comical, as though she were explaining it to a small child, highlighting how out of touch with the realities of the environment these demands, and those giving them, were. Her comment, "*I can't remember what his title was, but whomever our manager's manager was of, like, across the service of whatever*" suggests separation from the team and the difficulty in addressing these issues. This was reiterated in Dominic's reference to "*the powers that be*" making unpredictable changes impacting the service. Interactions, first or second hand, resulted in feeling "*powerless*" and "*voiceless*" (Andie), as though they were stripped of any agency. This is reflected in Clasford's statement of being "*just a therapist*", implying no real standing or influence.

When asked about his moral code, Dominic's response, "*I don't want to just go all like (long pause) NHS speak*", suggests the language and associated shallowness used by "*them*" had infiltrated his subconscious. The possibility of embodying "*them*" caused discomfort, as can be seen in Sarah's reflection on navigating her authority.

"*It's kind of there's always a bit of, there was always kind of some level of coercion, and that's uncomfortable, I think, because obviously as a psychologist…you want people to consent and to be like freely choosing something, so there was always a feeling that you were imposing something on people that you're not sure if they really want?*"

Her hesitation and discomfort are present in the delivery, stopping and starting, the use of minimising language, and hesitant speech. Other participants also spoke of internal conflict regarding how they represent power structures they disagreed with. For Olive, it was a powerful and privileged position to be able to think about the concept of power and how it plays out, but she felt it often does not reside in the appropriate places and is not accompanied by sufficient awareness. Olive strove for humility in response.

Participants spoke about the different ways they experience power in these systems, and how they embody it themselves. There was a sense they were at the mercy of a power they could not directly see or speak to, but it controlled large aspects of their experiences either directly or through its influence and demands made of them. This was often in relation to betraying their morals, and these power structures were experienced as an additional barrier to achieving what they had set out to achieve.

Attempting to Provide Therapy in a Traumatising Environment

Participants' experience of exclusion, powerlessness, and injustice, while attempting to work in a morally ambiguous system, contributed to environmental and service barriers in the provision of "*best practice*" (Ziggy) or doing "*good psychology*" (Olive). Participants spoke about secure services as counterintuitive, having to "*beg for resources*" (Ziggy), with constant reminders that the purpose was not to rehabilitate, but to segregate and punish. This was morally confronting for participants. Grace-Jones explained

"prisons aren't created to be progressive. They just weren't. They were created to hold hold human beings, to treat them inhumanely and so that they would be out of sight, out of mind for the quote un-quote kind of law-abiding citizens in the society, and so it's them and us. So they get to be away and we don't have to see them or worry about them. And we just want them to wither away and die is essentially what they were for. And I don't actually know how far away from that we have moved."

Despite the interpreted disdain at distinguishing between "*them and us,*" she holds herself accountable, including herself in the "*we*". This suggests an awareness of how she participates in this, or benefits from it, but is also implicated in its maintenance. From her interview overall, this is something she seemed to feel guilt over, and actively tried to repair. It also creates a sense of hopelessness and regret at the state of the system. This is reflected in Olive's statements discussing the ineffective division of people into "*goodies and baddies*" as "*it's impossible to rehabilitate people if you exclude them*." This highlights the contradictory nature of prison.

Physical aspects of incarceration were morally challenging and considered an inappropriate therapeutic environment. Sarah referenced locking people in "*cages*" and

"not being treated like a human", *"just leaving someone to kind of rot in a cell."* This imagery is reminiscent of leaving incarcerated people to *"wither away and die"* (Grace-Jones), both far away from a safe and therapeutic space, creating an animalistic, discarded waste quality to the people inside. Dominic was restricted by the physical space, and it was not being respected by colleagues. This resulted in him seeing vulnerable women in their cell, on their beds, and next to a toilet. He described it as *"un-containing"* which he found *"very difficult"* especially considering his position of power, and their position of vulnerability and trauma. Sarah also felt that *"just even coming into that setting every day"* was a *"a very difficult place to kind of come into. Like, it's very imposing, very old. It's very like not fit for purpose. It's dark, it's damp (laughing). You know, like to me it just doesn't, it doesn't feel conducive."* This also resulted in seeing people in rooms unfit for purpose, *"I used to see people in a room that the door didn't shut. So you had to put a chair in front of the door."* She was working with life-sentenced prisoners, *"a lot of whom have, like, you know, very seriously hurt someone. (laughing)"* but she *"can't get out of this room"* quickly if needed. She acknowledged, *"this is awful"* but spoke of it with humour, minimising the severity.

There was a sense of *"trying to provide something therapeutic in a setting that isn't therapeutic"* (Sarah) while acknowledging that *"unless you know a wing was taken out and turned into clinical space or there was some very quick building work, there really was there really was no other alternative"* (Dominic). These statements also demonstrate how this way of practicing became the norm, and the potential moral complications if they stopped. This matched Clasford's description of psychology being an *"add-on"* in prisons, with therapy being separate but required to follow authoritarian prison protocols without question, *"It doesn't matter the the ramifications for their mental health."* This created feelings of frustration for Clasford. These attitudes made it difficult to make the changes he aimed for. Dominic spoke about how people would *"just disappear"*, with his tone of voice implying something mysterious, as they were moved to another prison *"with no warning"* in the middle of the work. Andie also spoke of people suddenly being moved, and how destabilising this was, and how an awareness of it impacted their work.

Participants seemed to experience the barriers in the system as restrictions to the quality of care they were able to provide. Their responses were interpreted to indicate growing frustrations and appeared to demonstrate the impact of these experiences and

barriers on how they then viewed their value and purpose. Existing within this system, where they felt unable to work in line with their morals, caused distress consistent with MI.

Personal Cost

Existing in these systems was costly. Dominic stated it was "*quite nice (laugh). Bit of a break*" to spend a few years outside of forensic services, as though it had a personal toll. Participants described the services as "*consuming*" (Andie, Sarah, Ziggy) them in some way, with difficulty leaving work at work (Olive and Clasford), as though it followed them. Their stories implied they paid with their peace of mind, health, and self-worth, noticing changes in their morality and how they saw themselves, their purpose, and their perceived value to others. This theme explores the impact of existing alongside repeated exposure to PMIEs, and how being a psychologist in these systems costs the participants mentally, emotionally, morally, and in terms of their self-concept

Emotional and Mental

Exposure to PMIEs impacted participants' emotional and mental well-being. Participants spoke about the emotional and mental cost of their time working in these services, and recognising these changes once they left. Participants described overwhelm, anxiety, anger, and stress. Grace-Jones recalled crying alone in the toilets due to the pressure. Olive expressed deep discomfort with systemic injustice, torn between wanting to cry, fight, or leave the profession altogether ("*sometimes I wanna cry. Sometimes I wanna run in there and fight*"). Dominic became aware of the emotional burden when leaving work, describing a physical release—"*a gasp for breath*"—in the air-lock, likening the environment to being suffocated.

Some participants seemed to still be finding the language for their experience. Sarah would often say, "*looking back*", demonstrating the role of time in her perception. There was a sense of change within herself, with the past Sarah being far away. Sarah said it took her roughly a year to recognise how being "*pushed to do such extreme things*" affected her, and how the constant state of anxiety she was in actually wasn't normal. It was "*almost like just live with this like, feeling of like conflict and anxiety constantly, that I think it took me a*

bit of time to work through that that wasn't really normal?" Hesitancy in her speech implied continued unearthing of her experience, and how leaving enabled her to start this process. She continues to question, drawing the interviewer in to confirm as though she is seeking confirmation that her emotional response had been appropriate and she was, in fact, normal. It also gives the impression of needing to relearn normalcy when reintegrating into the general public.

The emotional and mental impact seemed to be linked to aspects of identity, such as race. For Grace-Jones this was regarding witnessing comments or incidents of overt racism. Clasford spoke about an incident where he was mistaken for a prisoner, and staff attempted to lock him out despite it being "*quite clear*" he was staff,

"I think shock. The first thing was definitely shock. I was probably quite angry as well (hesitant). I think I just went through phases, so it was like shock initially and then you know, the more I ruminated about it, I started to feel angry and then it just made me feel like, noticed feelings of sadness because it was just like, wow, you know, it's, you know I'm doing, I'm doing everything to, like, kind of help and change. And, you know, you know, you're just getting kind of disrespected. And then it was just like a bit of hopelessness. Like when nothing's really going to change, you know, people, you know, people just have, like, perceptions. And they're not really going to change."

Clasford appeared to be processing how he felt as he spoke, and was particularly struck by his colleague's laughter, with the implication of feeling mocked. He expressed thinking about it and described the effects it had on him in and outside of work, while she "*went about her business and stuff.*" The retelling of the incident seemed un-rehearsed and as though telling it was unfamiliar. It was interpreted as an indicator that he had separated himself from this incident. There also seemed to be some hesitancy around accepting and verbalising how it affected him, especially his anger. This alludes to potential shame and concerns about how he would be perceived, especially in the context of his and the interviewer's identity. Clasford went on to say he had not shared this experience with anyone because he did not know who he would be able to share it with. He had felt "*ashamed by it as well.*"

Olive's demeanour seemed to shift when reflecting on how this job affects her. She wondered if it was having a toll on her wellbeing, "*I'm like, I don't know, maybe this keeps me alive, but it could be killing me. I'm not sure.*" Olive's pace slowed, interpreted to be reflective of the unfamiliarity of considering the impact the environment has on her. This may be self-preservation as someone still in these systems. The juxtaposition between killing her and keeping her alive implied a limbo-like state. "*But I do sometimes just think, I don't know how much my body could with, can take of this. You know, physically I think probably, I don't know. Is it all right? I don't know if I'm alright, really. (laugh) erm.*" Her uncertainty is mirrored in her questioning both herself and the interviewer, as though she were seeking validation or answers. It also suggested a disconnect between her physical state and emotional or mental one, perhaps alluding to a necessary detachment for the sake of perseverance.

Andie described becoming "*a nervous, anxious wreck, if I'm completely honest,*" as though this became her identity. The latter part suggests acceptance of this, with the implication of prior reluctance. It may be indicative of difficulties reconciling the extent of the hurt. For other participants, this presented as incomplete memories. Ziggy often stated, "*I don't know really*", or "*I've probably blocked it out (laugh)*" despite later saying she "*went to the doctors, actually. They said they were like, oh, you've got work-related stress.*" Poor recall was interpreted as blocking out these experiences. She remembered resonating with an article on burnout, but not why. Combined with her statement, "*I think like randomly now tonight I'm going to be like, Oh my God, this happened. And I remember it*" and request to email them, implied a re-familiarisation with her past self and her emotional or mental state at the time. She may have had difficulty recalling specific incidents, as it felt constant, something she confirmed.

Sarah described the vast "*brain space*" occupied by work. Its "*consuming*" nature was a reason not to pursue it. Ziggy talked about anxiety, intrusive thoughts "*creeping in*" and interrupted sleep, when she would "*stress about things that are going to happen or how much work you've got to do.*" Olive stated, "*right now all the patients I work with are sitting in their cells. Some of them are suicidal. Some of them are murderous. Some of them are OK. Some of them are angry, some of them are, you know, broken and they are real people.*" Olive was with them in some way, mentally "*always at work.*" The list quality

suggests an awareness of what she could, maybe in her mind should, be doing, and the taking on of the responsibility of managing these things. Despite the *"times I've wanted to switch it off"* she ultimately does not. Olive seemed to equate it with less care.

Work followed Clasford. When he is *"out and about, you know you do, you do just you do just kind of think about all you know well, what are people thinking about you you know, you know they they probably think less of you. You know they they they they probably don't have a very high opinion of you."* While this was not new for him, his experiences appeared to exacerbate existing internalised narratives regarding his worth and value as a black man who is always viewed as *"dangerous"*, resulting in a preoccupation with a commentary which dictated his behaviour in and outside of work, affecting his peace of mind.

Participants' experiences and repeated exposure to PMIEs left them feeling isolated and invalidated, and betrayed by the system. It impacted their mental well-being in their efforts to strive to meet unreasonable standards and navigate emotionally and morally complex terrain. There was a sense that this was difficult to recognise at the time, and came to their attention when they were out of the system or when directly asked to consider it, as though it had a dissociative quality to it.

Cost to moral compass

Participants spoke of the different moral challenges they witnessed. They expressed a continuous feeling of being confronted with injustice, with repercussions on their perception of morality. This was interpreted to indicate the impact of frequent exposure to morally challenging situations on their moral codes. Participants spoke about them shifting in response to what they seemed to consistently be experiencing. Grace-Jones felt like *"someone has put a magnet on the bottom of your moral compass, and it's just like flicking all over the place and you're not really sure where to go or what to do anymore?"* The power of these situations was communicated via the generalisability, depersonalisation, and inescapability. The use of *"someone"* doing this to her moral code also emphasises how unfamiliar this new way of being is, as though it must be separate from them, despite it not being clear who did it. It also emphasises how out of control it felt, feeling paralysed and

unable to decide. This was reiterated by the questioning tone as though it is still something she is trying to figure out, eventually leading to "*shut down*". The unavoidable destruction to their moral compass was reiterated by Olive, *"we all get tarnished by the mess of the system,"* suggesting the system's "*pull*" to its way of thinking is universally damaging. There had not been a single day since working in these environments where her moral code was not challenged, "*I feel that is the job*". However, there seemed to be discomfort in defining it;

> *"I mean, what are my moral? I don't know I don't have a moral, I don't have a, I don't, I don't think rigidity is helpful I see a lot of rigidity about good and bad, and for me that doesn't feel a helpful way of understanding the world, I think er, (long pause) Yeah, I don't know what my moral code is. It's certainly not rigid and tight. It's complex and erm yeah, that's probably not very helpful, but that's what I think."*

Rejection of rigidity may be a way to exist/compensate in such a complex environment and is interesting in the context of prison regimes. It seems she expects clarity and simplicity to be more welcome, which may indicate what she has grown accustomed to. An indescribable moral code could be representative of the incomprehensible experiences, blurring lines between moral and immoral, and not having sufficient time to find a way to encapsulate what her moral code has become. However, she is still aware they were challenged. Despite the frequency and lack of clarity, breaches remain recognisable. Sarah recognised it

> *"doesn't feel right. Like, something doesn't feel right. It doesn't fit. Yeah, I think when you're in, it actually gets quite normalised, but when you step away from it, like that's really not normal, like, you know, that's not, that's not normal at all."*

 This also implies the breach is difficult to verbalise in the moment but is still felt despite colleagues' normalising and "*kind of minimising people's experiences and distress.*" Sarah described feeling conflicted at how they responded to being attacked themselves, and how they responded to her being assaulted.

There was a sense of no clear right choice, Olive felt, "*I should have fought harder. I should have not fought*", represents an internal conflict. Sarah also described ambiguity, discharging a young, traumatised man for the sake of others' well-being. Andie spoke about feeling an internal shift in her morals when violence *"feels personal"*, but ultimately "*would*

like to say no" when asked if she went against her morals. Dominic spoke about negotiating his "*non-negotiable*" which enabled him to provide a service to more people, and for Sarah, the coercion sometimes turned out to be helpful. This may also have been a strategy to reconcile with breaching their code, or the necessary re-evaluation of it.

Two participants spoke about specific situations in which they felt they were responsible for MI. Ziggy spoke about how her practice changed due to exhaustion. She described becoming less proactive in engaging people as it enabled her to complete other tasks. She just "*fobbed it off a bit, maybe* ", giving examples of finishing groups early. She also thought she may have been *"I guess, like short-tempered or too challenging in our responses? because of how frustrated we were when arriving at sessions or how unprepared we were for sessions."* Ziggy spoke of feelings of guilt and recognised it as a catalyst for leaving. The need for several prompts seemed like a possible consequence of restrictions on thinking, reflecting, and self-regulation due to service demands. Grace-Jones also identified violating her moral code through silence when colleagues were openly racist.

Some participants rationalised breaches, potentially to distance themselves from them. Sarah spoke about how unintentionally coercing someone into treatment was actually sometimes helpful. Dominic spoke about providing a service to incarcerated women that they would not otherwise receive. Clasford felt nothing could be done, contrasting the social justice motivations he expressed initially. Olive spoke about many incidents in the context of a "*brutal*" system that seduces, pulls, and tarnishes people into behaving in certain ways.

There was a sense from participants' responses that morality and these systems were incompatible. Therefore, it was inevitable that moral compasses would be damaged, and it would be futile to fight this. Such consistent exposure to PMIEs was interpreted to result in the erosion of morals. Participants spoke about breaches, becoming complicit and fighting against it. In other incidents, the line between immoral and moral became blurred, and it seemed as though there was no such thing as right or wrong.

Cost to perception of self

Being exposed to an environment incongruent with their morality changed how participants saw themselves. There was a sense of prison being dehumanising for everyone in it. Additionally, the perspective of others, not achieving original goals, and an awareness of perceived immoral action were often internalised and integrated in perceptions of self-worth. Ziggy felt *"like you're failing all the time"*, as though she could never do enough, *"even when you're trying your absolute best."* Not meeting unachievable standards despite continuous effort felt like a reflection of her, resulting in believing recommended time-off was *"a personal failing."* Andie also noticed changes in how she saw herself, developing a view that she *"wasn't strong enough to work there,"* wearing at her self-confidence,

"it really did impact the way that I I viewed myself personally and as a professional, and that's taken some years to kind of sift through and overcome, I think, still now still now, three years on, I think...Yeah. I still have those moments where I'm like, should I say something? Should I not?"

"Sift" implies the impact infiltrated many aspects of her. She had spoken about her motivations or beliefs about what she could achieve had changed from when she was younger. Sarah recognised shifts in how she saw her responsibility, *"I saw it as my job to I think in a professional sense, probably a personal sense though, I saw it as like my job to fix people."* This suggests the environment exacerbated *"unhealthy"* reasons for working there.

While Dominic seemed to share some of this feeling of responsibility, he felt somewhat protected by his less senior position which acted as *"a buffer"* protecting him from looking back *"like oh (sigh) goodness, the change it could have brought about just um, I wasn't, I wasn't the person to do that at the time."*

Clasford's experience rocked how he thought others saw him, *"does everyone think like less of me?"* and *"am I just a laughing stock?"* He said it *"took away"* from what he was doing there, and created *"a lot of back and forth in my head."* Despite being used to needing to *"sweep it under the rug"* he carried the micro-aggressions he experienced in prison with him. Recognising *"the young guys that I'm working with are they experiencing stuff like that, you know, on a on a day-to-day basis as well"* seemed to create a sense of unexpressed and professional solidarity, and potential powerlessness. His account included questions to

himself, as though he was still processing, and reflected his frequent references to being "*voiceless*" and there being "*nothing you can do*".

These ideas of being passive or active agents appeared to be connected to ideas of weakness, strength, and bravery. An interpreted fear of weakness was present for Ziggy, who felt compromising her moral code would mean "*I'd just be really weak.*" Olive felt it "*is braver is to stick around.*" This seemed important to her self-concept, "*I think I'm brave for being in a system and I think that erm, and I don't, I have to say, I don't beat myself up too much about it in that. I think if you're going to work in these systems, you have to forgive yourself a little bit for not getting it all right.*" The complexity of the job seemed as though it gave her purpose and identity.

For Grace-Jones, the cost inspired change, she "*carried that with me as a a reminder*", with the implication of intentionality. She spoke about her position and how systemic racism acted as a silencer when confronted with racialised comments about the withdrawal of opportunities to prisoners based on race. While she "*would have liked to have spoken up*" she felt she needed to consider the damage it would cause her, leading her to feel "u*tter disappointment in myself, like I feel like I I let like I let my race down.*" She

"*made the decision to not be quiet in situations like that anymore because I felt complicit in the bullshit, essentially. And I didn't want any parts of that. I didn't like it. I didn't like it about myself. And so after that point I was like, OK, I never am more productive than when I'm operating out of spite. So I I think I took that and I was like, I don't want to feel this way again. And so I just from that moment made an active decision.*"

There was defiance in this, as though she were stating it to herself, reiterating her own moral compass as the disappointment stayed with her. Despite this decision and reporting the incident, she still felt "*dirty.*" This defiance is also apparent when considering her comments about feeling her moral compass or beliefs, and her responses to them, are "*In my blood*", attributing them to her father, potentially making incidents of breaching them even more unfamiliar, surprising, or challenging.

Participants were interpreted to experience shifts in themselves and how they perceived their value, worth, and identity as a result of adapting or making sense of their experiences of PMIEs. They spoke of an internalised sense of failure, weakness, and

inhabiting the perceived negative narratives of those around them. Realising their transgressions was often painful and difficult to reconcile with who they thought they were.

Surviving a Morally Ambiguous Landscape

Participants spoke about different ways they consciously or unconsciously navigated this environment, the PMIEs they considered to be inevitable and the personal repercussions. They spoke about needing to "*let loose*" (Sarah) and finding ways to self-sooth, including drinking, eating, and physical exercise. Dominic found the gym especially helpful, and Olive found the submersion element of swimming to "*empty my pot*" and clear her head, even if it was just for 20 minutes. The majority spoke of the value of a social support network outside of these environments, connecting with communities and values. Andie spoke about being a people pleaser due to her early life, and surviving by challenging this side of her. This GET explores how participants survived the environment and the coping strategies they used to manage the PMIEs while they were in it.

Looking for Allies

Participants spoke about attempting to form missing connections in the context of hostility and mistrust which resulted from the PMIEs they described, including experiences that left them feeling isolated, or that created an "*us versus them*" (Andie) dynamic and splits within the teams (Dominic). For some, it was necessary to divide or pull away from certain people when they knew they were not aligned (Grace-Jones, Clasford, Olive). However, participants also sought allyship from what were thought to be safe places to help navigate isolation and loneliness. Supervisors or managers were not a consistent or predictable resource for this. Grace-Jones felt "*abandoned*" by hers after looking to her for guidance. When she found it, allyship felt lacking, possibly due to the extent of the injury. It felt

"disappointing or like not enough or there is something about having, feeling like you have to rely on being power adjacent, being white adjacent, to be able to make progress. So that yeah, it feels like dirty somehow. Yeah....It's almost like, is it dirty? It's like, yay, I finally spoke up about this, but the only reason it's gonna get heard it's because it's

coming out of a white middle-aged man's mouth. So maybe not dirty but small. Like a yeah, I can't really articulate."

Her difficulty identifying the feeling may indicate ongoing processing and a lack of satisfactory resolution. This is supported by the use of the present tense when telling this story, "*I feel hurt*" which implies continued pain. Ziggy described "*gas lighting in the department*" where there were numerous incidents involving managers, including public shaming, bullying, and a lack of accountability or willingness to repair. Inflexible demands left her feeling isolated, "*So where do you go with that? What can you do, really, if someone in a higher position is telling you that's the case? (laughing)*"

Combined with Ziggy's reports of a "*blame culture*" there is a sense of being trapped or backed into a corner by the people who are supposed to be supportive and lead ethical practice. Andie spoke about the nonchalance she faced when reporting questionable practice, impacting her trust in the team and in supervisors' ability to guide her, creating a lack of "*psychological safety*." She managed this with firmer boundaries with clients, perhaps to overcompensate for her colleagues' attitudes and create safety she could rely on.

Participants expressed seeking allies but found them to be scarce. Olive spoke of not feeling she could utilise existing reflective practice, and getting to her car at the end of the day, wondering "*where do I put it*?", referring to the emotional burden she had accumulated. Andie felt invalidated when management dismissed legitimate concerns for her safety on the wing, *"I was like, yeah, but inside, I matter."* This seemed like she was reassuring herself and reminding them that her safety had value. Sarah, who had been sexually assaulted on the ward, felt the team tended to minimise and normalise traumatising incidents, causing conflict within herself. Both Andie and Sarah mentioned feeling they could not trust colleagues to keep them safe/look after them, which they self-corrected to "*support*". This was interpreted to suggest they were concerned about their safety too, but did not trust colleagues to provide it and may have felt uncomfortable with hoping for it. These interactions created feelings of being dispensable rather than united, being a replaceable "*cog in a wider system*" (Grace-Jones). Olive seemed to rationalise this as a result of every professional enacting their responses to the "*brutal*" environment.

While Olive did not feel she could openly share her experiences with colleagues, she found other creative ways to find allyship through books and literature, and applying psychological principles and theory from training, which had seemed *"alien"* at the time, but now felt *"soothing"* and *"helpful"* as they gave evidence of other people having been where she is. She had commented on how lonely and isolating her job was, and this strategy suggests another solitary way of managing challenges, as her experience could not be shared out loud.

Allyship formed a safety net for some participants, protecting against alienation and isolation caused by PMIEs. They found it in supportive supervisors (Dominic), even if it highlighted systemic issues of racism and created feelings of being "dirty" (Grace-Jones). Participants spoke of strong teams (Olive, Ziggy, Sarah and Andie). However, it was also lacking, leading to stronger feelings of mistrust, betrayal, and personal failings, reinforcing the consequences of PMIEs on sense of self and others.

Armour and Disguise

This subtheme discussed the different ways participants seemed to manage PMIEs by working in the shadows, concealing, or presenting themselves in a way they considered would be more palatable. It included avoidance and a sense of acting out professionalism to compensate for perceived inexperience or judgement. Dominic spoke about *"preparing"* himself before going to talk to colleagues about opening an ACCT (Assessment, Care in Custody and Teamwork), and Andie spoke about needing to *"put my big girl pants on"*. There was a sense of needing a persona or metaphorical armour to enable challenging conversations to protect from dismissiveness or hostility.

Grace-Jones spoke of identity and race adding complexity to this, requiring her to be in tune with how others perceived her

"as a black woman, a foreign black woman as well. And just, thinking in that moment, if I I I can't say anything because if I do, I am a problematic, angry black woman."

Later in the interview, when asked how she raises issues, she stated,

"I would mention it in a very PC way….And yeah, I was always very, it's always very firm, but I was I feel like I was nice about the way that I would present things….So very like flowery language, but ensuring that changes could potentially be made."

This consideration and purposeful balance could be interpreted as a way to be more palatable in problematic systems. This can also be seen in how Clasford approached and discussed his identity when his supervisor *"she asked me about certain things in relation to, like, my, my dress sense and you know how I carry myself".* While colleagues were *"rocking up in, you know, casual attire and stuff"* he was not because

"from a system perspective, you know, I I have to be perfect. You know, as a as a black male being in these organisations, I have to be perfect…I expressed to her that I have to I have to be I have to be smart I have to be perfect."

He was mistaken for a prisoner despite these efforts, causing significant distress, hopelessness, and being *"a lot more hesitant to, you know, kind of speak to them or, you know, ask for support or anything like that"* because he didn't know *"how they might respond or how they might perceive me. So yeah, definitely a lot more like avoidant about kind of interactions, yeah."*

Olive spoke about learning that it was necessary to conceal her morals, *"Well, I I this is awful. But I tell you what I think that what I have realised is that in order to, be effective, you have to keep your moral code undercover. (prompt) It means you have to, I'm not explicit about the position I stand in. So I think that if I was to come clean and say all of this stuff explicitly, I think people would be very concerned."* Olive seems to be speaking about hiding her morals to enable acting in line with them.

For some, this concealing would include ways they avoided the repercussions of their experiences within themselves. Throughout Ziggy's interview, she would respond with *"don't know"* and reported a blank memory. This may be a means of avoidance from herself. Olive, too, seemed to acknowledge this. She gave two metaphors about fish during the interview. When discussing exposure to MI, she spoke about it being inevitable and part of the job. When asked to explain, she said it was like *"asking a fish what water is."* In a later conversation, she spoke about thinking she would not be able to return to work after time off. She was asked what would happen if she did, she commented,

> "*I think I might suddenly realise, like the fish, what water is, what toxicity is,*
>
> *what stress is and go. Erm, Yeah, I'm not sure. I don't know really, I feel a bit confused*
>
> *about that and at some point I probably need to address it.*"

This speaks to a disguise or avoidance of sorts, to purposefully not allow herself to see the impact of her work. This is also reiterated by other participants (Sarah and Andie) who recognised the impact only after leaving.

Participants spoke about the different ways they would curate an identity for others to take them seriously, hide how their experiences were affecting them, and enable them to continue being there in a productive way. While this appeared to serve a self-preservation function for some, it also created a cycle of challenging experiences as the PMIEs or resulting distress were not resolved.

Making a Stand: reconnecting to morals

This subtheme refers to the different ways participants positioned or asserted themselves in response to their experiences. This included how they combatted the injustice they experienced.

Three participants still work in secure services, the others reported declining invitations and opportunities to continue in them. Staying and leaving both seemed to be a way of making a stand. For those who stayed, they seemed to conceptualise it as part of their character. There was a recognition that the experiences, pace, and demands were not normal. There was a sense of adjusting or correcting themselves from the institutions language to something more representative of them during the interview, for example, Grace-Jones stated "*I did become a little bit of a troublemaker after that or was deemed, it wasn't trouble, it was me saying, hey, this is corruption. And so and then that getting labelled as yeah.*" Sarah similarly speaks about "*looking back*" and "*this is awful*" when discussing situations she was expected to function normally in. Separating from this environment was hard. Andie seemed to manage this by seeking professional opportunities which would allow her to address the same issues sooner.

Participants appeared to make sense of experiences through the reconnection with moral codes. Several participants spoke about doing this through official channels and

procedures. Olive spoke about creative integration of social justice in her work and advocating for reduced use of segregation. Grace-Jones spoke about the need for clear and direct repair,

> *"from the moment you start making the oppositions and you realise, OK, you didn't die also you didn't get fired but also, there were better outcomes for service users then you feel, you know, empowered to do it more and more."*

Grace-Jones delivered this like a pep-talk, reassuring herself it was right to stand up for what she believed in. As did Ziggy,

> *"And yeah, I always think this sounds really extreme as an example, but I always remember this story about Hitler (laughing). I know. And like the psychology behind when he started invading other countries, he didn't just do it all at once. He started little by little, and nobody went against him because they were too fearful and didn't stand up for things. And, I don't know why that always stuck with me because I just think, yeah, if you don't stick up for what you believe in. It can be really harmful. Obviously it's not the same situation. (laugh) I don't know something about that that just sticks with me."*

Reconnecting with their values appeared to be a way to make a stand against what they had experienced. The stand was sometimes leaving and finding other opportunities, or staying to continue with this one. Participants appeared to find a way back to themselves and their communities by doing this. As explained by Ziggy, it demonstrated

> *"the difference between like saying that value is important to you and living by it. So it's all right to say, oh, people should be respected. I think that. But then, if you're silent, while someone is being obviously disrespected in your workplace? Yeah, if you don't do something about that, then you're not really living by your value."*

Reconnecting with their morals, which took many forms, was a way to combat the impact of the PMIEs they discussed. Acting on their values was a way to reaffirm them, and maintain their humanity. Reintegrating their morals and the goals or purpose they initially identified appeared to be healing, even if this was only possible once they removed themselves from the environment where PMIEs were considered normal.

Discussion

Summary of Key Findings

This study explored how psychologists experienced working in secure settings in the UK, and if and how moral injury was an applicable concept to their work. It contributes to existing research on MI, the challenges of secure services, and practitioners' experiences in this setting. The results portray each individual's story while representing a collective experience of the moral challenges. Their experiences created feelings of powerlessness, futility, being unappreciated, shame, and uncertainty. For the majority, it empowered them to leave. For others, it was a motivation to stay and find ways to continue disrupting a system they fundamentally disagreed with. Some of these experiences can be observed through an intersectional lens of moral injury in terms of profession and identity, for example, being a psychologist at various stages of qualification, and their gender, race, and age. As previous research recommends, this study incorporated considerations of identity, with a further consideration of the contextual dimension of MI (Molendijk et al., 2022). A relational perspective has been applied to the results to consider MI as events in a micro-system which forms a complex, prolonged moral landscape, causing ruptures in participants' stance on systems, others, and themselves.

MI and Previous Literature

This research supports previous literature, with participants feeling betrayed (Park et al., 2024; Richardson et al., 2020), poor opinions of self (Williamson et al., 2018), and two participants offering specific examples of self-transgressions (Steen et al., 2024). This may be related to their experience of shame, negative self-appraisal, and fear of judgement, frequently associated with MI. Results also offered insight into MI and the provision of suboptimal care (Xue et al., 2022) in the context of the organisation and inadequacies in the broader system (Rodrigues et al., 2023). The results also contribute to an understanding of the complexities of limited resources (Dennard et al., 2021), ethical challenges (Carnevale et al., 2018), and limitations in care provision (Sasso et al., 2018) in secure services. This research also discussed how the participants internalised their PMIEs as personal failing,

supporting the idea that the attribution of MI to the self and internalising it is injurious (Litz et al., 2009). The participants who were able to express compassion for themselves, others, and externalise the injury to systemic factors reported a lesser degree of discomfort with their self-concept. The discussion around systems and upper-management also alludes to Shay's (1995) original ideas, discussed in (Shay, 2012), where MI resulted from the betrayal of legitimate authority, where leaders, who were removed from the front-line, violated the soldiers moral expectations with orders not deemed suitable, reckless with their safety or were morally compromising.

The results provide further information on the specific impact on psychological practice, a profession holding significant power in these institutions. Participants described a hierarchical structure, practical challenges regarding space, and needing to adhere to prison guidelines, which were often prioritised over therapeutic adherence or considerations. It is consistent with previous literature referring to challenges in maintaining a therapeutic frame (Bertrand-Godfrey & Loewenthal, 2011), resources (Dennard et al., 2021) and building relationships (Deljavan et al., 2025; Dennard et al., 2021). This research presents these experiences in relation to MI. Participants were interpreted to experience changes in how they saw themselves and their surroundings. The complexities of the environment prevented them from achieving what they intended, creating an internal moral conflict. This affected interpersonal relationships as they perceived themselves and their contributions to be unwelcome. This disrupted relationships with colleagues, the service or system, and themselves. This friction between their intentions and what was permitted or attainable can be viewed through a relational lens. Considering MI as a concept of larger relationships within which moral harms are created allows for the exploration of what it was about these experiences that made them injurious.

Previous research has highlighted the distinct experience of racially marginalised men in custody. It has drawn attention to how power imbalances are exacerbated and have led to barriers in creating meaningful and trusting relationships. Racism took the form of bias, stereotyping, microaggressions and racial gaslighting, in addition to overt expressions of racism (Floyd et al., 2025). This empirical study suggests similar experiences for highly qualified and experienced psychological staff, in addition to numerous reports of witnessing it. This would indicate a significant systemic issue which is necessary to address.

Relational Considerations

Acampora et al. (2024) argue that the way standard accounts of MI "characterise what is moral in moral injury constrains conceptualisation of what is injured and how one becomes injured" (Acampora et al., 2024, p. 2). This may support literature advocating for MI to be considered as occurring "through the relationships both seen and unseen that make up wartime ecology" (Wiinikka-Lydon, 2022, p. 41). This can be seen in the significance of identity and race. Participants' identity may influence their positionality and how others relate to them. Grace-Jones and Clasford described PMIEs which seemed to represent being pulled in many directions, requiring them to choose between the institution, their values, and identity. This seemed to impact their experiences of these environments. They described an awareness of how it mistreats people they identify with, and needing to navigate how they were perceived in order not to maintain their own safety. This was interpreted to feel like a betrayal, causing MI. It can be hypothesised that part of the hurt was the perceived injury to their relationships with their community, and not having a clear sense of her place in each group, fluctuating between "us or them" (Kröger, 2020; Tajfel & Turner, 2001). This can be considered alongside previous findings, which indicated "intersectional differences in the events experienced as morally injurious" (Webb, Morris, et al., 2024, p. 425). Within these settings, her

Participants seemed to refer to difficulty making sense of their experiences, or even remembering them clearly, especially while still in the environment. They could recognise enduring feelings, more than specific events. Concepts of MI have considered it to be the result of a specific event. These results suggest MI may be the result of a more general participation in extended moral minefields, as suggested in critiques of the MI concept (Wiinikka-Lydon, 2022). The cumulative impact of long-term unrelenting exposure and experiences leaves individuals morally disoriented and psychologically fragmented (Acampora et al., 2024, p. 6). This supports the expansion of MI from being based purely on isolated incidents, and a theorised accumulation of stress over time, leading to depletion in an "exhaustion phase" (Nash, 2019, p. 467).

Several participants spoke to the broader context of constrained resources. These instances speak to potential sources of MI, particularly betrayal, as this broader context influenced moral perceptions. Participants witnessed service users being let down, and held

policy and power responsible. Suffering has been argued to be "inherently political" (Wiinikka-Lydon, 2022, p. 48) as it highlights who is considered capable or allowed to suffer, and who is permitted access to the full range of human experience. It is central to our understanding of dignity, and as discussed earlier, those incarcerated or hospitalised have been subject to stigma and dehumanising practices. MI may be better represented by considering exposure to this suffering while simultaneously being restricted by policies and politics. This considers the socio-cultural context in which the MI occurs. This supports Wiinikka-Lydon (2002), PMIEs cannot be understood without the broader context, including the politics, making them as much a contributor as the events themselves, as being subject to an intangible power which made it difficult to work in line with their morals.

Exploring the Intrapersonal Experience

In addition to contributing to existing research by including context and relational perspectives, this research also considers the internal mechanisms and adjustments that take place in the MI experience. Atuel et al. (2021) suggested MI emerges when moral failure is integrated and reflects one's identity. PMIEs create a "crisis of character" (Atuel et al., 2021, p. 167) resulting in a destabilised identity, forcing the individual to confront the "undesired self" which is "pitted against the real self as a unique individual…. The sense of 'badness' permeates the various identities comprising the global sense of self" (Atuel et al., 2021). This can be seen through a review of participants' journey from motivation, or pull, to how they felt after experiencing secure services. Participants spoke of being motivated by addressing systemic racism and prioritising humanity and compassion to provide more humane treatment to prisoners. These motivations were important, valuable, and perhaps gave them a sense of purpose or identity. Once there, these goals did not seem compatible with the system, and they were forced to confront themselves. While there were differences in how participants managed their experiences, it did seem to have a significant impact on their sense of self, how they perceived others, and their own well-being.

This journey can be reviewed in the context of Bonson et al. (2023) socio-cognitive model. Predisposing factors seemed to include the rationale for pursuing this line of work, and their expectations for themselves and what could reasonably be achieved there. The

predisposing factors around the event seemed to relate to a lack of support and isolation within these settings alongside systemic issues. Throughout their narratives participants described changes in their perception of the world, their role and their sense of self. They developed negative views about themselves, their ability to practice and do good. These cognitive changes formed some of the maintaining factors. Additional behaviour changes, such as avoidance, could be seen throughout Armour and Disguise. Deterioration in their relationships with humanity was evident through their PMIEs and their attempts to seek allyship, which also demonstrated behaviour changes.

Implications

Practice

This research supports the potential utility of MI within secure settings for psychologists. The data was interpreted to indicate an experience distinct from PTSD and burnout, and therefore may require different interventions and support. Burnout is characterised as residing in the individual, who is unable to withstand the high-pressure environment. Therefore, the solution lies in individuals, too. However, MI "locates the source of distress in a broken system, not a broken individual" (Dean et al., 2019, p. 401), requiring a systemic preventative plan to address the effects among healthcare and justice providers. This would involve the participation of senior staff and policy makers to acknowledge their involvement and understand various drivers of the problem. In line with Dean et al. (2019), using the terminology that accurately describes the experience would be vital, something which is lacking (Gangemi & Dysart, 2024). It cannot be treated if it cannot be identified (Levi-Belz & Zerach, 2023).

As explored in the literature review, MI applies to staff of different disciplines and service users, therefore any intervention would need to be holistic in terms of systems, people, and relationships to be effective. It would be useful to support all involved to understand their own experience, each other's roles and perspectives to get an understanding of what they are bringing in terms of expertise and knowledge, but also interpersonally. Tools such as Johari's Window may help to facilitate curiosity about one's own experience and actions, how others perceive them, and an openness to the experience

of others (Harley, 2024). Additionally, the Seven-Eyed model for supervision provides an interpersonal and relational quality that would be valuable (McMahon et al., 2022).

Participants spoke of isolation and existing in a misunderstood, closed-off community. It may be difficult to seek support from those who have never experienced this and have a different view of morality or value their work (Molendijk, 2024, p. 982). Participants highlighted how society as a whole is responsible for the narratives about these services and those within them. Thorough and effective systemic change is likely to be a long endeavour. While addressing MI as an individualistic issue may be conceptually limited, those experiencing it would benefit from support. Deep feelings of shame, guilt, and regret appear best managed by nurturing acceptance and self-compassion. However, there is no consensus on how to work with MI. If not addressed, there could be further complications in terms of professional well-being, staffing, and increased moral infractions due to the slippery-slope effect, where small infractions gradually increase over time due to increased moral disengagement, building to larger breaches. Exposure to slippery-slope conditions has been shown to more than double the rates of unethical behaviour (Welsh et al., 2015). This would likely make these services even more challenging to work with, and theoretically could result in further resignations, malpractice allegations, and service ineffectiveness.

As MI affects the whole person, interventions would need to be holistic, recognise the complexities of MI experiences, re-empower the individual, and maintain a well-functioning treatment team (Kopacz et al., 2016). Restoration involves encouragement to recall who they were before the crisis and what life was like then (Lesley, 2021). Previous research has demonstrated the value of integrating the morally incongruent events within existing personal schemas, self-awareness of mental states, social support, and the use of problem-focused coping (Ferrajão & Oliveira, 2015, p. 22). Both seem to relate to the value of reconnecting with their moral compass. This was also identified in this study as a valuable method of managing and could be encouraged independently or as a team. Normalising the double bind of these services, reducing moral disengagement, and linking their action and intention to their moral compass may be beneficial in maintaining a robust sense of self. It would also be beneficial to reconnect with the relationships that the individual fears are or could be damaged due to the moral experiences. Understanding the damaged moral

relationship could be highly relevant to thinking about how to facilitate repair (Acampora et al., 2024).

Policy

With regards to wider systemic change, this research highlights the role of power, institutions and inequality. In line with previous research, participants reported MI as unavoidably linked to resource, business, and leadership. This research indicated repeated insults to the morality of staff who intended to work alongside their guiding principles. Instructions to be led by politics, wider systems, non-therapeutic demands, and service needs often seemed at odds with the needs of patients and the initial intention of pursuing this area of work. While improving clinician resilience may be useful, it would be neglectful and ineffective to ignore the contribution of these other factors. These are wider social issues that require consideration.

From the interviews, it would seem a culture of healing and support is wanted but not actualised in these environments. It would be useful to understand this dichotomy further. Dean et al. (2019) argue that this change is possible if clinicians can face and convey the challenges they experience to administration. Provided these disciplines can work together, healthcare can improve for everyone involved. They suggest ways to help achieve this. Those relevant to the UK include ensuring clinical satisfaction is a financial priority and reestablishing a sense of community among clinicians. This would help to address the sense of isolation and loneliness that participants described. These agenda items are also consistent with previous suggestions, "I say that three things protect the mind and spirit of persons sent into mortal danger: (1) positive qualities of community of the face-to-face unit that create "cohesion"; (2) expert, ethical, and properly supported leadership; and (3) prolonged, cumulative, realistic training for what they actually have to do and face" (Shay, 2012, p. 57). This is also in line with what was reportedly missing by participants.

While the participant group for this study was small, with only two participants identifying as Black, they raised some concerning systemic practices which can be addressed in practice or individual teams, but would also benefit from a careful consideration of policy. "Embedded racism" (Floyd et al., 2025, p. 18) has a long reach, and this research suggests it extends and is present in staff and system relationships too. This supports previous reviews,

which suggest the current prison system is "ineffective and ingrained in systemic and institutional racism" (Floyd et al., 2025, p. 19). It could be argued the attitudes towards minoritised staff are a reflection of the casual racism found in the system, and one cannot be addressed without the other. While dismantling the systemic and institutional racism to allow for more effective, humane and culturally sensitive prison systems would be ideal, improving access to basic human rights, with a wider and more conscious acknowledgement and support of culture and religious practices as a whole, would be a beneficial step. This may require further cultural sensitivity training, guidance and supervision. This is not a new idea, and was a recommendation from the MacPherson report (Cook & Stone, 1999). Acknowledging racist practices and the impact on staff and imprisoned people is insufficient, with a need to promote social justice and reflection on how and why the system exists as it does, and how it perpetuates racist structures and treatment. The staff themselves would benefit from reflecting on the community they serve to reduce an "us vs them" approach. Additionally, prison reform and embedding antiracism is unlikely to take hold without consideration of recruitment, staff training and all levels of the system infrastructure. This could be approached with closer links with professional training programmes and educational provisions to support access to professional qualifications in these areas. For example, closer links between forensic services and psychology training with the appropriate mentoring and support may be beneficial. This would work towards ensuring the PMIE itself is less likely as it would create systemic change, allow for professionals to understand the reality of the environment, with additional educational resources and appropriate supervision.

Strengths

This appears to be one of the first studies to explore MI in secure settings using an inter- and intrapersonal lens, using a relational approach to MI. It helps add insight into the MI experience, the complexities and challenges of secure settings, and how this affects those working within them. It contributes to existing literature and knowledge base with additional perspectives to incorporate relational perspectives in an under-researched population and setting. This research was approached with sensitivity to participants' reports and points of view, taking a systemic perspective on discussions on MI, rather than an individualistic one,

which may be perceived as blaming and judgmental. A rigorous application of an IPA approach was used. The process has been communicated transparently and in full. The research consulted with professionals throughout, including seeking input from Experts by Experience in the development of this research.

Limitations and Future Research

However, this project was subject to some limitations. While IPA aims to form a relatively homogenous sample, this does mean some voices may not have been heard. Even within this small sample, some differences in identity likely impacted experience and were not explored further. Future research would be valuable in a deeper exploration of the intersectionality of MI in professional spaces. It is also possible that the sampling methods created a bias in participation. This may be in the inclusion and exclusion criteria, which restricted participation from current employees of HMPPS, or any staff on long-term sick leave, in receipt of any live warnings or current disciplinary processes. MI may have been a significant contributing factor to these positions. Snowball sampling was also used. While the information on how participants heard was not collected, it is possible that the influx of interest may have been related to referrals from a select number of sources and word of mouth. It may be that those who participated held similar beliefs around prison and secure settings, as they may have been familiar with each other. It is of interest that more interest was expressed than were able to attend, and this was primarily people currently working in prison who could not commit to the time. Experiences of those still within the system are under-represented and disproportionate to the interest expressed.

From an interpersonal perspective, further research could explore the wider context of MI experiences, expanding the consideration to all parties involved. This would hopefully capture and include other important aspects and causes of pain, including those against whom the wrong was committed. This would be an ethical practice as it communicates the importance of acknowledging a universal capacity for pain and distress, recognising the humanity in all involved. This allows for the consideration of others and their possible MI (Wiinikka-Lydon, 2022). Extensions of this project could involve participants from more

disciplines, including policy makers and management. It should also include patients and prisoners to better understand their role, perception, and experience.

Additionally, a plan that only addressed the distress of psychology professionals would have a limited impact. Earlier definitions of MI focus on the soldier, the subject of MI, and bearer of MI experiences. Critique of this model shifts the focus from the self to a wider context to include other important aspects and causes of pain. This includes those against whom the wrong was committed. This allows for the consideration of others and their possible MI (Wiinikka-Lydon, 2022). For future research, it could be colleagues or patients, or prisoners. This would generate further knowledge and understanding of the relational dynamics of MI in these services.

Reflexivity

In many ways, the process of this research reflects some of the contributions from the participants. The project has been through many forms and incarnations. Initially, the project intended to explore MI from an intra- and interpersonal lens with individuals under forensic services. At each stage, it encountered barriers, stopping access, reneging on agreements, and making demands that would undermine the project entirely. I wondered if there was an intention to keep the experiences of those inside on the inside. I questioned if it was an under-researched area because research felt unwelcome (Deljavan et al., 2025; Tully et al., 2024), being a "setting that traditionally has resisted in-depth empirical examination" (Weill & Haney, 2017, p. 286). Even when adapted, limitations continued, with a lack of clarity around who takes responsibility over NHS staff, and HMPPS staff not being viable at all. This adds to some cynicism that services are not willing to explore the MI of staff or those incarcerated. While this process has been full of complications, my aim has been consistent, to explore how and who we neglect in these systems to understand how to improve them. Hearing the stories of participants has been affirming and inspiring. I'm deeply grateful for their participation and for their openness in discussing something so sensitive, personal, and arguably dangerous. I hope for this research to facilitate further conversation and do justice to their time, commitment, and sacrifice.

Conclusions

This research has explored the experience of MI in psychologists in secure and forensic services in the UK. All participants described PMIEs related to unmet expectations, improper support, and limitations due to perceived lack of appreciation and resources. Participants discussed how these experiences were linked to their identities and impacted their sense of self, their moral compass, and their interpersonal relationships. They explored the lasting effects and the journeys back to themselves and their morals. For the majority, this involved leaving the service, implying an incompatibility to hold their values close to them and work within these services. The interpretation highlights the imperative changes to these conditions and awareness of MI as a concept.

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Appendices

Appendix 1. Systematic Literature Review Search Terms

Terms Relating to Participant Group (forensic/secure environments including staff, and patients)		Terms Relating to Context (Moral Harm Continuum inc Moral Injury and Moral Distress)		Terms Relating to Outcome (Inter and Intrapersonal)
"forensic" OR "forensic services" OR "correction* services" OR "correctional" OR "prison" OR "secure mental healthcare" OR "psychiatric inpatient*" OR "secure hospital*" OR "psychiatric inpatient*" OR "secure unit" OR "justice service*" OR "criminal justice" OR "probation" OR "parole" OR "detain*" OR "detention" OR "inpatient" OR "acute psychiatry" or "section*"	AND	"moral injur*" OR "moral distress" OR "moral pain" OR "moral* transgress*" OR "organizational betrayal" OR "potentially morally injurious" OR "moral* injur*" OR "moral frustration" OR "inner conflict" OR "Moral fatigue" OR "Ethical stress" OR "moral* violat*" OR "moral conflict" OR "is-ought"	AND	"interpersonal" OR "intrapersonal" OR "factor*" OR "relationship" OR "experience" OR "dynamic*" OR "cop*"

Appendix 2. Detailed Critical Evaluation of Study Quality

Authors (Year)	Clear Aims?	Appropriate Methodology?	Appropriate Design?	Appropriate Recruitment strategy?	Appropriate data collection?	Consideration of the participant-researcher relationship?	Consideration of ethical issues?	Sufficient Data Analysis?	Clear statement of findings?	How valuable is the research?	Summary (In instances of "Don't Know, "No" and "Somewhat" Don't Know (?) No (X) Somewhat (*)
			Section A					**Section B**		**Section C**	
Gangemi (2024)	✓	✓	✓	✓	✓ *	X	X	✓ *	✓	✓	Design choices or methods not justified. No clear interview guide, saturation of data or contradictory data not discussed.\n\nIt is unclear the extent of ethical considerations and standards as these are not explicitly discussed. There is no mention of how researchers handled issues raised or their effects of the study on participants, and it is unclear which ethics committee approved the research.\n\nReasons for potential participants not taking part were not discussed. The author did not write about the relationship between the researcher and there's no mention of a critical examination of their own role, potential bias, and influence during the research so this cannot be assessed. Any occurring events which occurred during the study and the resulting considerations and implications were also not discussed in this article.
Gangemi & Dysart (2024)	✓	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	They do not discuss contradictory data or critically their own role in the process. Design or rationale of participant selection not explained. Modifications or events arising during study aren't mentioned, so unclear if necessary or researcher response and implications on the study. Saturation of data and evidence that wouldn't support their conclusions were not discussed. There's limited information on how the research was explained to participants and any impact participating had, including how it was managed or planned for.

Authors (Year)	Clear Aims?	Appropriate Methodology?	Appropriate Design?	Appropriate Recruitment strategy?	Appropriate data collection?	Consideration of the participant-researcher relationship?	Consideration of ethical issues?	Sufficient Data Analysis?	Clear statement of findings?	How valuable is the research?	Summary (In instances of "Don't Know, "No" and "Somewhat" Don't Know (?) No (X) Somewhat (*)
Jansen, Danbolt, Hanssen, Hem, (2022)	✓	✓	✓	?	?	X	✓ *	✓ *	✓ *	✓ *	Participants and the data used were part of a larger study. This study doesn't provide a discussion on how participants were selected or why they were the most appropriate. The researchers didn't initially intend to focus on the topic. Focus groups were organised to explore them further. While the methods are not explicitly stated the researchers do refer to particular techniques. Other than the incorporation of groups the researchers don't mention any further modifications, and there is no discussion on data saturation. It doesn't appear the researchers critically examined their own role, potential bias, or influence. They also don't comment on events occurring during the study and their response to them. There's insufficient information on how the research itself was explained to participants, especially considering it wasn't the initial purpose of participation. They also don't discuss if any issues were raised and if so, how they were handled. There is no discussion of contradictory data or evidence that may not support their arguments. The researcher's don't discuss implications for future research.

Authors (Year)	Clear Aims?	Appropriate Methodology?	Appropriate Design?	Appropriate Recruitment strategy?	Appropriate data collection?	Consideration of the participant-researcher relationship?	Consideration of ethical issues?	Sufficient Data Analysis?	Clear statement of findings?	How valuable is the research?	Summary (In instances of "Don't Know, "No" and "Somewhat" Don't Know (?) No (X) Somewhat (*)
Jansen, Hem, Dambolt, Hanssen (2020)	✓	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	The reasons for their chosen method were not shared, with limited information on how participants were selected, with no explanation on why others didn't take part. There was no discussion of modifications or discussion of saturation of data. The researchers don't critically examine their role, potential bias, or influence during the research. There was also no discussion of events and their responses to them which may have had implications for the study. However, the researchers do mention bias was avoided due to the involvement of multiple authors; "authors balanced each other out" There was insufficient information on how the research was explained to participants. The researchers also didn't discuss issues raised by the study for participants and how they handled them. It's unclear how the findings were derived from the data, or how the data they present was selected. The researchers don't discuss contradictory data and there's no discussion of evidence against the researcher's argument. The transferability or utility of their findings to other settings wasn't mentioned.

											Comments
Jansen, Hem, Dambolt & Hanssen (2022),	✓	✓	✓	✓ *	✓ *	X	✓	✓ *	✓ *	✓	A third party assisted with participant selection but it is unclear how they did this and its validity. Barriers for participation were not discussed. The methodology wasn't justified, it's unclear if there was an interview guide or if any modifications were necessary. Saturation of data was also not discussed There does not appear to be consideration of the relationship between the researcher and participants. While there were no conflicts of interest, but the researcher's role, potential bias, or influence were not critically examined. The researchers also don't discuss any responses to events during the study and the implications, while this may be because none occurred this cannot be assessed with certainty. There isn't any discussion around contradictory data and the researchers don't examine their role critically. There is no discussion of possible evidence against the researcher's arguments. Design, participant selection and methodology were not justified. Barriers for participation were not discussed.
Lloyd et al., (2024)	✓	✓	✓ *	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓	The researchers don't mention if any modifications were necessary, or critically examine their role, potential bias, or influence. They also don't explain how they responded to events during the study and the potential implications of this. It's unclear how the research was explained to participants, there is no discussion on if or how the researcher addressed issues raised by the study for participants. It is unclear how categories were arrived at. They also don't critically examine their own role, potential bias, or influence during the analysis of the selection of data The researchers don't present any evidence against their arguments, they don't discuss credibility although they do discuss the results in comparison with other research findings.

Authors (Year)	Clear Aims?	Appropriate Methodology?	Appropriate Design?	Appropriate Recruitment strategy?	Appropriate data collection?	Consideration of the participant-researcher relationship?	Consideration of ethical issues?	Sufficient Data Analysis?	Clear statement of findings?	How valuable is the research?	Summary (In instances of "Don't Know, "No" and "Somewhat" Don't Know (?) No (X) Somewhat (*)
Musto et al., (2020)	✓	✓	✓ *	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓ *	The researchers didn't justify their design choices and they provided limited information on how participants expressed interest or were selected, and why some chose not to take part
											The methods were not explicitly justified, and potential modifications were not discussed so it's unclear if any were necessary. Saturation of data wasn't discussed but theoretical redundancy was.
											The relationship between the researcher and participants wasn't adequately considered. The researchers didn't critically examine their role, potential bias, or influence. Events leading to requiring adjustments or the need for the researchers to consider the implications aren't mentioned so it's unclear if any occurred. They didn't discuss any issues raised by the study and how they were handled, or the effects the study had on participants during and after participation.
											Contradictory data and evidence against the researcher's arguments were not discussed. New areas of potential research aren't identified and transferability wasn't discussed. Saturation of data and contradictory data not discussed. The authors do not justify the research design, directs the reader to the larger and wider study
Ricciardelli, Easterbrook et al., (2024)	✓	✓	?	✓	✓ *	?	✓ *	✓ *	✓	✓	Researcher roles were not critically examined thoroughly, but they do acknowledge theory not being derived from data but based on prior knowledge given that "research does not occur in a vacuum."
											There's limited information on how the research was explained to participants so the extent to which ethical standards were maintained cannot be accurately assessed. The author also doesn't refer to any issues raised by the study for the participants and a specific ethics committee was mentioned.

Authors (Year)	Clear Aims?	Appropriate Methodology?	Appropriate Design?	Appropriate Recruitment strategy?	Appropriate data collection?	Consideration of the participant-researcher relationship?	Consideration of ethical issues?	Sufficient Data Analysis?	Clear statement of findings?	How valuable is the research?	Summary (In instances of "Don't Know, "No" and "Somewhat" Don't Know (?) No (X) Somewhat (*)
Ricciardelli, Johnston et al., (20204)	✓ *	✓	✓ *	✓	✓ *	✓ *	✓ *	✓ *	✓ *	✓	Data was taken from a larger study with a different focus, therefore the interviewer didn't ask specific questions about the topics or concepts, they surfaced throughout many of the conversations. The authors didn't discuss saturation of data. There's limited reflection on the researcher and participant relationship or researcher bias, but there is acknowledgment of the authors being guided by scholarly and theoretical backgrounds.
Roth et al., (2022)	✓	✓	✓	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓	The specific explanations to potential participants were unclear, any handling of the effects of the study on participants wasn't mentioned. There's no discussion of evidence which would go against the researchers arguments. The researchers don't justify the participant selection or reasons for not participating. Data saturation wasn't discussed, and modifications were not mentioned so unable to ascertain if they took place and the ramifications they may have had. The methods chosen to safeguard and manage the impact of participating on participants were not stated. Contradictory data was not discussed, and the researcher's own role was not critically examined. There is no discussion on the evidence against researcher's argument.

Authors (Year)	Clear Aims?	Appropriate Methodology?	Appropriate Design?	Appropriate Recruitment strategy?	Appropriate data collection?	Consideration of the participant-researcher relationship?	Consideration of ethical issues?	Sufficient Data Analysis?	Clear statement of findings?	How valuable is the research?	Summary (In instances of "Don't Know", "No" and "Somewhat" Don't Know (?) No (X) Somewhat (*)
Taylor et al., (2024)	✓	✓	✓	✓ *	✓ *	X	✓ *	✓ *	✓ *	✓	The reasoning for the participants being the most appropriate to provide access to the knowledge sought by the study was not explained. No discussion on why some potential participants may have chosen not to take part. Saturation of data was not discussed. The details on how the research was explained to participants were minimal, and therefore challenging for the reader to assess whether ethical standards were maintained. The researchers also didn't discuss issues raised by the study, or how they handled any effects of participating on the participants during and after. Contradictory data was not mentioned. The researchers do not critically examine their own role, potential bias or influence during the process of the research. The researchers do not discuss the evidence against their arguments.

Appendix 3. Systematic Literature Review: Recurrence of Themes

	Internal				External		Broader	
	Feeling Responsible/To Blame	Feeling Powerless	Noticing Internal Changes	Unable to Meet Internalised Therapeutic Ideal	Feeling Undervalued	No Shared Understanding	Resources	Interactions with Hierarchy
Gangemi (2024)	X	X	X	X	X	X	X	X
Gangemi & Dysart (2024)	X	X			X	X		X
Jansen, Danbolt, Hanssen, Hem, (2022)	X	X	X	X	X	X	X	X
Jansen, Hem, Dambolt, Hanssen (2020)			X	X		X	X	
Jansen, Hem, Dambolt & Hanssen (2022),	X	X	X			X		X
Lloyd et al., (2024)	X	X	X	X		X	X	
Musto et al., (2020)	X	X		X	X	X	X	X
Ricciardelli, Easterbrook et al., (2024)	X	X		X	X	X		X
Ricciardelli, Johnston et al., (20204)	X		X		X	X	X	X
Roth et al., (2022)	X	X	X	X	X	X		
Taylor et al., (2024)	X	X	X	X		X	X	

Appendix 4. Excerpts from Reflective Journal

Excerpt 1

I've been having some discussions with consultants who are acting as EbE, where I'm noticing interesting power shifts and dynamics. I'm requesting their time and opinion, where I'm expecting the to be experts and give me information or something which will improve this research (make it more valuable, more comfortable to participate in, more ethically sound), but I, as the main researcher, can disregard call of it. I'm keen for this not to be a tick box part of this research. I've tried not to approach it as they solve issues or direct the research, but as something collaborative, or as much as it can be but I've noticed changes and fluctuations, at times taking role of consultee, seeking advice and collaboration, more recent information about the functioning of the services and what is useful, sometimes in a position of consultant in terms of what can be provided/researched/context of MI. Throughout this project I've found myself thinking about power and hierarchy, and my position with both. This project uses the voices of others, related to unpleasant and difficult experiences, for the purpose of passing a DClinPsy and be qualified. The idea of being in a position of interpreting their words, even though it is with consent, and creating a narrative around them with my voice isn't comfortable. I'm not completely sure how this will play out, but felt it needed acknowledging. I think it may be daunting, but act as an extra motivator to do as much as I can under the circumstances, by being prepared and keeping the purpose and peoples experiences in mind as the priority.

Excerpt 2

I've listened back to this interview a few times now, and I'm trying to understand how I feel about it. It feels more delicate than the others, which is strange, the others definitely had incredibly sensitive material. This one has such a compelling and powerful voice, I found I had so much respect and admiration for them, but there's a point where I feel like I can see them almost floating away in their own conflict, and I can remember myself weighing up the pros and cons of acting as I would clinically, or continue as a researcher and follow the protocol. They later said they don't have the opportunity to even think about these things, and they subconsciously, but

not really, make sure of it. I think there have been times where this research has frustrated me, and this is a valuable reminder to me to continue holding their stories.

Excerpt 3: I'm fairly deep in the analysis, and feel like there's just so much and I'm not being very decisive. I think I have the finished product, or at least something close to it. I'm finding some of my original themes and PETs are very movable and versatile. There's so much e to them, and it feels like neglecting elements by locking them in one place. I'm conscious this isn't just a big word puzzle, but a reflection of people's experiences, and the pain that came with them. I've decided to approach it with a focus on it's significance, rather than just trying to get GETs and subthemes that seem similar enough to each other. For example, there seems to be a difficulty articulating experiences which can be its own theme, but I'm not sure this captures enough. I want to know more about why it's difficult, what makes it difficult, are these things the same or different for everyone? What does this say about the systems and the people? What was my role in this? I'm also trying not to get too attached or married to any single idea or to particular pieces of information, but I think there's the possibility that I am, especially when they hold a personal resonance, and I can see my experiences theirs.

Appendix 5. Research Recruitment Poster

University of Hertfordshire UH Ethics Committee

This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Moral Injury and Forensic Services: The Experience of Therapists Working in Justice Services
Protocol Number: 0492 2025 Feb HSET
Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (HSET ECDA)

If you have any queries concerning this document, please contact me, Olivia Holzhauer-Conti (oh22aaj@herts.ac.uk or my supervisor, Dr Scott Steen (s.steen@herts.ac.uk)

Research Invitation

What are we doing?:

- Sometimes we see or are involved in events which go against our beliefs of right or wrong, and this can cause us distress. We want to understand if this arises for mental health therapists in secure mental health services or prisons, and if so, how are these events experienced and in what ways do they impact you.

Why are we doing it?:

- Establishing if experiences like these exist in these settings and understanding them better may contribute to improving the support provided.

- We would like to understand how and if therapeutic staff are affected by their time in these settings, and their views on what has or hasn't been beneficial for them.
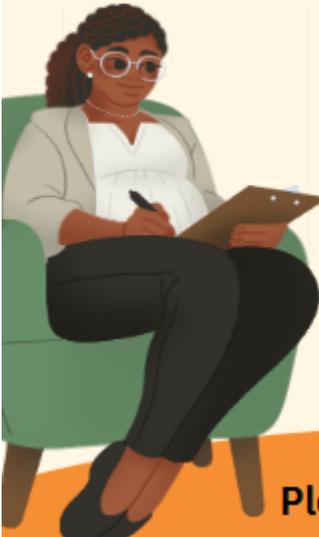
What would I need to do?

- Participation involves meeting the researcher online for up to an hour to discuss these experiences, their impact and how you and managed them.

- You can check if taking part is right for you. Please be aware, you must be over 18, not currently directly employed by HMPPs, and have worked in a therapeutic capacity in a secure service or prison for minimum 1 year.

- You ask any questions or express an interest by contacting Olivia, email below. This will not commit you to taking part.

Please email Olivia, oh22aaj@herts.ac.uk, to discuss taking part

Appendix 6. Research Information Sheet

University of Hertfordshire UH Ethics Committee

<u>**Participant Information Sheet v1**</u>

Research Title: Moral Injury and Forensic Services: The Experience of Therapists Working in Justice Services

Primary Researcher: Olivia Holzhauer-Conti, Trainee Clinical Psychologist, University of Hertfordshire (contact information at the end of the sheet)

Primary Supervisor: Dr Scott Steen, University of Hertfordshire

Secondary Supervisor: Dr Catharine Athanasiadou-Lewis

We would like to invite you to participate in a research project exploring the experiences of working in prison or secure services for mental health therapists and psychologists. We are exploring the experience of situations in these environments which may go against beliefs of right and wrong, and the impact this can have. You should only participate if you want to, so before you decide whether you want to take part you need to understand why the research is being done and what your participation will involve. If you have any questions, you can contact us using the contact details at the end of this information sheet.

What is the purpose of the study?

This research aims to understand the experiences of mental health therapists and psychologists working in prison and secure settings, and how you understand experiences in these environments that may go against your own moral beliefs. To date, this has not been included in research, but research in this area is growing. The current research aims to understand these experiences in the context of these environments and to explore how they are understood and addressed in justice services. It is hoped that the research can contribute to our knowledge base and be integrated into our understanding.

Why have I been invited to take part?

You have been invited to participate because you have expressed an interest and have worked in a therapeutic role in prison or secure services.

Do I have to take part?

Participation is voluntary and you do not have to take part. We will describe the study in this information sheet so you can decide if it's right for you. Please contact us if there is anything that is not clear, if you have any questions, or need more information.

Can I withdraw my data after I have taken part?

You can withdraw your consent before the interview and up to two weeks afterward by informing the primary researcher. If you choose to withdraw, all records will be permanently deleted and will be excluded from the analysis. You do not need to provide a reason for withdrawal. Two weeks after the interview is completed it will be transcribed and anonymised. Therefore, it will not be possible to remove the information you have provided after these two weeks.

OneDrive. We will arrange a convenient time to complete a confidential interview where the Primary Researcher will ask you questions about your experiences. 24 - 48 hours before the scheduled interview you will be contacted, via email, to confirm your consent to participate. This will also be confirmed at the start of the interview.

The interview itself will last up to an hour. You may stop at any point. It will be audio and video recorded to enable verbatim transcription. The recordings and transcripts will be held securely at the University of Hertfordshire and stored on a secure university OneDrive server. Only the Primary Researcher will have access to the recordings, and these will be deleted as soon as transcription is completed. Transcripts will not contain your name; you may select a pseudonym.

Direct quotes from your interview may appear in the results of the research or in an article to be published in an academic journal. Your name will not be attached. Quotes will be sensitively selected to minimise any possibility of identification and will use a pseudonym of your choice.

What are the possible benefits of taking part?

There are no expected benefits to you for participating in this study. However, your contribution may help improve understanding in this area of research which aims to understand the experiences of working in secure settings and how they affect working relationships. The study will also allow us to explore how these experiences can be supported, which could inform staff well-being practices and improve the provision of care provided by organisations.

What are the possible disadvantages of taking part?

Discussing your experiences could feel difficult during the interview. You are under no obligation to answer any questions that you do not feel comfortable answering. You can request to take a break from the interview or withdraw at any time during the interview. Following the interview, you will be offered the opportunity to debrief. You will also be provided with a debrief leaflet with pathways you can contact if necessary.

<div align="center">

Personal data

</div>

'Personal Data' means any information that identifies you as an individual. We will be collecting and using some of your personal data that is relevant to completing the study and this section describes what that means. The information that we will collect will include your name, your preferred email address, and the information you choose to share in the interview which is regarded as 'personal data'. Your name will be changed to a pseudonym to minimise any possibility of identifying you. You will be given the option to choose your pseudonym.

Online interviews will be recorded, transcribed, de-identified, and securely stored on a password-protected University of Hertfordshire OneDrive server. The transcripts will deleted following analysis. During analysis, these transcripts will only be accessible to the primary researcher with select sections reviewed by the research team for validation. Confidentiality may be broken if harm to self or others is disclosed. Electronic copies of confirmation of consent will be stored electronically on the OneDrive, accessible only to the research team, and destroyed after five years in line with University of Hertfordshire policy. Results will be published in a thesis and potentially in articles, teaching, and conferences, with select de-identified transcript sections included to aid analysis reporting. No secondary research on the data will be conducted.

For more details on the University's research regulations regarding studies involving human participants, you can access UPR RE01 via the following link:

https://www.herts.ac.uk/_data/assets/pdf_file/0003/233094/Studies-Involving-Human-Participants-RE01.pdf

How can I find out about the results of the study?

The results will be written up as partial fulfilment of the requirements for the Doctorate in Clinical Psychology. This report will be read by supervisors and external examiners. We aim to publish the results from the research study in peer-reviewed scientific journals. Any published findings or quotations will use pseudonyms and will maintain your confidentiality. You can contact the study team to receive a summary of the results of the research.

What if I am unhappy or there is a problem?

If you are unhappy, or there is a problem, please talk to the Primary Researcher (contact details are provided at the end of this document). If you remain unhappy or have a complaint or concerns about any aspect of this study that you do not wish to talk to the researcher about, you can contact the university's Secretary and Registrar at the following address:

Secretary and Registrar

University of Hertfordshire

College Lane

Hatfield

Hertfordshire

AL10 9AB

Who is organising and funding the research?

The research is being conducted by a Trainee Clinical Psychologist at the University of Hertfordshire as a component of a Doctorate Clinical Training Program. As an educational project no funding has been obtained.

Who has approved the research?

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. The UH protocol number is 0492 2025 Feb HSET.

Further information and contact details

For any more information or to answer any questions please do not hesitate to contact me.

Primary Researcher

Olivia Holzhauer-Conti, Trainee Clinical Psychologist, University of Hertfordshire

Email: oh22aaj@herts.ac.uk

Academic Supervisor:

Dr Scott Steen, University of Hertfordshire

Email: s.steen@herts.ac.uk

Accessible information

If you would like to receive this information in any other format, please contact me using the details at the bottom of this document. If you decide you would like to take part in the research, the researcher will discuss any adjustment needs.

Thank you for reading this information sheet and for considering taking part in my research.

Appendix 7. Consent Form

University of Hertfordshire UH Ethics Committee

Participant Consent Form v1

Research Title: Moral Injury and Forensic Services: The Experience of Therapists Working in Justice Services

Primary Researcher: Olivia Holzhauer-Conti, Trainee Clinical Psychologist, University of Hertfordshire

Primary Supervisor: Dr Scott Steen, University of Hertfordshire

Secondary Supervisor: Dr Catherine Athanasiadou-Lewis

Please read the statements below describing how the data you provide will be used for this research project. Please place your initials in the boxes next to each statement to show you have understood and agree to each statement. Your informed consent is required before participating in the study.

1) I understand that taking part in this study is voluntary and I am free to withdraw without giving a reason.

2) I understand I am free to withdraw at any point during the interview and for up to 2-weeks after taking part, after which my data will be anonymised and reviewed for analysis. If I do consent, I may be able to identify my responses if they are quoted in the final write-up.

3) I understand my anonymised responses may be shared with the research team and supervisor for research purposes only, and I may choose a pseudonym for the final write-up.

4) I understand that the researcher will keep my personal information until the study is complete and these will be stored securely, privately, and separately from my anonymised interview responses.

5) I understand that the researcher may contact me when the study is complete to share the results with me.

6) I understand that my anonymised data will be stored on a secure server at University of Hertfordshire for the duration of 5 years.

7) I understand that my non-identifiable research data will be used for a doctoral thesis and may in the future be published and publicly available in a research article or the University of Hertfordshire's research repository.

8) I understand the potential risks of participating and the support that will be available to me should I experience any adverse physical or mental effects during the course of the research.

9) I confirm the limits to confidentiality and duty of care have been explained to me.

10) In giving my consent to participant in this study, I understand that voice and video recording will take place and I have been informed of how/whether this recording will be transmitted/displayed

11) I confirm I have read the participant information sheet (v1; dated 29/06/2024), understand the implications of taking part and agree to take part in this study.

| Participant name | Participant signature | Date |

| Researcher name | Researcher signature | Date |

Appendix 8. Confirmation of Ethical Approval

To: Olivia Holzhauer-Conti

Your application for ethics approval for the study listed below has been approved by the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. **Please read this letter carefully.**

Study Title: Moral Injury and Forensic Services: The Experience of Therapists Working in Justice Services

Your UH protocol number is: **0492 2025 Feb HSET**
This reference must be quoted on all paperwork, including advertisements for participants.

If you wish to use the UH Ethics Committee logo disclaimer in your communications with participants, please find it in our UH Ethics Canvas site under 'Units - Application Forms': UH Ethics Approval (instructure.com.

This ethics approval expires on 01/09/2026

Amending your protocol

Individual protocols will normally be approved for the limited period of time noted above. Application for minor amendments (including time extensions) of a protocol, may be made for a maximum of 4 working weeks after the end date of that protocol.

It is expected that any amendments proposed via the online system will be minor. Should substantial modification be required, it would be necessary to make a fresh application for ethical approval.

Note that you must obtain approval from the relevant UH Ethics Committee with Delegated Authority **prior to implementing any changes**. Failure to do so constitutes a breach of ethics regulations (UPR RE01).

Adverse circumstances
Any adverse circumstances that may arise because of your study/activity must be reported to ethicsadmin@herts.ac.uk as soon as possible.

Permissions
Any necessary permissions for the use of premises/location and accessing participants for your study/activity must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Ethics Administration Team

ethicsadmin@herts.ac.uk

Appendix 9. Debrief Sheet

University of Hertfordshire **UH** Ethics Committee

Debrief Sheet v1

Research Title: Moral Injury and Forensic Services: The Experience of Therapists Working in Justice Services

Primary Researcher: Olivia Holzhauer-Conti, Trainee Clinical Psychologist, University of Hertfordshire

Primary Supervisor: Dr Scott Steen, University of Hertfordshire

Secondary Supervisor: Dr Catharine Athanasiadou-Lewis

We would like to thank you for taking the time to participate in this study. This information sheet is a summary of what will happen next, and a reminder of important information for you to refer back to.

What was the purpose of this study?

The study aims to explore and understand the experience and sense making of Potentially Morally Injurious Events (PMIE) and how they impacted therapists who have worked in forensic settings personally and professionally. To do this, therapists who have experience working in prison or secure services were invited to participate in a semi-structured interview to explore their personal lived experience of PMIEs from their time in these settings. Moral Injury (MI) is defined as distress resulting from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al, 2009). As of yet, there is limited research on moral injury within forensic services, and how it is experienced by therapists working in these settings. Overall, it is a relatively new and unexplored area. This research would contribute to existing research, focusing on under-researched populations and the role of systems in the development, maintenance and management of MI. This is especially relevant now in the context of challenges faced by the justice system for staff and incarcerated individuals.

Can I withdraw my data?

You can withdraw your consent up to two weeks after completing the interview by informing the researcher. If you choose to withdraw, all records will be permanently deleted and will be excluded from the analysis. You do not need to provide a reason for withdrawal. Two weeks after the interview is completed it will be transcribed and anonymised. Therefore, it will not be possible to remove the information you have provided. If you do not withdraw your personal information it will be anonymised and used in the final analysis and write up of the thesis. If you consent your contact information can be retained so the lead researcher can contact you with the results of the research.

What do I do if I feel the interview has negatively impacted me?

We are aware that discussing your experiences may have been challenging. If you feel you would benefit from a space to discuss your experience after the interview has taken place you are welcome to contact the researcher and request to speak with them. Please contact them via email (oh22aaj@herts.ac.uk). You can also access the alternative support pathways below.

I am feeling distressed - what if I need some help or support?

There are external organisations which can provide information or support:

- Your **GP**

- **Mind** (Mental health charity offering support & information), **0300 123 3393,** www.mind.org.uk

- **National Counselling Society (NCS) Therapist Support p**rovides **resources and peer support** for therapists www.nationalcounsellingsociety.org

- **Occupational Health Services (if employed by NHS or an institution)** NHS and many private employers offer **occupational health support** for mental health and work-related stress.

- **The Samaritans (telephone: 116 123)** is a helpline available 24 hours a day, 365 days a year. The service offers listening and support to anyone who is struggling to cope or is experiencing difficulties. https://www.samaritans.org/

- **SANE** is a UK mental health charity offering a range of services including **SANEline (telephone: 0300 304 7000)**, a national out-of-hours mental health helpline every day of the year (4pm-10pm). https://www.sane.org.uk/

- You can **text "SHOUT" to 85258** for free from all UK mobile networks. You'll then be connected to a volunteer for an anonymous conversation by text. https://giveusashout.org/

- **NHS urgent mental health helplines** – you can find your local NHS urgent mental health helpline at the following web address: https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

- **Mindful Employer** aims to promote workplace mental health and wellbeing. You can find information and links to support at their website: https://www.mindfulemployer.dpt.nhs.uk/resources/support-for-staff

Professional Support Services

- If you work for the NHS and are interested in discussing some of the issues discussed in this interview you can speak to your manager, their direct manager or email nhsbsa.corporatehr@nhs.net, or refer to the Solving Problems at Work Policy or email england.contactus@nhs.net, stating 'For the attention of the complaints team' in the subject line.

- You can also refer to the HMPPS online document Counter Corruption and Reporting Wrongdoing Policy Framework.

- **British Association for Counselling and Psychotherapy (BACP) Therapist Support Service** provides **confidential support for BACP-registered therapists 01455 883316**, www.bacp.co.uk

- **British Psychological Society (BPS) Member Assistance Programme o**ffers **free, confidential support** for BPS members, including counselling, www.bps.org.uk

- **UK Council for Psychotherapy (UKCP) Member Support** offer **guidance, support, and ethical advice** for UKCP-registered psychotherapists, www.psychotherapy.org.uk

- **Health and Care Professions Council (HCPC) Fitness to Practise & Wellbeing Support** supports **registered psychologists and psychotherapists** facing ethical dilemmas or professional distress, www.hcpc-uk.org

What if I am unhappy or there is a problem?

If you are unhappy, or there is a problem, please talk to the student or Primary Researcher (contact details provided at the end of this document). If you remain unhappy or have a complaint or concerns about any aspect of this study which you do not wish to talk to the researcher about, you can contact the university's Secretary and Registrar at the following address:

Secretary and Registrar

University of Hertfordshire

College Lane

Hatfield

Hertfordshire

AL10 9AB

Further information and contact details

For any more information or to answer any questions please do not hesitate to contact me.

Primary Researcher

Olivia Holzhauer-Conti, Trainee Clinical Psychologist, University of Hertfordshire

Email: oh22aaj@herts.ac.uk

Academic Supervisor:

Dr Scott Steen, University of Hertfordshire

Email: s.steen@herts.ac.uk

Accessible information

If you would like to receive this information in any other format, please contact me using the details at the bottom of this document. If you decide you would like to take part in the research, the researcher will discuss any adjustment needs.

Thank you for reading this information sheet and for considering taking part in my research.

Appendix 10. Interview Schedule

Interview Script

Thank you for coming today. Before we get started on the interview, there are a few things we should run through. This interview will be recorded and transcribed in full. The file will then be deleted. The interview transcript will be kept securely. You have two weeks after the interview to withdraw your consent. After this, it will be anonymised, and it will no longer be possible to delete it. This is detailed further on the Participant Information Sheet.

It would also be useful to refresh some of the information from that sheet and the consent form you received and completed before today. Our conversation is subject to limits of confidentiality. If concerns were raised that potentially put yourself or others at risk breaking confidentiality will be considered. I will aim to discuss this with you beforehand where possible. If the disclosure involves an imminent and serious risk to life (e.g., suicide, homicide, terrorism-related threats), contacting 999 or the local police may be necessary to prevent harm, or if the risk involves serious harm to children or vulnerable adults, I may be required to report to local safeguarding teams. It would also be necessary to discuss with other members of the university research team, such as the research lead and project supervisor.

We will discuss your experiences of events that took place while working in secure services (mental health or prison) that weren't in line with your sense of right or wrong. We can stop the interview at any time, so please let me know if you want to stop or need a break (ask if they feel able to do this and if there's anything they would find helpful for me to be aware of in these instances).

Today we are considering distress which results from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al, 2009). These moral beliefs and expectations refer to your personally held moral code and not the legal definition.

Do you have any questions before we get started?

Are you somewhere private, not at work, where you feel comfortable?

Semi-Structured Interview Questions

(Below are the main themes (in bold) the interview will explore. The points below will be used as prompts as and when they are necessary. They will not be read out verbatim).

Professional background (to ease into the interview and understand the participant's context)

> *I'm interested to hear what drew you to this profession. Can you tell me about your initial interests and expectations?*
>
> *Has anything left a lasting impression?*
>
> *What do you think are important skills/values for this role?*

Personal Context (to understand the personal moral values they will be referring to, and draw them to the forefront of their mind)

> *I would like to discuss your guiding principles/ethical code/personal beliefs of right or wrong, what's important to you when it comes to these concepts? Are there any important experiences that come to mind?*

I'm curious if there are any ways your role/values and professional role/values cross over.

Moral Injury – Systems Level

I'm curious about what comes to mind when we speak of justice, and how this relates to your job.

We spoke about your values earlier. How do your personal values fit with these ideas of justice and justice services?

How have the systems/institutions' versions of justice, right and wrong, affected your moral values? Can the two be held simultaneously? How?

Perpetrated by others – People don't always have the same priorities or moral code. I'm interested to hear about any experiences of someone going against your beliefs or acting in a way that violates your moral code in your work. Do any situations like this come to mind?

Can you tell me if and how they impact you? (feelings, thoughts, beliefs, relationships, perception of self)? In what ways does it impact you, and how has it shaped who you are?

Perpetrated by self – Sometimes we find ourselves in situations where the right thing isn't obvious, or we end up acting in a way that goes against our moral codes. I'd be interested to hear about any experiences you may have of when you have acted against your beliefs. Do any situations like this come to mind?

Can you talk me through what was influencing your decision-making in these scenarios?

Can you tell me about the impact of this (feelings, thoughts, beliefs, relationships, perception of self) and how it affects you now, how has it shaped who you are?

Overall Impact – These experiences can shape many aspects of ourselves, our interactions, and our work (therapeutically, with authority, and the system itself)

I'd be interested to hear if or how these experiences have impacted how you engage with these domains (such as working with clients, understanding the systems you work in, communicating with the service and other professionals) – explore the impact on clinical decision-making, work relationships, professional priorities, approach to client group, expression of self while at work

Consequences on a personal level –

If at all, how have the experiences you discussed affected you and your relationships with the teams it took place in?

How do you feel other members of the team perceive your stance/values?

Where does this position you in your work with clients/organisations/institutions?

How would you manage the impact on you?

Who/where do you go for moral guidance, or to maintain your moral compass?

Is there anything else you would like to share about your experience that we haven't covered?

How has talking about these experiences affected you today?

Appendix 11. IPA Process

DESCRIPTIVE – describing content, the subject of the talk, face value LINGUISTIC – exploring specific use of language CONCEPTUAL – more interrogative and conceptual

Excerpt from Clasford's transcript, exploratory notes and experiential statements

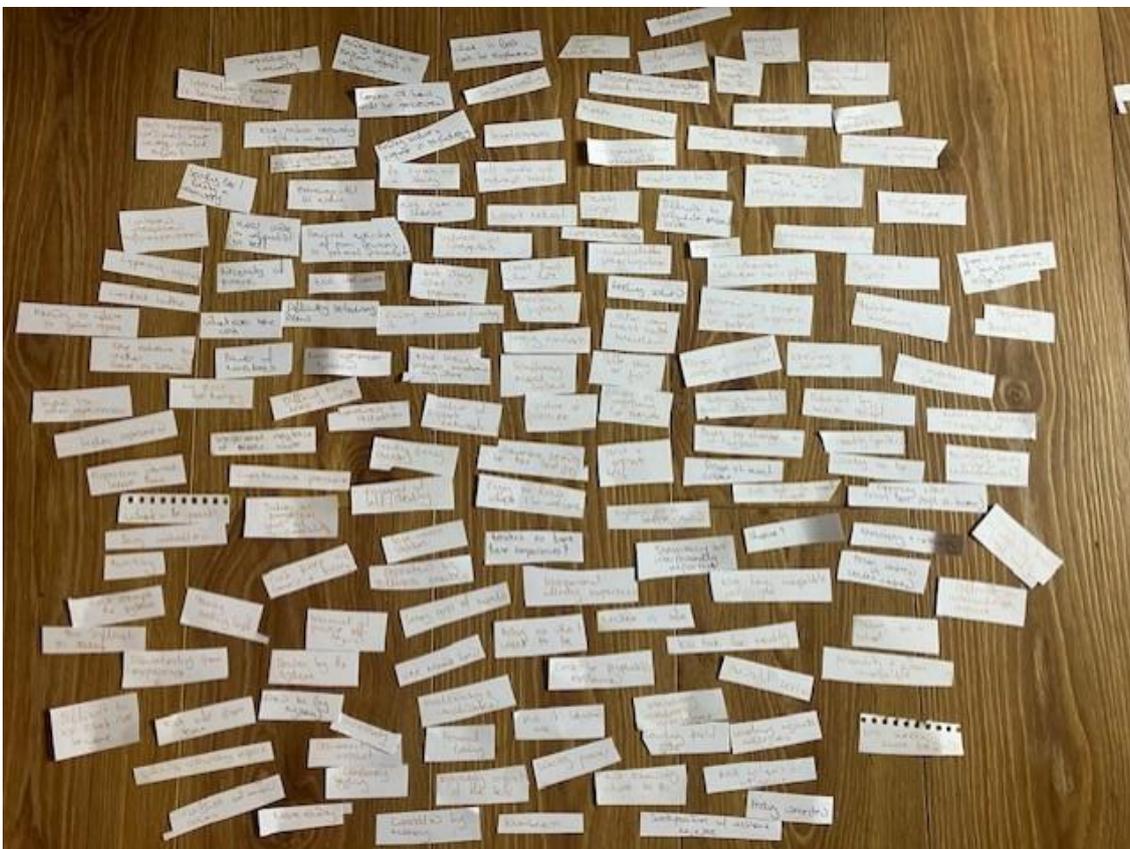|		
And I was like, **I had, you know, obviously I had my lanyard on and everything it was, it was kind of quite clear**. She double took and she was, and then the other lady next to her was saying that, oh, like, you know, he's a he's a staff and stuff. And then the lady kind of just basically like, **laughed in my face and said like, sorry**. **And I was just completely, and then she**, I think she even said like "I thought you" and then she **kind of stopped** herself. But it was, yeah, it, **I don't know**. It just felt like really inappropriate. And, you know, it was just like **the fact that she kind of just laughed in my face as well**. Yeah, it was just it, yeah. I mean, you know, it's certainly a situation like that definitely goes against my moral code because it's, you know, I I don't think you should do that to anybody, you know. And I think definitely more should have been done to to to like to maybe ensure that I was OK or you know to apologise as well. It just felt like oh ha ha ha. Kind of. And then **she just went about her business and stuff**. But, you know, obviously there was, you know, certainly an impact on me, like in relation to that, you know, you know, I I was just I was thinking about a lot, you know. And I didn't really, I think I only shared it with one person because it was just it **felt a bit like I felt a bit ashamed by it as well so**. But yeah. Olivia Holzhauer-Conti [Student-LMS] 28:14	**Hesitancy and slight awkwardness in retelling – interpreted to be a response to difficulty verbalising it too (subject matter and audience), and it being unfamiliar to share** **Consider with the context of him also being dressed professionally. Double take implies checking?** **Laughed in my face – aggressive and belittling language, indicates how he interpreted it and the consequences for him?** **Pain of recognising how others see the same issue, and don't take it seriously?** **Hesitancy throughout retelling of this, starting and stopping thoughts (memory rushing back?) remembering extra pieces of information** **Juxtaposition between his internal world at that point and hers, what he is allowed to emote and what she is expressing** **Betrayed and not protected or cared for** **Ha ha – tone shift, Mimicking dismissive attitude** **No further consequences for her, she's not thought to be thinking about it, while he is. How much awareness is ther from general staff of the damage of these environments?** **Thinking but not sharing** **Repetition of a bit – shame of admitting shame? (hesitant tone too) Bit – Minimising, questioning tone** **Shame named**	The system can't see beyond race, his efforts to "show them something different" won't be noticed Identity being a barrier to integrate and be accepted into a team The system can't/won't see itself Internalising the systems/colleagues racism/standards/attitudes

Excerpt from Olive's transcript with exploratory notes and experiential statements

Olive 6:25 Erm (long pause) Yeah, I think I do. I think I do. I mean, I think it's **changed over many years**, I think erm (pause) what I have realised is that erm (pause), I think that as, well, what I see **day-to-day**, is **something** very unjust **playing out**. **And erm I feel very uncomfortable** working in the **system** that I work in, and erm, but what I also realise is that (pause) there is **a deep set entrenched embedded** belief that **people can be bad and that people can be good**, and that idea is so deeply **embedded in the minds** of so many people, erm, and it's not my moral thinking that is not what I believe, I believe, (pause) erm I actually, it's funny actually, because I actually do truly, deeply believe that there are **psychological drivers** to people's decisions. I don't think people are good or bad. I think people make terrible decisions erm, I think that erm, I'm not religious, but I believe very much in erm, (pause) I think **justice is important. I think love is important. I** think **kindness is important. I think forgiveness is important**, I think, erm, (pause) I think (pause) h**onesty** is **important**. (pause) I think **second chances** are **important**. I think, erm, (pause) the other thing I think is becoming a moral value of mine is that in order to be in positions of power, should know something about minds. We	**Discomfort working in a system she disagrees with** **Over many years – importance of time** **Day to day – monotony, habitual, entrenched?** **Something – not clear what?** **Playing out – sense of being on the sidelines or watching from the distance, consider the idea of psychology not really being part of the prison system** **Uncomfortable – emotional discomfort, friction and tension from working there?** **System – not just a place of work, office, the one prison she's in, symbolises a much wider reach** **Social discourse on good and bad** **Deep set entrenched embedded – language, emphasising how connected and immovable the belief is** **People as bad or good – rigid extreme binary positions, simplistic approach to humanity, what's the purpose of this? Can be seen in many areas. What does this mean for the role of psychology, especially in prison?** **Embedded in the minds - suggestion of it not being removable or changeable, in the minds gives impression of it being put there? Brainwashing? Lies?** **Importance of context** **Psychological drivers – psychology, or psychological factors, as a driving force** **Stopping and starting sentences – too much to capture in a single thought or sentence** **Values she feels are important** **Each quality she names – list and repetition, how do these fit together and exist in a prison setting? How do they contribute to her work? Do they all fall under justice, or are necessary for justice?** **Important - repetition** **How power should look**	Identity/character/value changes over time/exposure Moral friction at even existing/being associated with these systems Separating people from actions Power and knowledge should (but don't?) come together

Examples of Searching for Connections Across Experiential Statements

Example of Naming,

Consolidating and Organising the Personal Experiential Themes (PETS). Please note many of the experiential statements were later collapsed together)

Examples of Working with Personal Experiential Themes to Develop Group Experiential Themes (GETs) Across Cases

Appendix 12. Recurrence of Themes

	Pull to a Different World					Personal Cost			Surviving a Morally Ambiguous Landscape		
	In pursuit of…	Invited, but not welcome	Where is the justice in justice?	Locating power	Attempting to provide therapy in a traumatising environment	Emotional and mental	Cost to moral compass	Cost to perception of self	Looking for allies	Amour and disguise	Making a stand: Reconnecting with morals
Grace-Jones	X	X	X	X	X	X	X	X	X	X	X
Clasford	X	X	X	X	X	X	X	X	X	X	X
Olive	X	X	X	X	X	X	X	X	X	X	X
Andie	X	X	X	X	X	X	X	X	X	X	X
Ziggy	X	X	X	X	X	X	X	X	X	X	X
Sarah	X	X	X	X	X	X	X	X	X	X	X
Dominic	X	X	X	X	X	X	X	X	X	X	X